

Health and Human Services Agency
CCS / CHDP Budget Worksheet

Fiscal Year 2021 - 2022

CCS Administrative Funding Sources

Federal Allocation	\$	261,170
State Allocation	\$	214,252
Social Services Sales Tax Realignment	\$	13,099
County General Fund Match	\$	13,099
Total Budget	\$	<u>501,620</u>

*Total includes adjustment of + \$1.00 to match the backup.

CHDP Funding Sources

Federal Allocations	\$	322,975
State Allocations	\$	166,931
PH Realignment (VLF) match	\$	21,200
Total Budget	\$	<u>511,106</u>

Total Estimated Funding:	\$ 1,012,726
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Health and Human Services Agency
CCS / CHDP Budget Worksheet

Fiscal Year 2021 - 2022

CCS Administrative Budget Summary				
Revenue Description	County	State	Federal	Total*
Straight CCS - State		\$ 14,169		
County	\$ 14,170			
OTLICP				
State		\$ 12,027		
County	\$ 12,027			
Federal (Title XXI)			\$ 44,672	
Medi-Cal Funds - State		\$ 188,056		
Federal (Title XIX)			\$ 216,498	
	\$ 26,197	\$ 214,252	\$ 261,170	\$ 501,620
*Total includes adjustment of + \$1.00 to match the backup.				
County Match Calculation:				
	\$ 26,197			
Social Services Sales Tax Rlgmnt	\$ 13,099	(1/2 of the total in the County's column)		
County General Fund Match	\$ 13,099	(1/2 of the total in the County's column)		
	\$ 26,198			
CHDP Administrative Budget Summary No County/City Match				
Revenue Description	County	State	Federal	Total
State - General Funds				
Medi-Cal Funds - State		\$ 105,084		
Federal (Title XIX)			\$ 154,210	
	\$ -	\$ 105,084	\$ 154,210	\$ 259,294
CHDP Administrative Budget Summary County/City Match				
Revenue Description	County	State	Federal	Total
County Funds	\$ 21,200			
Federal (Title XIX)			\$ 27,018	
	\$ 21,200	\$ -	\$ 27,018	\$ 48,218
CHDP Administrative Budget Summary Foster Care Base Budget				
Revenue Description	County	State	Federal	Total
State Funds		\$ 32,201		
Federal (Title XIX)			\$ 70,781	
	\$ -	\$ 32,201	\$ 70,781	\$ 102,982

Health and Human Services Agency
 CCS / CHDP Budget Worksheet

Fiscal Year 2021 - 2022

Health Care Program for Children in Foster Care Psychotropic Medication Monitoring and Oversight				
Revenue Description	County	State	Federal	Total
State Funds		\$ 10,674		
Federal (Title XIX)			\$ 27,509	
	\$ -	\$ 10,674	\$ 27,509	\$ 38,183
Health Care Program for Children in Foster Care Caseload Relief				
Revenue Description	County	State	Federal	Total
State Funds		\$ 18,972		
Federal (Title XIX)			\$ 43,457	
	\$ -	\$ 18,972	\$ 43,457	\$ 62,429
Grand Total				\$ 1,012,726

Documents Checklist

County/City: El Dorado County

Fiscal Year: 2021-2022

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 F. Civil Service Classification Statements – include if **newly established**, proposed, or revised N/A

 G. Duty Statements – include if **newly established**, proposed, or revised N/A

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6. Data Forms

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 C. CHDP IAA with DSS Biennially Retained Locally

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Documents Checklist

County/City: El Dorado County

Fiscal Year: 2021-2022

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2. HCPCFC Base County-City/Federal Match

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E. Other Forms

- 1. County/City Capital Expenses Justification Form..... N/A
- 2. County/City Other Expenses Justification Form N/A

9. Management of Equipment Purchase with State Funds

- A. Contractor Equipment Purchase 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

Agency Information Sheet

County/City:	EL DORADO	Fiscal Year:	2021-2022
Official Agency			
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer:	Nancy Williams MPH MD		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 MPH MD	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:	Kim Dawson	Address:	330 Fairlane Placerville CA 95667
Phone:	530 621 5393		
Fax:	530 622 3645	E-Mail:	kim.dawson@edcgov.us
Director of Social Services Agency			
Name:	Don Semon	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 6270		
Fax:	530 295 2792	E-Mail:	don.semon@edcgov.us
Chief Probation Officer			
Name:	Brian Richart	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Brian.richart@edcgov.us

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

County/City: El Dorado	Fiscal Year: 2021-2022
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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.

