

Plan and Budget Required Documents Checklist

County/City: _____ EL DORADO

Fiscal Year: 2016-2017

Document	Page Number
1. Checklist	1-2
2. Agency Information Sheet	3
3. Certification Statements	
A. Certification Statement (CHDP) – Original and one photocopy	4
B. Certification Statement (CCS) – Original and one photocopy	5
4. Agency Description	
A. Brief Narrative	6
B. Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
C. CCS Staffing Standards Profile	Retain locally
D. Incumbent Lists for CCS, CHDP, and HCPCFC	7-9
E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
F. Duty Statements – Include if newly established, proposed, or revised	N/A
5. Implementation of Performance Measures	N/A
6. Data Forms	
CHDP Program Referral Data	10-11
7. Memoranda of Understanding and Interagency Agreements List	
A. MOU/IAA List	12
B. New, Renewed, or Revised MOU or IAA	N/A
C. CHDP IAA with DSS biennially	Retain locally
D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8. Budgets	
A. CHDP Administrative Budget (No County/City Match)	
1. Budget Summary	13
2. Budget Worksheet	14
3. Budget Justification Narrative	15

Document	Page Number
B. CHDP Administrative Budget (County/City Match) - Optional	
1. Budget Summary	16
2. Budget Worksheet	17
3. Budget Justification Narrative	18
C. CHDP Foster Care Administrative Budget (County/City Match) - Optional	
1. Budget Summary	N/A
2. Budget Worksheet	N/A
3. Budget Justification Narrative	N/A
D. HCPCFC Administrative Budget	
1. Budget Summary	19
2. Budget Worksheet	20
3. Budget Justification Narrative	21
E. CCS Administrative Budget	
1. Budget Summary	22
2. Budget Worksheet	23-24
3. Budget Justification Narrative	25-26
G.. Other Forms	
1. County/City Capital Expenses Justification Form	N/A
2. County/City Other Expenses Justification Form	N/A
9. Management of Equipment Purchased with State Funds	
1. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
2. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	NA
3. Property Survey Report Form (STD 152)	N/A

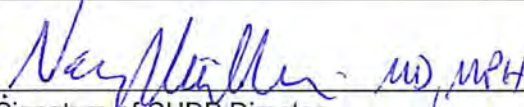
Agency Information Sheet


County/City:	EL DORADO	Fiscal Year:	2016-2017
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:	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:	Patricia Charles-Heathers Ph.D	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 6270		
Fax:	530 295 2792	E-Mail:	Patricia.charles-heathers@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: 2016-2017
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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.

 Signature of CHDP Director	10/11/16 Date Signed
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 Signature of Health Officer	10/11/16 Date Signed
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 Signature of CHDP Deputy Director	10/11/2016 Date Signed
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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: 2016-2017
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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.

 Signature of CCS Administrator	10/11/2016 Date Signed
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 Signature of Health Officer	10/11/16 Date Signed
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Signature and Title of Other – Optional	Date Signed
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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 2016-2017

- 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 population level preventive intervention through the Community HUB and ACES project focusing on improved birthing outcomes, mitigation of traumatic childhood events, effective parenting and lead poisoning detection/prevention
- Facilitate and support system of care expansion related to Federally Qualified Health and Rural Health 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 2016-17 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)
Supervising PHN	Vacant	10	N	N
PHN II	Dana Harden RN PHN	100	N	N
PHN II	Sabina Keller RN PHN	80	N	N
Medical Office Assistant	Michelle McCann-Hardie	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

For FY 2016-2017, 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: 2014- 2015				
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	Vacant	50	25	20 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	15	65	20 CLPP	N	N

Incumbent List – Health Care Program for Children in Foster Care

For FY 2016-2017 complete the table below for all personnel listed in the HCPCFC budget. 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: 2013-2014				
Job Title	Incumbent Name	FTE % on HCPCFC State/Federal Budget	FTE % on HCPCFC 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 I/II	Dora Lee	100	0	0	N	N
Sr. Office Assistant	Kay Johnson	20	0	80 CHDP	N	N
Supervising PHN	Vacant	5	0	10 CCS 85 Admin	N	N

CHDP Program Referral Data

County/City: EL DORADO	FY 13-14		FY 14-15		FY 15-16	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	4341	8450	6013	11,031	5216	10,433
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	401	706	285	506	209	359
b. Number of Foster Care cases/recipients	126	126	33	33	65	68
c. Number of Medi-Cal only cases/recipients	329	552	263	450	425	796
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	1384		989		1223	

b. Medical and/or dental services with scheduling and/or transportation	88	118	72
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	41	98	29
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	56	98	3
6. Number of recipients in "5" who actually received medical and/or dental services	58	7	13

