

Plan and Budget Required Documents Checklist

MODIFIED FY 2017/2018

CHDP-CCS, 2017-2018

County/City: El Dorado County

Fiscal Year: 2017-2018

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Agency Information Sheet

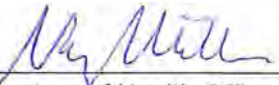
County/City:	EL DORADO	Fiscal Year:	2017-2018
Official Agency			
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer	Nancy Williams MPH MD		931 Spring St Placerville CA 95667
CMS Director (if applicable)			
Name:	Michael Ungeheuer RN MN PHN	Address:	941 Spring 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 Mitrising	Address:	330 Fairlane Placerville CA 95667
Phone:	530 621 5592		
Fax:	530 622 3645	E-Mail:	james.mitrising@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

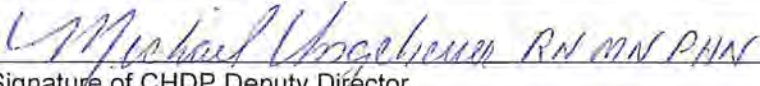
Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: El Dorado	Fiscal Year: 2017-2018
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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.

	10/6/17
Signature of CHDP Director	Date Signed

	10/6/17
Signature of Health Officer	Date Signed

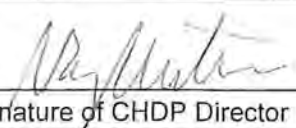
	10/9/17
Signature of CHDP Deputy Director	Date Signed


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

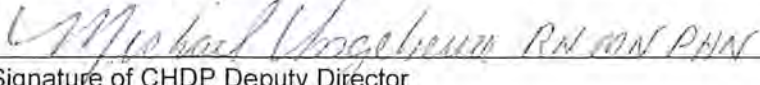
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County/City: El Dorado	Fiscal Year: 2017-2018
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 Signature of CHDP Director	6/6/17 Date Signed
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 Signature of Health Officer	6/6/17 Date Signed
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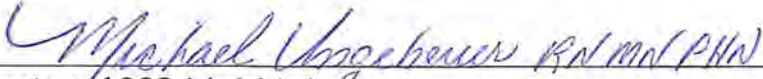
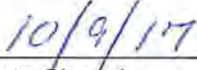
 Signature of CHDP Deputy Director	10/9/17 Date Signed
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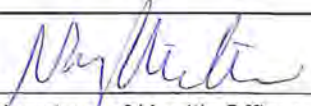
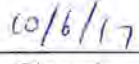
I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

County/City: El Dorado County	Fiscal Year: 2017-2018
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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	Date Signed

	
Signature of Health Officer	Date Signed

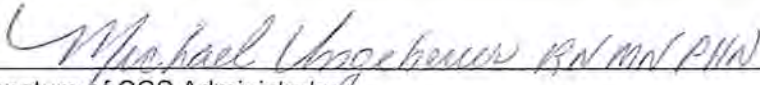
Signature and Title of Other – Optional	Date Signed

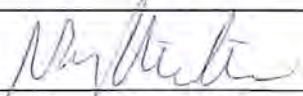
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County/City: El Dorado County	Fiscal Year: 2017-2018
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 Signature of CCS Administrator	10/9/17 Date Signed
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 Signature of Health Officer	10/6/17 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 2017-2018

- 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

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: 2017-2018		
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	18	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

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: 2017- 2018				
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 Health Education Coordinator	Josefina Solano	55	45	0	N	N
Public Health Nurse II	Kaela Hatchel RN MS PHN	50	30	0	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	50	0	50 CCS	N	N
Sr. Office Assistant	Kay Johnson	70	0	30 FC	N	N
Health Program Specialist	Melissa Cockrell	0	20	0	N	N

Incumbent List – Health Care Program for Children in Foster Care

Complete the table below for all personnel listed in the HCPCFC, HCPCFC Psychotropic Medications Monitoring & Oversight (PMM&O) and CHDP Foster Care Administrative (County/City) budgets. Use the same job titles for the budgets 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 in the last fiscal year. 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. Submit job duty statements and civil service classification statements for all incumbent's listed.