<u>Nancy J. Williams, MD, MPH</u> <small>Nancy J. Williams, MD, MPH (Dec 10, 2021 11:58 PST)</small>	12/10/2021
Signature of CHDP Director	Date Signed

<u>Nancy J. Williams, MD, MPH</u> <small>Nancy J. Williams, MD, MPH (Dec 10, 2021 11:58 PST)</small>	12/10/2021
Signature of Health Officer	Date Signed

<u>Michael Ungeheuer MN RN PHN</u> <small>Michael Ungeheuer MN RN PHN (Dec 10, 2021 14:44 PST)</small>	12/10/2021
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: 2021-2022
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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 Ungeheuer MN RN PHN</i> <small>Michael Ungeheuer MN RN PHN (Dec 10, 2021 14:44 PST)</small>	12/10/2021
Signature of CCS Administrator	Date Signed

<i>Nancy J. Williams, MD, MPH</i> <small>Nancy J. Williams, MD, MPH (Dec 10, 2021 11:58 PST)</small>	12/10/2021
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

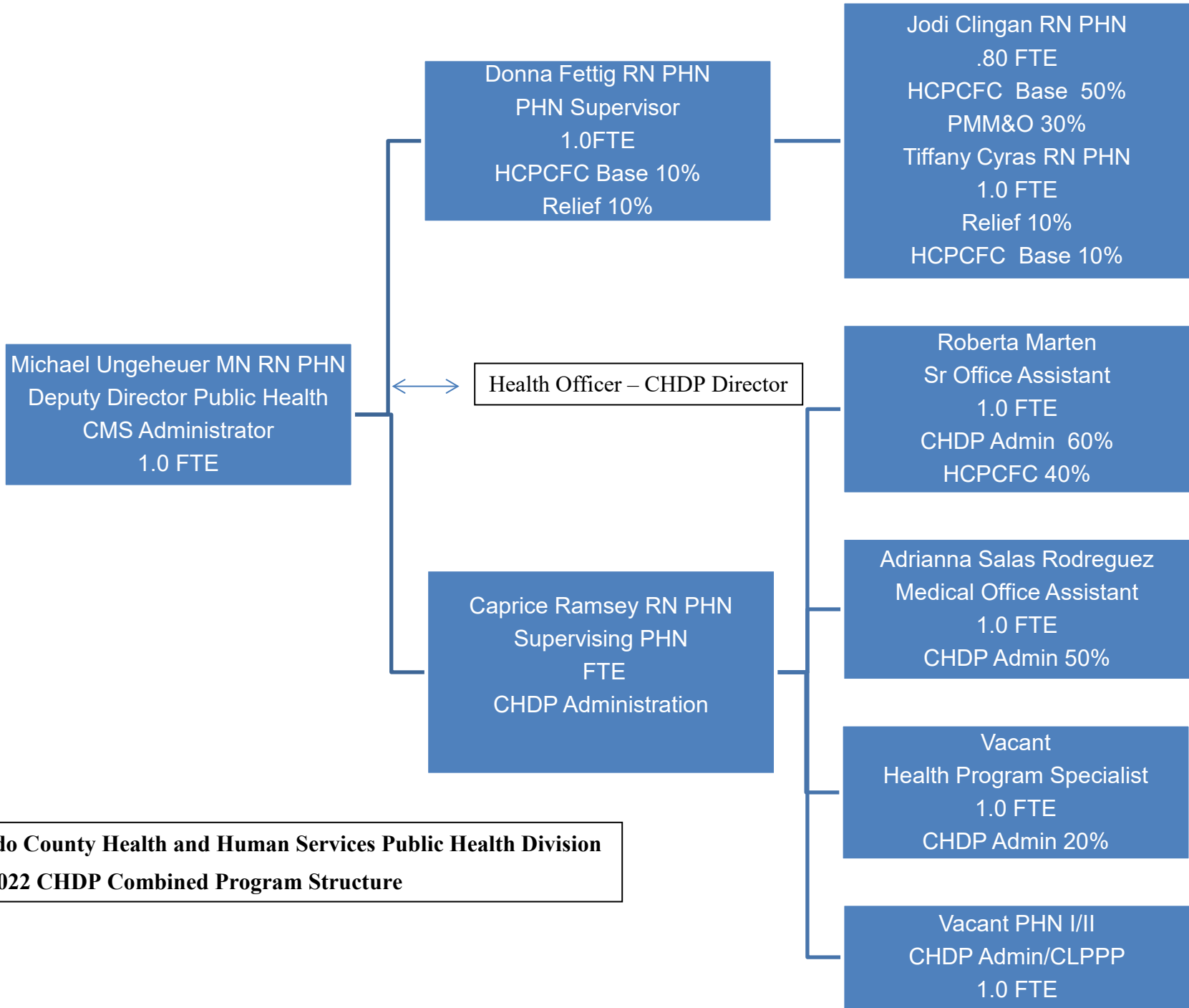
EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH DIVISION