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**

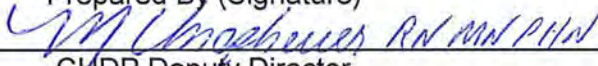
Fiscal Year: **2016-1017**

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
CHDP/HCPFC DHS	IAA	perpetual	2012	Michael Ungeheuer	No
Delta Dental	MOU	2010	2010	State	No
Anthem BC/BS	MOU	2014	2015	Michael Ungeheuer	No
Kaiser	MOU	In review	2007	Michael Ungeheuer	No
California Health and Wellness Centene	MOU	2013 perpetual	2013	Michael Ungeheuer	No

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2016-2017
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	\$ 179,404	\$ -	\$ 179,404	\$ 42,270	\$ 137,134
II. Total Operating Expenses	\$7,672	\$0	\$7,672	\$1,688	\$5,985
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$44,851	\$0	\$44,851		\$44,851
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 231,927	-	\$ 231,927	\$ 43,958	\$ 187,969

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	\$0	-			
Medi-Cal Funds:			\$231,927		
State Funds	\$105,091		\$104,974	\$10,989	\$93,985
Federal Funds (Title XIX)	\$155,721		\$126,953	\$32,968	\$93,985

Michael Ungeheuer RN MN PHN	10/11/2016	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	10/11/2016	As above	As above
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: 16-17

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	34%	\$87,100	\$ 29,614	0.00%	\$0	100.00%	\$29,614	0%	\$0	100%	\$29,614
Vacant PHN II	50%	\$70,450	\$ 35,225	0.00%	\$0	100.00%	\$35,225	80%	\$28,180	20%	\$7,045
Senior OA Kay Johnson	80%	\$41,147	\$ 32,918	0.00%	\$0	100.00%	\$32,918	0%	\$0	100%	\$32,918
Medical OA Adriana Salas-Rodriguez	50%	\$43,692	\$ 21,846	0.00%	\$0	100.00%	\$21,846	0%	\$0	100%	\$21,846
			\$ -	0%	\$0		\$0		\$0		\$0
Total Salaries and Wages			\$ 119,603		\$0		\$119,603		\$28,180		\$91,423
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$ 119,603		\$0		\$119,603		\$28,180		\$91,423
Staff Benefits (Specify %) 50.00%			\$59,801		\$0		\$59,801		\$14,090		\$45,711
I. Total Personnel Expenses			\$ 179,404		\$ -		\$ 179,404		\$ 42,270		\$ 137,134
II. Operating Expenses											
Travel			\$2,375		\$0		\$2,375	50%	\$1,188	50%	\$1,188
Training			\$1,000		\$0		\$1,000	50%	\$500	50%	\$500
Office			\$2,770		\$0		\$2,770			100%	\$2,770
Insurance			\$1,477		\$0		\$1,477			100%	\$1,477
Communication			\$50		\$0		\$50			100%	\$50
							\$0			100%	\$0
							\$0				
II. Total Operating Expenses			\$7,672		\$0		\$7,672		\$1,688		\$5,985
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%			\$44,851				\$44,851				\$44,851
IV. Total Indirect Expenses			\$44,851		\$0		\$44,851				\$44,851
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total			231,927		-		231,927		43,958		187,969

Michael Ungeheuer RN MN PHN

10/11/2016

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By (Signature)

Date Prepared

Phone Number

Email Address

Michael Ungeheuer RN MN PHN
 CHDP Deputy Director (Signature)

10/11/2016
 Date

As Above
 Phone Number

As above
 Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION STATE/FEDERAL
 EL DORADO COUNTY
 FISCAL YEAR 16-17

PERSONNEL COST

Total salaries	\$119,603
Total Benefits	\$59,801
Total Personnel Expenses	\$179,404

Supervising Hlth Education Cood	Program coordination responsibilities funded at 1.00 FTE with remaining 66% funded through the County/Federal blended match.
Public Health Nurse II	Reduction of 10% from 60% to reflect minimum program allocation.
Sr Office Assistant	No change
Medical Office Assistant	Added for SLT satellite office activitiy with providers