El Dorado		Fiscal Year: 2017-2018				
Incumbent Name	FTE % on HCPCFC - Budget	FTE % on HCPCFC - PMM&O Budget*	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Dora Lee PHN II	77	23	0	0	N	N
Kay Johnson Sr. Office Assist	30	0	0	70 CHDP	N	N
VACANT Supervising PHN	20	0	0	18 CCS 62 NUR Admin	N	N



THE COUNTY OF EL DORADO
Established Date: Jun 1, 2001
Revision Date: May 23, 2013

HEALTH PROGRAM SPECIALIST

Class Code:
8215

Bargaining Unit: Local 1 General

SALARY RANGE

\$22.02 - \$26.76 Hourly
\$3,816.80 - \$4,638.40 Monthly
\$45,801.60 - \$55,660.80 Annually

DEFINITION & DISTINGUISHING CHARACTERISTICS:

DEFINITION:

Under general supervision, assists in the development and implementation of comprehensive County Public Health programs; gathers, generates and disseminates health information and data; and provides technical assistance and consultation to program participants, consumers, community groups, service providers and other agencies.

DISTINGUISHING CHARACTERISTICS:

This paraprofessional class is responsible for providing varied program support in assigned Public Health programs under the direction of professional or management staff. These positions serve as liaison between Public Health programs, service providers, consumers and other agencies, perform outreach to participants, and facilitate educational training programs. This class is distinguished from Health Education Coordinator in that the latter has responsibility for planning, implementing and administering assigned health care, promotion and prevention programs.

EXAMPLES OF DUTIES (ILLUSTRATIVE ONLY):

- Serves as outreach liaison among professional groups, support groups, other agencies and service providers.
- Recruits, trains, schedules and facilitates community involvement in Public Health programs.
- Enrolls participants and/or service providers in program activities.
- Produces and distributes prevention and educational materials regarding assigned Public Health programs; prepares necessary agendas and handouts for meetings.
- Verifies eligibility and issues certificates of completion and compliance for participants of educational and other Public Health programs.
- Keeps informed of current trends, research, agreements and regulations in assigned Public Health programs.
- Assists in development of program policies and procedures; provides information to participants, consumers, community groups, service providers and other agencies regarding program procedures.

- Schedules, coordinates and facilitates educational training programs.
- Prepares program plans and evaluations; conducts in-service training and workshops pertaining to assigned Public Health programs.
- Organizes, promotes and conducts public meetings involving service providers and community agencies; serves as resource for information provided through public presentations.
- Establishes and maintains community resource contacts; revises and updates community service lists and pamphlets.
- Analyzes data and prepares effective reports for assigned public health programs.
- Prepares and distributes information through newspaper articles, public presentations and personal contacts with other agencies and community resources.
- Collects and maintains program and community data in automated/computerized databases.
- Depending on program assignment, may be required to provide substance abuse counseling.
- Attendance and punctuality that is observant of scheduled hours on a regular basis.
- Performs related work 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.

Education:

Equivalent to two (2) years of college level coursework in sociology, psychology, social services, public administration or a related field

-AND-

Experience:

Two (2) years of paid or unpaid experience conducting community education or outreach activities, or four (4) years of increasingly responsible experience providing technical and administrative support to a specific public health program.

Other Requirements:

Must possess and maintain a valid driver's license. Positions assigned to the Alcohol and Drug Division may require a certification/license as a substance abuse counselor depending upon program assignment. Certifying agencies must be accredited by the National Commission for Certifying Agencies. Certifying agencies include: California Association for Alcohol and Drug Educators (CAADE), California Association of Alcoholism and Drug Abuse Counselors (CAADAC), California Association of Addiction Recovery Resources (CAARR), California Association of Drinking Driver Treatment Programs (CADDTP), California Certification Board of Chemical Dependency Counselors (CCBCDC), Forensics Addictions Corrections Treatment (FACT), Indian Alcoholism Commission of California, Inc., Breining Institute, Association of Christian Alcohol & Drug Counselors, and American Academy of Health Care Providers.