ORGANIZATION DESCRIPTION

The El Dorado County Health and Human Services Agency (HHS) 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 as part of the accredited HHS Public Health Division 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 nursing case management, co-location of public health nursing staff in health care provider, education and public assistance organizations. Augmenting these direct coordinating activities is a strong emphasis on public health training to the community's human services workforce. These collaborations 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 2021-2022

- Maintain systems of community collaborative care with emphasis on expansion of preventive health services, early screening and diagnosis, treatment access and comprehensive case management
- Maintain Enhanced population level preventive intervention through Community partnerships, focusing on improved birthing outcomes, mitigation of traumatic childhood events, effective parenting and lead poisoning detection/prevention, Tobacco Use Prevention Program, Woman Infants Children (WIC) and the Supplemental Nutrition Assistance Education program
- Public Health Accreditation - Completed



**El Dorado County Health and Human Services Public Health Division
2021 – 2022 CHDP Combined Program Structure**

Incumbent List - California Children's Services

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		Fiscal Year: 2021-2022		
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Supervising PHN	Sabina Keller	10	N	N
PHN II	VACANT	80	N	N
PHN I-II	Carolyn Vaughn	80	N	N
Medical Office Assistant	Karin Wade	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Adriana Salas Rodriguez	50	N	N

Incumbent List - Child Health and Disability Prevention Program

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: 2021- 2022				
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)
Supervising PHN	Caprice Ramsey	50	25	25	N	N
Public Health Nurse I/II	Vacant	95	5	0	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	50	0	50 CCS	N	N
Sr. Office Assistant	Roberta Martin	50	10	40 FC	N	N
Health Program Specialist	Vacant	0	20	80 VFC/MCAH	N	N



**Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care
Incumbent List**



County-City Name: EL DORADO	Fiscal Year: 2021-2022
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Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HCPCFC administrative budgets (Summary, Worksheet, and Narrative), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/ Federal	% FTE Other Programs (Specify)	% FTE Total
	Fettig	Donna	Supervising PHN	Y	10.00%		10.00%		80.00%	100.00%
	Martin	Roberta	Sr Office Assistant	N	40.00%				60.00%	100.00%
	Clingan	Jodi	PHN I/II	Y	50.00%	30.00%			0.00%	80.00%
	Cyras	Tiffany			20.00%		10.00%		80.00%	100.00%

21-22
CHDP Program Referral Data FY ~~20-21~~

County/City: EL DORADO	FY 17-18 18-19		FY 18-19 19-20		FY 19-20 20-21	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5899	10217	4982	10,302	4033	7976
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients		
a. Number of CalWORKs cases/recipients	153	263	103	177	89	152
b. Number of Foster Care cases/recipients	205	241	325	408	235	291
c. Number of Medi-Cal only cases/recipients	213	402	126	228	233	407
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	906		813		850	

b. Medical and/or dental services with scheduling and/or transportation	73	33	16
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	6	6	0
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	3		0
6. Number of recipients in "5" who actually received medical and/or dental services	1	0	0

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: 2021-2022

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	2000 - perpetual	2000	Michael Ungeheuer	No
Anthem BC/BS	MOU	2016 - perpetual	2019	Michael Ungeheuer	No
Kaiser	MOU	Pending	2020	Michael Ungeheuer	No
California Health and Wellness Centene	MOU	2014 - perpetual	2020	Michael Ungeheuer	No

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2020-2021
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	\$ 273,040	\$ 88,593	\$ 184,447	\$ 96,784	\$ 87,663
II. Total Operating Expenses	\$6,587	\$0	\$6,587	\$1,466	\$5,121
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$68,260	\$0	\$68,260		\$68,260
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 347,887	88,593	\$ 259,294	\$ 98,250	\$ 161,044

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	\$105,091	88,593			
Medi-Cal Funds:	\$259,294		\$259,294		
State Funds	\$105,084		\$105,084	\$24,563	\$80,522
Federal Funds (Title XIX)	\$154,210		\$154,210	\$73,688	\$80,522

Michael Ungeheuer RN MN PHN	11/12/21	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
		As above	As above
CHDP Deputy Director	Date	Phone Number	Email Address
(Signature)			

CHDP Administrative Budget Worksheet
No County/City Match State and State/Federal County: Eldorado
Fiscal Year: 21-22