OPERATING EXPENSES

Travel	\$2,375	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.540 per mile with annual adjustment
Training	\$1,000	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$2,770	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication.
Insurance	\$1,477	Facility and personnel liability insurance
Bldg Maintenance	\$50	Maintenance of facility: security, repair, grounds
Equipment	\$0	Office equipment maintenance
Communications	\$0	Third party telecommunication cost for long distance telephone service
Total operating Costs	\$7,672	

CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @	\$0	Cost allocation plan applied to net wages
External @ 25%	\$44,851	In accordance to the A-87 plan on file applied by total program FTE
Total Indirect Expenses	\$44,851	

OTHER EXPENSES

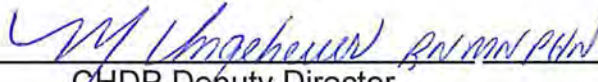
Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$231,927
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**CHDP Administrative Budget
Summary
County/City Match
Fiscal Year: 2016-2017
County/City Name: El Dorado**


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	\$108,213	\$21,135	\$87,078
II. Total Operating Expenses	\$4,449	\$975	\$3,475
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$27,053		\$27,053
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$139,715	\$22,110	\$117,605

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$64,330	\$5,527	\$58,803
Federal Funds (Title XIX)	\$75,385	\$16,582	\$58,803

Michael Ungeheuer RN MN PHN	10/11/2016	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
	10/11/2016	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

CHDP Administrative Budget Worksheet
 County/City Match
 Fiscal Year: 2016-2017
 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	66%	\$82,620	\$54,529	0%	\$0	100%	\$54,529
Vacant PHN I/II	25%	\$70,450	\$17,613	80%	\$14,090	20%	\$3,523
					\$0		\$0
Total Salaries and Wages			\$72,142		\$14,090		\$58,052
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$72,142		\$14,090		\$58,052
Staff Benefits (Specify %) 50.00%			\$36,071		\$7,045		\$29,026
I. Total Personnel Expenses			\$108,213		\$21,135		\$87,078
II. Operating Expenses							
Travel			\$949	50%	\$475	50%	\$475
Training			\$1,000	50%	\$500	50%	\$500
Office			\$1,950			100%	\$1,950
Insurance			\$500			100%	\$500
Communication			\$50			100%	\$50
						100%	\$0
II. Total Operating Expenses			\$4,449		\$975		\$3,475
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 %) 0.00%			\$0				\$0
2. External (Specify %) A-87 25.00%			\$27,053				\$27,053
IV. Total Indirect Expenses			\$27,053				\$27,053
V. Other Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$139,715		\$22,110		\$117,605

Michael Ungeheuer RN MN PHN	10/11/2016	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	10/11/2016	As Above	As above
CHPD Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION COUNTY MATCH
 EL DORADO COUNTY
 FISCAL YEAR 16-17

PERSONNEL COST

Total salaries \$72,142
 Total Benefits \$36,071

Total Personnel Expenses \$108,213

Supervising Hlth Education Cood Increased by 26% to align with blended funding availability and maintainence of 1.0 total FTE
 Public Health Nurse II Increased by 15% to align with blended funding availability

OPERATING EXPENSES

Travel \$949 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$0.54 per mile with annual adjustment

Training \$1,000 Registration/tuition fees for SPMP and support staff for continuing education program specific

Office Supplies and Services \$1,950 Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication

Insurance \$500 Facility and professional liability insurance

Equipment \$0

Building Maintenance \$0

Communication \$50

Total operating Costs \$4,449

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

External \$27,053 In accordance to the A-87 plan on file

Total Indirect Expenses \$27,053

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$139,715

HCPCFC Administrative Budget Worksheet
State/Title XIX Match
Fiscal Year 2016-2017
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							
Dora Lee PHN II	100%	\$67,093	\$67,093	85%	\$57,029	15%	\$10,064
Kay Johnson	20%	\$37,359	\$7,472	50%	\$3,736	50%	\$3,736
Vacant Supervising PHN	5%	\$85,372	\$4,269	80%	\$3,415	20%	\$854
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			\$78,833		\$64,180		\$14,654
Less Salary Savings							
Net Salaries and Wages			\$78,833		\$64,180		\$14,654
Staff Benefits (Specify %)	50.00%		\$39,417		\$32,090		\$7,327
I. Total Personnel Expenses			\$118,250		\$96,270		\$21,980
II. Operating Expenses							
1. Travel			\$1,226	80%	\$981	20%	\$245
2. Training			\$400	80%	\$320	20%	\$80
II. Total Operating Expenses			\$1,626		\$1,301		\$325
III. Capital Expenses							
1.							
2.							
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	10.00%		\$6,046				\$6,046
2. External							
IV. Total Indirect Expenses			\$6,046				\$6,046
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$125,922		\$97,571		\$28,352