Knowledge of:

- Basic practices of community health program design, implementation and evaluation.
- Principles and methods of community organization and networking strategies.
- Principles and practices of health information and education.
- Functions and objectives of public and private agencies and institutions that provide community health information and educational activities, programs and services.
- Basic research and data collection techniques.
- Principles and techniques for dealing with individuals from a variety of socio-economic groups.
- Standard office practices and methods including filing systems, document preparation and the operation of standard office equipment including personal computers.

Skill in:

- Using computer software particularly word processing, graphic and presentation packages.

Ability to:

- Develop, promote and implement a variety of public health information and education programs.
- Prepare educational materials and make effective public presentations.
- Organize, promote and conduct public meetings.
- Maintain accurate records and files.
- Prepare clear and effective reports, correspondence, informational materials and other written materials.
- Exercise sound independent judgment within established guidelines.
- Gain support and cooperation of public officials, community groups and agencies relative to health concerns and service.
- Establish and maintain effective working relationships with those contacted in the course of the work.

OTHER REQUIREMENTS:**ENVIRONMENTAL CONDITIONS/PHYSICAL DEMANDS**

The conditions herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.

Environment:

Work is primarily performed indoors in a standard office setting with infrequent trips outdoors in all weather conditions. Must be available to attend off-hour meetings, including evenings and weekends.

Physical:

Primary functions require sufficient physical ability to work in an office setting and operate office equipment; vision in the normal visual range with or without correction sufficient to read computer screens and printed; hear in the normal audio range with or without correction. **Frequent** sitting, walking and use of both legs; wrist and arm motions, use of both hands and fingers, ability to grasp and hold and fine coordination; lifting, carrying or pushing objects that weigh up to 15 lbs. **Occasional** reaching and climbing. **Infrequent**; bending, lifting, carrying or pushing objects that weigh more than 15 lbs.

KNOWLEDGE:**SKILLS:****CLASS SPEC TITLE 7:****HISTORY****JCN: 8215**

Created: June 2001

Revised: July 2007

Revised: May 2013 - HRD

Health Program Specialist
Civil Service Job Classification: as above

CMS/CHDP Task Statement

Essential Duty

Through the general direction of the Supervising Health Education Coordinator generates and disseminates health information and data; and provides technical assistance and consultation to program participants, consumers, community groups, service providers and other agencies.

Specific Tasks: Outreach 20%

- 40% Performs outreach liaison activities among professional groups, support groups, other agencies and service providers specific to the prevention of childhood lead exposure
- 20% Produces and distributes prevention and educational materials specific to CHDP dental service access and prevention of childhood lead exposure.
- 20% Organizes, promotes and conducts public meetings involving service providers and community agencies; to provide education, and facilitate referral to available resources specific to dental care access, lead level screening, and general preventive services
- 20% Collects and maintains program and community data in automated/computerized databases specific to the CHDP program

CHDP Program Referral Data FY 17-18

County/City: EL DORADO	FY 14-15		FY 15-16		FY 16-17	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	6013	11,031	5216	10,433	5090	10,420
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients		
a. Number of CalWORKs cases/recipients	285	506	209	359	90	159
b. Number of Foster Care cases/recipients	33	33	65	68	270	287
c. Number of Medi-Cal only cases/recipients	263	450	425	796	372	687
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	989		1223		1133	

b. Medical and/or dental services with scheduling and/or transportation	118	72	49
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	98	29	34
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	98	3	0
6. Number of recipients in "5" who actually received medical and/or dental services	7	13	5

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

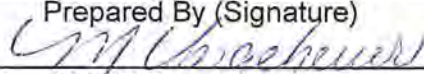
Fiscal Year: 2017-1018

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/HPCFCFHS 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 2017-2018
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	\$ 205,573	\$ -	\$ 205,573	\$ 55,214	\$ 150,359
II. Total Operating Expenses	\$8,286	\$0	\$8,286	\$1,846	\$6,440
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$24,669	\$0	\$24,669		\$24,669
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 238,527	-	\$ 238,527	\$ 57,060	\$ 181,467