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											
Caprice Ramsey RN PHN Supervising PHN	50%	\$106,434	\$ 53,217	80.00%	\$42,574	20.00%	\$10,643	20%	\$2,129	80%	\$8,515
Vacant PHN II	95%	\$86,780	\$ 82,441	20.00%	\$16,488	80.00%	\$65,953	75%	\$49,465	25%	\$16,488
Roberta Martin Sr Office Assistant	60%	\$39,300	\$ 23,580	0.00%	\$0	100.00%	\$23,580	50%	\$11,790	50%	\$11,790
Adriana Salas-Rodriguez Medical OA	50%	\$45,577	\$ 22,789	0.00%	\$0	100.00%	\$22,789	5%	\$1,139	95%	\$21,649
			\$ -	0%	\$0		\$0		\$0		\$0
Total Salaries and Wages			\$ 182,027		\$59,062		\$122,965		\$64,523		\$58,442
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$ 182,027		\$59,062		\$122,965		\$64,523		\$58,442
Staff Benefits (Specify %) 50.00%			\$91,013		\$29,531		\$61,482		\$32,261		\$29,221
I. Total Personnel Expenses			\$ 273,040		\$ 88,593		\$ 184,447		\$ 96,784		\$ 87,663
II. Operating Expenses											
Travel			\$2,332		\$0		\$2,332	50%	\$1,166	50%	\$1,166
Training			\$600		\$0		\$600	50%	\$300	50%	\$300
Office			\$1,500		\$0		\$1,500			100%	\$1,500
Insurance			\$2,055		\$0		\$2,055			100%	\$2,055
Communication			\$100		\$0		\$100			100%	\$100
							\$0			100%	\$0
							\$0				
II. Total Operating Expenses			\$6,587		\$0		\$6,587		\$1,466		\$5,121
III. Capital Expenses											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 0.00%			\$0				\$0				\$0
2. External (Specify %) A-87 25.00%			\$68,260				\$68,260				\$68,260
IV. Total Indirect Expenses			\$68,260		\$0		\$68,260				\$68,260
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total			347,887		88,593		259,294		98,250		161,044

Michael Ungeheuer RN MN PHN	11/15/2021	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
CHDP Deputy Director (Signature)	Date	As Above Phone Number	As above Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION STATE/FEDERAL
 EL DORADO COUNTY
 FISCAL YEAR 21-22

PERSONNEL COST

Total salaries	\$182,027
Total Benefits	\$91,013

Total Personnel Expenses **\$273,040**

Personnel and classification change. Salary equity adjustment 9-12%

Supervising PHN

Personnel change. Salary equity adjustment 9-12%

Public Health Nurse II

Personnel change. Salary equity adjustment 7.23%

Sr Office Assistant

Salary equity adjustment 7.23%

Medical Office Assistant

OPERATING EXPENSES

Travel	\$2,332	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January.
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Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education program specific
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Office Supplies and Services	\$1,500	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication.
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Insurance	\$2,055	Facility and personnel liability insurance
Communications	\$100	Third party telecommunication cost for long distance telephone service

Total operating Costs **\$6,587**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @	\$0
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External @ 25%	\$68,260	Consistent with approved A-87 on file
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Total Indirect Expenses **\$68,260**

OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL **\$347,887**

**CHDP Administrative Budget
Summary
County/City Match
Fiscal Year: 2021-2022
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	\$37,774	\$11,135	\$26,640
II. Total Operating Expenses	\$1,000	\$500	\$500
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$9,444		\$9,444
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$48,218	\$11,635	\$36,583

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$21,200	\$2,909	\$18,292
Federal Funds (Title XIX)	\$27,018	\$8,726	\$18,292

Michael Ungeheuer RN MN PHN Prepared By (Signature)	11/15/2021 Date prepared	530 621 6129 Phone Number	michael.ungeheuer@edcgov.us Email Address
CHDP Deputy Director (Signature)	Date	As above Phone Number	As above Email Address

CHDP Administrative Budget Worksheet
County/City Match
Fiscal Year: 2021-2022
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							
Caprice Ramsey Supervising PHN	10%	\$106,434	\$10,643	20%	\$2,129	80%	\$8,515
Vacant PHN II	5%	\$86,780	\$4,339	75%	\$3,254	25%	\$1,085
Hlth Prgrm Specialist	20%	\$51,002	\$10,200	20%	\$2,040	80%	\$8,160
Total Salaries and Wages			\$25,183		\$7,423		\$17,760
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$25,183		\$7,423		\$17,760
Staff Benefits (Specify %)	50.00%		\$12,591		\$3,712		\$8,880
I. Total Personnel Expenses			\$37,774		\$11,135		\$26,640
II. Operating Expenses							
Travel			\$500	50%	\$250	50%	\$250
Training			\$500	50%	\$250	50%	\$250
II. Total Operating Expenses			\$1,000		\$500		\$500
III. Capital Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
II. Total Capital Expenses			\$0		\$0		\$0
IV. Indirect Expenses							
1. Internal (Specify %)	0.00%		\$0				\$0
2. External (Specify %) A-87	25.00%		\$9,444				\$9,444
IV. Total Indirect Expenses			\$9,444				\$9,444
V. Other Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$48,218		\$11,635		\$36,583