Michael Ungeheuer RN MN PHN

10/4/2016

530 621 6129

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Prepared By

Date prepared

Phone Number

Email Address

Michael Ungeheuer RN MN PHN
 CHDP Deputy Director (Signature)

10/4/2016
 Date

As above
 Phone Number

As above
 Email Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC
 EL DORADO COUNTY
 FISCAL YEAR 16-17

PERSONNEL COST

Total salaries	\$78,833
Total Benefits	\$39,417

Total Personnel Expenses \$ 118,250

Public health Nurse II	No change
Supervising PHN	Vacant - no change
Sr Office Assistant (.20)	No change

OPERATING EXPENSES

Travel	\$1,226	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$.555 per mile with annual adjustment
Training	\$400	Registration/tuition fees for SPMP for continuing education program specific

Total operating Costs \$ 1,626

CAPITAL EXPENSES
Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 10%	\$6,046	Cost allocation plan applied to net wages
External	\$0	

Total Indirect Expenses \$ 6,046

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$ 125,922

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	90	13.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	91	13.58%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	489	72.99%
TOTAL CCS CASELOAD	670	100%

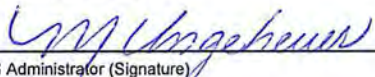
CCS Administrative Budget Summary

Fiscal Year: 2016-17

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 State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	364,574	48,972	49,517	266,085	181,137	84,948
II. Total Operating Expense	9,272	1,245	1,260	6,767	1,875	4,892
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	65,623	8,815	8,913	47,895		47,895
V. Total Other Expense	7,730	1,038	1,050	5,642		5,642
Budget Grand Total	447,199	60,070	60,740	326,389	183,012	143,377

	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 State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	30,035	30,035				
County	30,035	30,035				
OTLICP						
State	3,644		3,644			
County	3,644		3,644			
Federal (Title XXI)	53,452		53,452			
Medi-Cal						
State	117,442			117,442	45,753	71,689
Federal (Title XIX)	208,947			208,947	137,259	71,688

Prepared By (Signature)	Michael Ungeheuer RN MN PHN	10/4/2016	micahel.ungheuer@edcgov.us
	Prepared By (Printed Name)	Date	Email Address
	As Above	10/07/2016	As above
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date	Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	90	13.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	91	13.58%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal non-OTLICP Children	489	72.99%
TOTAL CCS CASELOAD	670	100%

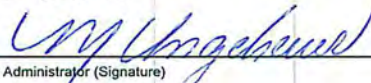
CCS Administrative Budget Worksheet

Fiscal Year: 2016-17

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 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	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)
Personnel Expense													
Program Administration													
vacant Supervising PHN	5.00%	80,996	4,050	13.43%	544	13.58%	550	72.99%	2,956			100.00%	2,956
2. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
Subtotal		80,996	4,050		544		550		2,956				2,956
Medical Case Management													
vacant Supervising PHN	5.00%	80,996	4,050	13.43%	544	13.58%	550	72.99%	2,956	80.00%	2,365	20.00%	591
Jana Harden PHN	100.00%	70,450	70,450	13.43%	9,463	13.58%	9,569	72.99%	51,418	80.00%	41,134	20.00%	10,284
Sabina Keller PHN	80.00%	70,450	56,360	13.43%	7,571	13.58%	7,655	72.99%	41,134	80.00%	32,907	20.00%	8,227
4. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
Subtotal		221,896	130,860		17,578		17,774		95,508		76,406		19,102
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
Adrianna Salas-Rodríguez	25.00%	43,692	10,923	13.43%	1,467	13.58%	1,484	72.99%	7,972			100.00%	7,972
Michelle McCann-Hardie	20.00%	42,315	8,463	13.43%	1,137	13.58%	1,149	72.99%	6,177			100.00%	6,177
Maria Martínez	20.00%	43,411	8,682	13.43%	1,166	13.58%	1,179	72.99%	6,337			100.00%	6,337
4. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
Subtotal		129,418	28,068		3,770		3,812		20,486				20,486
Clerical and Claims Support													
Adrianna Salas-Rodríguez	25.00%	43,842	10,961	13.43%	1,472	13.58%	1,489	72.99%	8,000	50.00%	4,000	50.00%	4,000
Michelle McCann-Hardie	80.00%	43,134	34,507	13.43%	4,635	13.58%	4,687	72.99%	25,185	80.00%	20,148	20.00%	5,037
Maria Martínez	80.00%	43,254	34,603	13.43%	4,648	13.58%	4,700	72.99%	25,255	80.00%	20,204	20.00%	5,051