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:	\$238,527		\$238,527		
State Funds	\$104,999		\$104,999	\$14,265	\$90,734
Federal Funds (Title XIX)	\$133,529		\$133,529	\$42,795	\$90,734

Michael Ungeheuer RN MN PHN	9/24/2017	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	10/9/17	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: 17-18

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	55%	\$86,787	\$ 47,733	0.00%	\$0	100.00%	\$47,733	0%	\$0	100%	\$47,733
Kaela Hatchel PHN II	50%	\$77,668	\$ 38,834	0.00%	\$0	100.00%	\$38,834	80%	\$31,067	20%	\$7,767
Senior OA Kay Johnson	70%	\$41,015	\$ 28,711	0.00%	\$0	100.00%	\$28,711	20%	\$5,742	80%	\$22,968
Medical OA Adriana Salas-Rodriguez	50%	\$43,542	\$ 21,771	0.00%	\$0	100.00%	\$21,771	0%	\$0	100%	\$21,771
			\$ -	0%	\$0		\$0		\$0		\$0
Total Salaries and Wages			\$ 137,048		\$0		\$137,048		\$36,809		\$100,239
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$ 137,048		\$0		\$137,048		\$36,809		\$100,239
Staff Benefits (Specify %) 50.00%			\$68,524		\$0		\$68,524		\$18,405		\$50,120
I. Total Personnel Expenses			\$ 205,573		\$ -		\$ 205,573		\$ 55,214		\$ 150,359
II. Operating Expenses											
Travel			\$2,375		\$0		\$2,375	50%	\$1,188	50%	\$1,188
Training			\$1,317		\$0		\$1,317	50%	\$659	50%	\$659
Office			\$2,394		\$0		\$2,394			100%	\$2,394
Insurance			\$2,100		\$0		\$2,100			100%	\$2,100
Communication			\$100		\$0		\$100			100%	\$100
							\$0			100%	\$0
							\$0				
II. Total Operating Expenses			\$8,286		\$0		\$8,286		\$1,846		\$6,440
III. Capital Expenses											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 0.00%			\$0				\$0				\$0
2. External (Specify %) A-87 12.00%			\$24,669				\$24,669				\$24,669
IV. Total Indirect Expenses			\$24,669		\$0		\$24,669				\$24,669
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total			238,527		-		238,527		57,060		181,467

Michael Ungeheuer RN MN PHN	9/24/2017	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
<i>Michael Ungeheuer</i>	10/9/17	As Above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE
 CHDP ADMINISTRATION STATE/FEDERAL
 EL DORADO COUNTY
 FISCAL YEAR 17-18

PERSONNEL COST

Total salaries	\$137,048
Total Benefits	\$68,524
Total Personnel Expenses	\$205,573

Supervising Hlth Education Cood Increased by 21% FTE to align with available funding for maintaining program coordination responsibilities funded at 1.00 FTE. Remaining FTE present in the CHDP County/Federal blended match budget.

Public Health Nurse II No change

Sr Office Assistant FTE reduction of 10% to reflect shift to HCPCFC for enhanced program support

Medical Office Assistant No change

OPERATING EXPENSES

Travel \$2,375 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @0.535 per mile with annual adjustment

Training \$1,317 Registration/tuition fees for SPMP and support staff for continuing education program specific

Office Supplies and Services \$2,394 Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication.

Insurance \$2,100 Facility and personnel liability insurance

Bldg Maintenance \$100 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 \$8,286

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ \$0 Cost allocation plan applied to net wages

External @ 12% \$24,669 Lower rate than reflected in approved the A-87 plan on file

Total Indirect Expenses \$24,669

OTHER EXPENSES

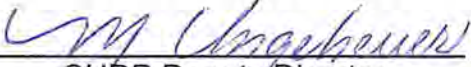
Total Other Expenses \$0

BUDGET GRAND TOTAL \$238,527

**CHDP Administrative Budget
Summary
County/City Match
Fiscal Year: 2017-2018
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	\$107,959	\$27,960	\$79,998
II. Total Operating Expenses	\$2,747	\$500	\$2,247
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$12,955		\$12,955
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$123,661	\$28,460	\$95,200