Michael Ungeheuer RN MN PHN Prepared By (Signature)	12/21/2020 Date Prepared	530 621 6129 Phone Number	michael.ungeheuer@edcgov.us Email Address
CHPD Deputy Director (Signature)	Date	As Above Phone Number	As above Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 21-22

PERSONNEL COST

Total salaries	\$25,183
Total Benefits	\$12,591

Total Personnel Expenses \$37,774

Supervising PHN	Wage equity adjustment 9-10%
Health Program Specialist	No change
Public Health Nurse II	Wage equity adjustment 9-10%

OPERATING EXPENSES

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January.
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Training	\$500	Registration/tuition fees for SPMP and support staff for continuing education program specific
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Office Supplies and Services	\$0	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
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Insurance	\$0
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Equipment	\$0
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Building Maintenance	\$0
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Communication	\$0
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Total Operating Costs \$1,000

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

External @ 25%	\$9,444	Consistent with approved A-87 on file.
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Total Indirect Expenses \$9,444

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$48,218

Identify State/Federal Funding Source:	BASE
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County-City Name: EL DORADO	Fiscal Year: 2021 - 2022
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$92,529	\$76,560	\$15,969
II Total Operating Expenses	\$1,200	\$600	\$600
III Total Capital Expenses			
IV Total Indirect Expenses	\$9,253		\$9,253
V Total Other Expenses			
Budget Grand Total	\$102,982	\$77,160	\$25,822

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$32,201	\$19,290	\$12,911
Federal Funds (Title XIX)	\$70,781	\$57,870	\$12,911
Budget Grand Total	\$102,982	\$77,160	\$25,822

Michael Ungeheuer RN MN PHN	11/15/2021	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

		as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source: _____ State/federal - Base

County-City Name: EL DORADO Fiscal Year: 2021 - 2022

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Clingan	Jodi	PHN I/II	Y	52.00%	\$82,639	\$42,972.28	97.00%	\$41,683	3.00%	\$1,289
2	Martin	Roberta	Sr Office Assistant	Y	50.00%	\$37,426	\$18,713.00	50.00%	\$9,357	50.00%	\$9,357
3							\$0.00		\$0	100.00%	\$0
4							\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					1.02%			73.50%		26.50%	
Total Salaries and Wages							\$61,686		\$51,040		\$10,646
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$61,686		\$51,040		\$10,646
Staff Benefits (Specify %)				50.00%			\$30,843		\$25,520		\$5,323
I. Total Personnel Expenses							\$92,529		\$76,560		\$15,969
II. Operating Expenses											
1	Travel			\$600			\$600	50.00%	\$300	50.00%	\$300
2	Training			\$600			\$600	50.00%	\$300	50.00%	\$300
II. Total Operating Expenses							\$1,200		\$600		\$600
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			10.00%			\$9,253				\$9,253
2	External										
IV. Total Indirect Expenses							\$9,253				\$9,253
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$102,982		\$77,160		\$25,822

Michael Ungeheuer RN MN PHN
 Prepared By (Print & Sign)

11/15/2021 Date
 530 621 6129 Phone Number
michael.ungeheuer@edcgov.us E-mail Address

CHDP Director Or Deputy Director (Print & Sign)

as above Date
 as above Phone Number
 as above E-mail Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC - Base
 EL DORADO COUNTY
 FISCAL YEAR 21-20

PERSONNEL COST

Total salaries	\$61,686
Total Benefits	\$30,843

Total Personnel Expenses **\$92,529**

PHN Supervisor		Employee change Base Salary equity adjustment 9.59%-10%
Public Health Nurse II		Employee change Base Salary equity adjustment 9.59%-10%
Sr Office Assistant		Employee change Base Salary equity adjustment 7.23%

OPERATING EXPENSES

Travel	\$600	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal IRS rate as annually published.
Training	\$600	Registration/tuition fees for SPMP for continuing education program specific

Total operating Costs **\$ 1,200**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @ 10%	\$9,253	Cost allocation plan applied to net wages
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External	\$0	
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Total Indirect Expenses **\$ 9,253**