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 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	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)
4. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	13.43%	0	13.58%	0	72.99%	0	0.00%	0	100.00%	0
Subtotal		130,230	80,071		10,755		10,876		58,440		44,352		14,088
Total Salaries and Wages			243,049	13.43%	32,648	13.58%	33,011	72.99%	177,390	68.07%	120,758	31.93%	56,632
Staff Benefits (Specify %)	50.00%		121,525	13.43%	16,324	13.58%	16,506	72.99%	88,695		60,379		28,316
I. Total Personnel Expense			364,574	13.43%	48,972	13.58%	49,517	72.99%	266,085		181,137		84,948
II. Operating Expense													
1. Travel			2,575	13.43%	346	13.58%	350	72.99%	1,879	68.07%	1,279	31.93%	600
2. Training			1,200	13.43%	161	13.58%	163	72.99%	876	68.07%	596	31.93%	280
3. Communication			100	13.43%	13	13.58%	14	72.99%	73			100.00%	73
4. Insurance			1,477	13.43%	198	13.58%	201	72.99%	1,078			100.00%	1,078
5. Office and Duplicating			3,920	13.43%	527	13.58%	532	72.99%	2,861			100.00%	2,861
7.			0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
II. Total Operating Expense			9,272		1,245		1,260		6,767		1,875		4,892
III. Capital Expense													
1.			0	13.43%	0	13.58%	0	72.99%	0				0
2.			0	13.43%	0	13.58%	0	72.99%	0				0
3.			0	13.43%	0	13.58%	0	72.99%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Internal	0.00%		0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
2. External	18.00%		65,623	13.43%	8,815	13.58%	8,913	72.99%	47,895			100.00%	47,895
IV. Total Indirect Expense			65,623		8,815		8,913		47,895				47,895
V. Other Expense													
1. Maintenance & Transportation			7,730	13.43%	1,038	13.58%	1,050	72.99%	5,642			100.00%	5,642
2.			0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
3.			0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
4.			0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
5.			0	13.43%	0	13.58%	0	72.99%	0			100.00%	0
V. Total Other Expense			7,730		1,038		1,050		5,642				5,642
Budget Grand Total			447,199		60,070		60,740		326,389		183,012		143,377

Prepared By (Signature)	Michael UngeheuerRN MN PHN	10/4/2016	michael.ungeheuer@edcgov.us	530 621 6129
	Prepared By (Printed Name)	Date Prepared	E-Mail address	Telephone Number with Area Code
	As Above	10/07/2016	As Above	As above
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	E-Mail address	Telephone Number with Area Code
Revised 8/25/2016				

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 16-17

PERSONNEL COST

Total salaries	\$243,049
Total Benefits	\$121,525

Total Personnel Expenses	364,574
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Supervising PHN	Vacant - no change
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Public Health Nurse II (1.80)	Increase FTE by .05 to address increasing case load.
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Medical Office Assistance (2.5)	No change
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OPERATING EXPENSES

Travel	\$2,575	Includes per diem , private vehicle mileage, commercial auto rental, air travel etc. Mileage reimbursement subject to Federal rate currently at 0.54 per mile with annual adjustment.
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Training	\$1,200	Registration/tuition fees for SPMP and support staff for continuing education opportunities
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Office Supplies and Services	\$3,920	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, security system
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Communication	\$100	Telephone 3rd party calls
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Insurance	\$1,477	Facility and professional liability insurance
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Total operating Costs	\$ 9,272
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CAPITAL EXPENSES

Total Capital Expenses	\$0
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INDIRECT EXPENSES

Internal @

External @ 18%	\$65,623	In accordance to the A-87 plan on file applied by total program FTE. Less than actual rate used to maintain budget within funding allocation.
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Total Indirect Expenses	\$ 65,623
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OTHER EXPENSES

Maintenance and transportation	\$7,730	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 **\$7,730**

BUDGET GRAND TOTAL **447,199**