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$54,715	\$7,115	\$47,600
Federal Funds (Title XIX)	\$68,946	\$21,345	\$47,600

Michael Ungeheuer RN MN PHN	9/19/2017	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
 CHDP Deputy Director (Signature)	10/9/17 Date	As above Phone Number	As above Email Address

CHDP Administrative Budget Worksheet
 County/City Match
 Fiscal Year: 2017-2018
 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	45%	\$86,787	\$39,054	0%	\$0	100%	\$39,054
PHN II Kaela Hatchel	30%	\$77,668	\$23,300	80%	\$18,640	20%	\$4,660
Hlth Prgrm Specialist Melissa Cockrell	20%	\$48,090	\$9,618	0%	\$0	100%	\$9,618
Total Salaries and Wages			\$71,973		\$18,640		\$53,332
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$71,973		\$18,640		\$53,332
Staff Benefits (Specify %) 50.00%			\$35,986		\$9,320		\$26,666
I. Total Personnel Expenses			\$107,959		\$27,960		\$79,998
II. Operating Expenses							
Travel			\$500	50%	\$250	50%	\$250
Training			\$500	50%	\$250	50%	\$250
Office			\$1,747			100%	\$1,747
II. Total Operating Expenses			\$2,747		\$500		\$2,247
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 12.00%			\$12,955				\$12,955
IV. Total Indirect Expenses			\$12,955				\$12,955
V. Other Expenses							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$123,661		\$28,460		\$95,200

Michael Ungeheuer RN MN PHN	09/19/2017	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	10/9/17	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 17-18

PERSONNEL COST

Total salaries	\$71,973
Total Benefits	\$35,986
Total Personnel Expenses	\$107,959

Supervising Hlth Education Cood	Decreased by 21% to align with available funding to maintain 1.0 total FTE
Health Program Specialist	Added to diversify community outreach and education spcific to dental care access and lead poisoning prevention.
Public Health Nurse II	Increased by 5% to align with blended funding availability.

OPERATING EXPENSES

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @0.535 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$1,747	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Insurance	\$0	
Equipment	\$0	
Building Maintenance	\$0	
Communication	\$0	
Total Operating Costs	\$2,747	

CAPITAL EXPENSES

Total Capital Expenses	\$0
-------------------------------	------------

INDIRECT EXPENSES

External @ 12%	\$12,955	Represents a lower percentage than reflected in the A-87 plan on file.
Total Indirect Expenses	\$12,955	

OTHER EXPENSES

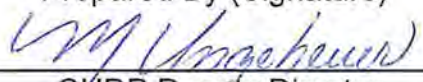
Total Other Expenses	\$0
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BUDGET GRAND TOTAL	\$123,661
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HCPCFC Administrative Budget Summary
State/Title XIX Federal Funds
Fiscal Year: 2017-2018
County/City Name: El Dorado

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	\$114,143	\$88,064	\$26,079
II. Total Operating Expense	\$1,626	\$1,301	\$325
III. Total Capital Expense			
IV. Total Indirect Expense	\$6,046		\$6,046
V. Total Other Expense			
Budget Grand Total	\$121,815	\$89,365	\$32,450

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$38,566	\$22,341	\$16,225
Federal Funds (Title XIX)	\$83,249	\$67,024	\$16,225
Budget Grand Total	\$121,815		


Michael Ungeheuer RN MN PHN	<i>10/9/17</i>	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	<i>10/9/17</i>	530 621 6129	michael.ungeheuer@edcgov.us
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

County/City Name: EL DORADO FY 2017-2018

HPCFC Psychotropic Medication Monitoring and Oversight (PMM&O) Budget Summary

Category/Line Item	Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I. Total Personnel Expenses	21,865	19,679	2,187
II. Total Operating Expenses	700	510	190
III. Total Capital Expenses			
IV. Total Indirect Expenses	2,187		2,187
V. Total Other Expenses			
Expenditures Grand Total	24,752	20,189	4,563

Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	7,329	5,047	2,282
Federal Funds (Title XIX)	17,423	15,142	2,281
Total Source of Funds	24,752	20,189	4,563

Prepared By (Signature):	Date Prepared:	Phone Number:	E-mail Address:
Michael Ungeheuer RN MN PHN CHDP Director or Deputy Director (Signature):	9/24/2017	530 621 6129	michael.ungeheuer@edcqp.v.us
	10/9/17	As Above	As Above

HPCFC Administrative Budget Worksheet
State/Title XIX Match
Fiscal Year 2017-2018
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							
PHN II Dora Lee	77%	\$63,378	\$48,801	90%	\$43,921	10%	\$4,880
SR Office Assistant Kay Johnson	30%	\$41,015	\$12,305	50%	\$6,152	50%	\$6,152
Supervising PHN VACANT	20%	\$85,372	\$17,074	60%	\$10,245	40%	\$6,830
4.			\$0		\$0		\$0
5.			\$0		\$0		\$0
6.			\$0		\$0		\$0
7.			\$0		\$0		\$0
8.			\$0		\$0		\$0
9.			\$0		\$0		\$0
10.			\$0		\$0		\$0
Total Salaries and Wages			\$78,180		\$60,318		\$17,862
Less Salary Savings							
Net Salaries and Wages			\$78,180		\$60,318		\$17,862
Staff Benefits (Specify %)	46.00%		\$35,963		\$27,746		\$8,217
I. Total Personnel Expenses			\$114,143		\$88,064		\$26,079
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			\$121,815		\$89,365		\$32,450

Michael Ungeheuer RN MN PHN

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By	Date prepared	Phone Number	Email Address
<i>Michael Ungeheuer</i>	10/9/17	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

HCPCFC Psychotropic Medication Monitoring and Oversight (PMM&O) Budget Worksheet
Fiscal Year 2017-2018

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 State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
Dora Lee PHN II	23%	\$63,378	\$14,577	90%	\$13,119	10%	\$1,458
2.			\$0		\$0	100%	\$0
3.			\$0		\$0	100%	\$0
4.			\$0		\$0	100%	\$0
5.			\$0		\$0	100%	\$0
6.			\$0		\$0	100%	\$0
7.			\$0		\$0	100%	\$0
8.			\$0		\$0	100%	\$0
9.			\$0		\$0	100%	\$0
10.			\$0		\$0	100%	\$0
Total Salaries and Wages	23%		\$14,577		\$13,119		\$1,458
Less Salary Savings							
Net Salaries and Wages			\$14,577		\$13,119		\$1,458
Staff Benefits (Specify %)	50.00%		\$7,288		\$6,560		\$729
I. Total Personnel Expenses			\$21,865		\$19,679		\$2,187
II. Operating Expenses							
1. Travel			\$400	90%	\$360	10%	\$40
2. Training			\$300	50%	\$150	50%	\$150
II. Total Operating Expenses			\$700		\$510		\$190
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	10.00%		\$2,187				\$2,187
2. External							
IV. Total Indirect Expenses			\$2,187				\$2,187
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$24,752		\$20,189		\$4,563

Michael Ungeheuer RN Mn PHN

9/24/2017

530 621 6129

michael.ungeheuer@edcgov.us

Prepared By (Signature)

Date prepared

Phone Number

Email Address

Michael Ungeheuer

10/9/17

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC
 EL DORADO COUNTY
 FISCAL YEAR 17-18

PERSONNEL COST

Total salaries	\$78,180
Total Benefits	\$35,963
Total Personnel Expenses	\$ 114,143

Public health Nurse II	No change
Supervising PHN	Vacant. Increased by 15% FTE to align with available funding and increased administrative burden
Sr Office Assistant	Increase by 10% FTE to align with available funding and addition program activities specific to support of the SPMP.