OTHER EXPENSES

Total Other Expenses	\$0	
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BUDGET GRAND TOTAL **\$ 102,982**

Identify State/Federal Funding Source:	PMM&O
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County-City Name:	EL DORADO	Fiscal Year:	2020-2021
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$34,711	\$33,668	\$1,043
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$3,472		\$3,472
V Total Other Expenses			
Budget Grand Total	\$38,183	\$33,668	\$4,515

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$10,674	\$8,417	\$2,257
Federal Funds (Title XIX)	\$27,509	\$25,251	\$2,258
Budget Grand Total	\$38,183	\$33,668	\$4,515

Michael Ungeheuer MN RN PHN	11/15/2021	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

		as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source: PMM&O

County-City Name: EL DORADO Fiscal Year: 2021 - 2022

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Clingan	Jodi	PHN I-II	Y	28.00%	\$82,639	\$23,138.92	97.00%	\$22,445	3.00%	\$694
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					0.28%			97.00%		3.00%	
Total Salaries and Wages							\$23,139		\$22,445		\$695
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$23,139		\$22,445		\$695
Staff Benefits (Specify %)				50.00%			\$11,570		\$11,223		\$348
I. Total Personnel Expenses							\$34,711		\$33,668		\$1,043
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			10.00%			\$3,472				\$3,472
2	External										
IV. Total Indirect Expenses							\$3,472				\$3,472
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$38,183		\$33,668		\$4,515

Michael Ungeheuer RN MN PHN HSA Public Health Deputy Director 11/15/2021 530 621 6129 michael.ungeheuer@edcgov.us
 Prepared By (Print & Sign) Date Phone Number E-mail Address

as above as above
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget
 EL DORADO COUNTY
 FISCAL YEAR 2021-2022

PERSONNEL COST

Total salaries	\$23,139
Total Benefits	\$11,570

Total Personnel Expenses	\$34,711
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PHN II	Wage equity adjustment 9.59%
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OPERATING EXPENSES

Travel	\$0
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Training	\$0
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Total operating Costs	\$0
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CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 10%	\$3,472	Capped by State
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External	\$0
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Total Indirect Expenses	\$3,472
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OTHER EXPENSES

Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$38,183
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Identify State/Federal Funding Source:	CASELOAD RELIEF
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County-City Name:	EL DORADO	Fiscal Year:	2021-2022
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$55,844	\$48,467	\$7,377
II Total Operating Expenses	\$1,000	\$500	\$500
III Total Capital Expenses			
IV Total Indirect Expenses	\$5,585		\$5,585
V Total Other Expenses			
Budget Grand Total	\$62,429	\$48,967	\$13,462

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$18,972	\$12,241	\$6,731
Federal Funds (Title XIX)	\$43,457	\$36,726	\$6,731
Budget Grand Total	\$62,429	\$48,967	\$13,462

Michael Ungeheuer RN MN PHN	11/15/2021	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

		as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source: CASELOAD RELIEF

County-City Name: Fiscal Year: 2021 - 2022

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Fettig	Donna	PHN Supervisor	Y	20.00%	\$111,780	\$22,356.00	80.00%	\$17,885	20.00%	\$4,471
2	Cyrus	Tiffany	PHN I/II	Y	20.00%	\$74,357	\$14,871.40	97.00%	\$14,425	3.00%	\$446
3							\$0.00		\$0	100.00%	\$0
4							\$0		\$0	100.00%	\$0
5							\$0		\$0	100.00%	\$0
6							\$0		\$0	100.00%	\$0
7							\$0		\$0	100.00%	\$0
8							\$0		\$0	100.00%	\$0
9							\$0		\$0	100.00%	\$0
10							\$0		\$0	100.00%	\$0
11							\$0		\$0	100.00%	\$0
12							\$0		\$0	100.00%	\$0
13							\$0		\$0	100.00%	\$0
14							\$0		\$0	100.00%	\$0
15							\$0		\$0	100.00%	\$0
16							\$0		\$0	100.00%	\$0
17							\$0		\$0	100.00%	\$0
18							\$0		\$0	100.00%	\$0
19							\$0		\$0	100.00%	\$0
20							\$0		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					0.40%			88.50%		11.50%	
Total Salaries and Wages							\$37,228		\$32,311		\$4,918
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$37,228		\$32,311		\$4,918
Staff Benefits (Specify %)				50.00%			\$18,614		\$16,156		\$2,459
I. Total Personnel Expenses							\$55,844		\$48,467		\$7,377
II. Operating Expenses											
1	Travel			\$500			\$500	50.00%	\$250	50.00%	\$250
2	Training			\$500			\$500	50.00%	\$250	50.00%	\$250
II. Total Operating Expenses							\$1,000		\$500		\$500
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			10.00%			\$5,585				\$5,585
2	External										
IV. Total Indirect Expenses							\$5,585				\$5,585
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$62,429		\$48,967		\$13,462