OPERATING EXPENSES

Travel	\$1,226	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$0.535 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
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BUDGET GRAND TOTAL **\$ 121,815**

BUDGET JUSTIFICATION NARRATIVE
 HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget
 EL DORADO COUNTY
 FISCAL YEAR 17-18

PERSONNEL COST

Total salaries	\$14,577
Total Benefits	\$7,288
Total Personnel Expenses	\$21,865

PHN II Dedicated PHN for HCPCFC @23% FTE

OPERATING EXPENSES

Travel	\$400	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @\$535 per mile
Training	\$300	Registration/tuition fees for SPMP for continuing education program specific

Total operating Costs \$ **700**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @ 10%	\$2,187	Cost allocation plan applied to net wages
External	\$0	

Total Indirect Expenses \$ **2,187**

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$ **24,752**

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	77	11.44%
OTLICP - Total Cases of Open (Active) OTLICP Children	96	14.26%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	500	74.29%
TOTAL CCS CASELOAD	673	100%

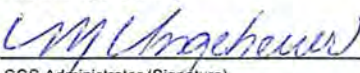
CCS Administrative Budget Summary

Fiscal Year: 2017-2018

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	383,328	43,857	54,680	284,791	184,695	100,096
II. Total Operating Expense	12,500	1,430	1,783	9,287	1,831	7,456
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	45,999	5,263	6,562	34,175		34,175
V. Total Other Expense	6,000	686	856	4,458		4,458
Budget Grand Total	447,827	51,236	63,881	332,711	186,526	146,185

	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	25,618	25,618				
County	25,618	25,618				
OTLICP						
State	3,833		3,833			
County	3,833		3,833			
Federal (Title XXI)	56,215		56,215			
Medi-Cal						
State	119,725			119,725	46,632	73,093
Federal (Title XIX)	212,986			212,986	139,894	73,092

Prepared By (Signature)	Michael Ungeheuer RN MN PHN	9/20/2017	micahel.ungeheuer@edcgov.us
	Prepared By (Printed Name)	Date	Email Address
CCS Administrator (Signature)	As Above	10/9/17	As above
Revised 8/25/2016	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	77	11.44%
OTLICP - Total Cases of Open (Active) OTLICP Children	96	14.26%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	500	74.29%
TOTAL CCS CASELOAD	673	100%

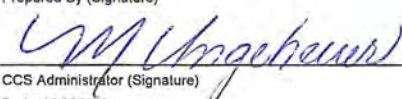
CCS Administrative Budget Worksheet

Fiscal Year: 2017-18

County: EL DORADO

Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
				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 (6.0/5.0/88)	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)
I. Personnel Expense													
Program Administration													
Vacant Supervising PHN	8.00%	80,996	6,480	11.44%	741	14.26%	924	74.29%	4,814			100.00%	4,814
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
Subtotal		80,996	6,480		741		924		4,814				4,814
Medical Case Management													
Vacant Supervising PHN	10.00%	80,996	8,100	11.44%	927	14.26%	1,155	74.29%	6,018	75.00%	4,514	25.00%	1,504
Dana Harden PHN	100.00%	73,965	73,965	11.44%	8,463	14.26%	10,551	74.29%	54,952	75.00%	41,214	25.00%	13,738
Sabina Keller PHN	80.00%	73,965	59,172	11.44%	6,770	14.26%	8,441	74.29%	43,961	75.00%	32,971	25.00%	10,990
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
Subtotal		228,926	141,237		16,160		20,147		104,931		78,699		26,232
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
Adrianna Salas-Rodriguez	25.00%	43,542	10,886	11.44%	1,246	14.26%	1,553	74.29%	8,088			100.00%	8,088
Michelle McCann-Hardie	20.00%	42,968	8,594	11.44%	983	14.26%	1,226	74.29%	6,385			100.00%	6,385
Maria Martinez	20.00%	43,095	8,619	11.44%	986	14.26%	1,229	74.29%	6,403			100.00%	6,403
4. Employee Name, Position	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
Subtotal		129,605	28,099		3,215		4,008		20,876				20,876
Clerical and Claims Support													
Adrianna Salas-Rodriguez	25.00%	43,542	10,886	11.44%	1,246	14.26%	1,553	74.29%	8,088	75.00%	6,066	25.00%	2,022
Michelle McCann-Hardie	80.00%	42,968	34,374	11.44%	3,933	14.26%	4,903	74.29%	25,538	75.00%	19,154	25.00%	6,384
Maria Martinez	80.00%	43,095	34,476	11.44%	3,945	14.26%	4,918	74.29%	25,614	75.00%	19,211	25.00%	6,403

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) 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	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	11.44%	0	14.26%	0	74.29%	0	0.00%	0	100.00%	0
Subtotal		129,605	79,736		9,124		11,374		59,240		44,431		14,809
Total Salaries and Wages			255,552	11.44%	29,238	14.26%	36,453	74.29%	189,861	64.85%	123,130	35.15%	66,731
Staff Benefits (Specify %)	50.00%		127,776	11.44%	14,619	14.26%	18,227	74.29%	94,930		61,565		33,365
I. Total Personnel Expense			383,328	11.44%	43,857	14.26%	54,680	74.29%	284,791		184,695		100,096
II. Operating Expense													
1. Travel			3,000	11.44%	343	14.26%	428	74.29%	2,229	64.85%	1,446	35.15%	783
2. Training			800	11.44%	92	14.26%	114	74.29%	594	64.85%	385	35.15%	209
3. Communication			700	11.44%	80	14.26%	100	74.29%	520			100.00%	520
4. Insurance			3,000	11.44%	343	14.26%	428	74.29%	2,229			100.00%	2,229
5. Office and Duplicating			5,000	11.44%	572	14.26%	713	74.29%	3,715			100.00%	3,715
			0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
			0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
II. Total Operating Expense			12,500		1,430		1,783		9,287		1,831		7,456
III. Capital Expense													
1.			0	11.44%	0	14.26%	0	74.29%	0				0
2.			0	11.44%	0	14.26%	0	74.29%	0				0
3.			0	11.44%	0	14.26%	0	74.29%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Internal	0.00%		0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
2. External	12.00%		45,999	11.44%	5,263	14.26%	6,562	74.29%	34,175			100.00%	34,175
IV. Total Indirect Expense			45,999		5,263		6,562		34,175				34,175
V. Other Expense													
1. Maintenance & Transportation			6,000	11.44%	686	14.26%	856	74.29%	4,458			100.00%	4,458
2.			0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
3.			0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
4.			0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
5.			0	11.44%	0	14.26%	0	74.29%	0			100.00%	0
V. Total Other Expense			6,000		686		856		4,458				4,458
Budget Grand Total			447,827		51,236		63,881		332,711		186,526		146,185

Prepared By (Signature)	Michael Ungeheuer RN MN PHN	9/20/2017	michael.ungeheuer@edcgov.us	530 621 6129
	Prepared By (Printed Name)	Date Prepared	E-Mail address	Telephone Number with Area Code
CCS Administrator (Signature)	As Above	10/9/17	As Above	As above
Revised 8/25/2016	CCS Administrator (Printed Name)	Date Signed	E-Mail address	Telephone Number with Area Code

BUDGET JUSTIFICATION NARRATIVE
 CCS ADMINISTRATION
 EL DORADO COUNTY
 FISCAL YEAR 17-18

PERSONNEL COST

Total salaries	\$255,552
Total Benefits	\$127,776

Total Personnel Expenses **383,328**

Supervising PHN Vacant - no change

Public Health Nurse II (1.80) No Change

Medical Office Assistance (2.5) No change

OPERATING EXPENSES

Travel	\$3,000	Includes per diem , private vehicle mileage, commercial auto rental, air travel etc. Mileage reimbursement subject to Federal rate currently at 0.535 per mile with 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	\$5,000	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	\$700	Telephone 3rd party calls
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Insurance	\$3,000	Facility and professional liability insurance
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Total operating Costs **\$ 12,500**

CAPITAL EXPENSES

Total Capital Expenses **\$0**

INDIRECT EXPENSES

Internal @

External @ 15%	12.00%	\$45,999	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 **\$ 45,999**

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
Total Other Expenses	\$6,000	
BUDGET GRAND TOTAL	447,827	