Michael Ungeheuer RN MN PHN 11/15/2021 530 621 6129 michael.ungeheuer@edcgov.us

Prepared By (Print & Sign) Date Phone Number E-mail Address

CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

as above as above

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC Caseload Relief
 EL DORADO COUNTY
 FISCAL YEAR 21-22

PERSONNEL COSTS

Total salaries	\$37,228
Total Benefits	\$18,614

Total Personnel Costs	\$55,844
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Supervising PHN		Wage equity adjustment at 5.59%-10%
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PHN I-II		Wage equity adjustment at 5.59%
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OPERATING EXPENSES

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement at federal rate as published by the IRS annually.
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Training	\$500	Registration/tuition fees for SPMP for continuing education program specific
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Total Operating Expenses	\$1,000
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CAPITAL EXPENSES	\$0
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Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @ 10%	\$5,585	Capped by State
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External	\$0
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Total Indirect Expenses	\$5,585
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OTHER EXPENSES	\$0
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Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$62,429
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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	40	5.65%
OTLIPC - Total Cases of Open (Active) OTLIPC Children	97	13.70%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	571	80.65%
TOTAL CCS CASELOAD	708	100%

CCS Administrative Baseline Budget Summary

Fiscal Year: 20XX-XX

County: _____

	Col 1 = Col 2+3+4	Straight CCS	OTLIPC	Medi-Cal (non-OTLIPC) (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 (OTLIPC) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	388,976	21,976	53,292	313,708	56,697	257,011
II. Total Operating Expense	9,400	530	1,289	7,580	190	7,390
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	97,244	5,494	13,323	78,427		78,427
V. Total Other Expense	6,000	339	822	4,839		4,839
Budget Grand Total	501,620	28,339	68,726	404,554	56,887	347,667

	Col 1 = Col 2+3+4	Straight CCS	OTLIPC	Medi-Cal (non-OTLIPC) (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 (OTLIPC) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	14,169	14,169				
County	14,170	14,170				
OTLIPC						
State	12,027		12,027			
County	12,027		12,027			
Federal (Title XXI)	44,672		44,672			
Medi-Cal						
State	188,056			188,056	14,222	173,834
Federal (Title XIX)	216,498			216,498	42,665	173,833

As Below _____ As Below _____ michael.ungeheuer@edcgov.us
 Prepared By (Signature) Prepared By (Printed Name) Email Address

 CCS Administrator (Signature) Michael Ungeheuer MN RN PHN CCS Administrator (Printed Name) _____
 Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	40	5.65%
OTLICP - Total Cases of Open (Active) OTLICP Children	97	13.70%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	571	80.65%
TOTAL CCS CASELOAD	708	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-2022

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	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense													
Program Administration													
PHN Supervisor Sabina Keller	10.00%	111,769	11,177	5.65%	631	13.70%	1,531	80.65%	9,014			100.00%	9,014
Medical Office Assistant Karin Wade	20.00%	40,415	8,083	5.65%	457	13.70%	1,107	80.65%	6,519			100.00%	6,519
3. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0			100.00%	0
Subtotal		152,184	19,260		1,088		2,638		15,533				15,533
Medical Case Management													
PHN II Carolyn Vaughn	80.00%	96,028	76,822	5.65%	4,340	13.70%	10,525	80.65%	61,957	25.00%	15,489	75.00%	46,468
PHN III Vacant	80.00%	96,028	76,822	5.65%	4,340	13.70%	10,525	80.65%	61,957	25.00%	15,489	75.00%	46,468
	0.00%		0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
Subtotal		192,056	153,644		8,680		21,050		123,914		30,978		92,936
Other Health Care Professionals													
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
Medical Office Assistant Adriana Salas-Rodriguez	50.00%	44,874	22,437	5.65%	1,268	13.70%	3,074	80.65%	18,095			100.00%	18,095
Medical Office Assistant Maria Martinez	40.00%	42,449	16,980	5.65%	959	13.70%	2,326	80.65%	13,694			100.00%	13,694
Medical Office Assistant Karin Wade	40.00%	40,415	16,166	5.65%	913	13.70%	2,215	80.65%	13,038			100.00%	13,038
4. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0			100.00%	0
Subtotal		127,738	55,583		3,140		7,615		44,827				44,827
Clerical and Claims Support													
Medical Office Assistant Maria Martinez	60.00%	42,449	25,469	5.65%	1,439	13.70%	3,489	80.65%	20,541	25.00%	5,135	75.00%	15,406
Medical Office Assistant Karin Wade	40.00%	40,415	16,166	5.65%	913	13.70%	2,215	80.65%	13,038	25.00%	3,260	75.00%	9,778
Medical Office Assistant Adriana Salas-Rodriguez	0.00%	44,874	0	5.65%	0	13.70%	0	80.65%	0	25.00%	0	75.00%	0
4. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	5.65%	0	13.70%	0	80.65%	0	0.00%	0	100.00%	0
Subtotal		127,738	41,635		2,352		5,704		33,579		8,395		25,184

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	40	5.65%
OTLICP - Total Cases of Open (Active) OTLICP Children	97	13.70%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	571	80.65%
TOTAL CCS CASELOAD	708	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-2022

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	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Total Salaries and Wages			270,122	5.65%	15,261	13.70%	37,008	80.65%	217,853	18.07%	39,373	81.93%	178,480
Staff Benefits (Specify %)	44.00%		118,854	5.65%	6,715	13.70%	16,284	80.65%	95,855		17,324		78,531
I. Total Personnel Expense			388,976	5.65%	21,976	13.70%	53,292	80.65%	313,708		56,697		257,011
II. Operating Expense													
1. Travel			500	5.65%	28	13.70%	69	80.65%	403	18.07%	73	81.93%	330
2. Training			800	5.65%	45	13.70%	110	80.65%	645	18.07%	117	81.93%	528
Communications			300	5.65%	17	13.70%	41	80.65%	242			100.00%	242
Insurance			3,000	5.65%	169	13.70%	411	80.65%	2,419			100.00%	2,419
Office/Duplicating			4,800	5.65%	271	13.70%	658	80.65%	3,871			100.00%	3,871
6.				5.65%	0	13.70%	0	80.65%	0			100.00%	0
7.				5.65%	0	13.70%	0	80.65%	0			100.00%	0
II. Total Operating Expense			9,400		530		1,289		7,580		190		7,390
III. Capital Expense													
1.				5.65%	0	13.70%	0	80.65%	0				0
2.				5.65%	0	13.70%	0	80.65%	0				0
3.				5.65%	0	13.70%	0	80.65%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate	25.00%		97,244	5.65%	5,494	13.70%	13,323	80.65%	78,427			100.00%	78,427
			0	5.65%	0	13.70%	0	80.65%	0			100.00%	0
IV. Total Indirect Expense			97,244		5,494		13,323		78,427				78,427
V. Other Expense													
1. Maintenance & Transportation			6,000	5.65%	339	13.70%	822	80.65%	4,839			100.00%	4,839
2.				5.65%	0	13.70%	0	80.65%	0			100.00%	0
3.				5.65%	0	13.70%	0	80.65%	0			100.00%	0
4.				5.65%	0	13.70%	0	80.65%	0			100.00%	0
5.				5.65%	0	13.70%	0	80.65%	0			100.00%	0
V. Total Other Expense			6,000		339		822		4,839				4,839
Budget Grand Total			501,620		28,339		68,726		404,554		56,887		347,667

As Below Michael Ungeheuer MN RN PHN 11/15/2021 530 621 6129
Prepared By (Signature) Prepared By (Printed Name) Date Prepared Phone Number

CCS Administrator (Signature) CCS Administrator (Printed Name) Date Signed Phone Number

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 2021-2022

PERSONNEL COST

Total salaries	\$270,122
Total Benefits	\$118,854

Total Personnel Expenses **\$388,976**

Supervising PHN		No change Reduced to 1.60 from 2.60 proposed as allocation insufficient to sustain State required staffing standards of 7.37 FTE for Tier 3 status.
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Public Health Nurse II Medical Office Assistance (2.5)		20% MOA added to program administration
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OPERATING EXPENSES

Travel	\$500	Includes per diem , private vehicle mileage, commercial auto rental, air travel etc. Mileage reimbursement reflects Federal rate annual adjustment.
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Training	\$800	Registration/tuition fees for SPMP and support staff for continuing education opportunities
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Office Supplies and Services	\$4,800	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, security system
Communication	\$300	
Insurance	\$3,000	

Telephone 3rd party calls		
Facility and professional liability insurance		

Total operating Costs **\$9,400**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Indirect Cost Rate @ 25%	25%		In accordance to the A-87 plan on file applied by total program FTE.
		\$97,244	

Total Indirect Expenses **\$97,244**

OTHER EXPENSES

Maintenance and transportation	\$6,000	Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. No change
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Total Other Expenses **\$6,000**

BUDGET GRAND TOTAL **\$501,620**