



California Children's Services (CCS) Monitoring & Oversight (M&O)
Agency Information

		County: El Dorado	Fiscal Year: 2024-25
Street Address:	941 Spring St, Ste 3	Central Email Address:	EDCCCS@edcgov.us
City:	Placerville		
Zip Code:	95667		
Director		Deputy Director	
Name, Title:	Jennifer Byrne	Name:	Kyle Fliflet
Phone:	530-621-6374	Phone:	530-621-6129
Email:	jennifer.byrne@edcgov.us	Email:	kyle.fliflet@edcgov.us
List All Program Staff (CCS M&O)			
Name:	Position/Classification:	Email:	
Erin Guzik	Care Management Counselor	erin.guzik@edcgov.us	
Sabina Keller	PHN Supervisor	sabina.keller@edcgov.us	
<i>Additional rows may be added above this line.</i>			
Authorized Director:	Jennifer Byrne	Signature and Date:	<u><i>Jennifer Byrne</i></u> Jennifer Byrne (Dec 12, 2024 15:32 PST)



**California Children's Services (CCS) Monitoring & Oversight (M&O)
Budget Worksheet**

			County/City Name:	Fiscal Year:	
			El Dorado	2024-25	
I. Personnel Expenses			Total FTE %	Annual Salary	Total Budget
#	Name	Position Classification			
1	Erin Guzik	Care Management Counselor	20%	\$95,648	\$19,130
2	Sabina Keller	PHN Supervisor	13%	\$121,410	\$15,783
3	0	0	0%	\$0	\$0
4	0	0	0%	\$0	\$0
5	0	0	0%	\$0	\$0
6	0	0	0%	\$0	\$0
7	0	0	0%	\$0	\$0
8	0	0	0%	\$0	\$0
9	0	0	0%	\$0	\$0
10	0	0	0%	\$0	\$0
<i>(insert additional rows above this line as needed)</i>					
Total Support Staff FTE %			43%		
Total Net Salaries and Wages					\$34,913
Staff Benefits (Specify %)		37%			\$12,918
I. Total Personnel Expenses					\$47,831
II. Total Operating Expenses <i>(Provide Details in Narrative)</i>					\$918
III. Total Capital Expenses <i>(Provide Details in Narrative)</i>					\$0
IV. Indirect Expenses <i>(Provide Details in Narrative)</i>					
1.	Internal (Specify %)	25%			\$11,958
2.	External (Specify %)	0%			\$0
IV. Total Indirect Expenses <i>(Provide Details in Narrative)</i>					\$11,958
V. Total Other Expenses <i>(Provide Details in Narrative)</i>					\$0
Budget Grand Total					\$60,707

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

<p>Jennifer Byrne</p> <p>Authorized Director:</p>	<p align="center"><i>Jennifer Byrne</i></p> <p align="center">Signature and Date: <small>Jennifer Byrne (Dec 12, 2024 15:32 PST)</small></p>
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California Children Services (CCS) Monitoring & Oversight (M&O) Budget Narrative

		County/City Name:	Fiscal Year:
		El Dorado	2024-25
I. Personnel Expenses: <i>Identify Personnel Expenses, specifying roles and M&O activities, time allocations, and costs supporting M&O activities.</i>			
Erin Guzik, Care Management Counselor, is allocated at 20% to monitor and assist families with their financial eligibility within the required guidelines. Provide oversight throughout the process to ensure families are connected to other human services programs when applicable. Sabina Keller, Public Health Nurse (PHN) Supervisor, is allocated at 13% to develop and implement a grievance process to ensure beneficiaries receive consistent support and resolution of issues. The PHN Supervisor will also implement the training expectations set forth by the CCS Compliance, Monitoring and Oversight Program to ensure staff are knowledgeable and competent to maintain program compliance.			
II. Operating Expenses: <i>Identify and explain all expenses included in the "Operating Expenses" line item of the Budget Worksheet.</i>			
Operating expenses of \$918.00 for mailing supplies (stamps/envelopes/etc) for surveys and travel/training for staff for CEUs/related conferences.			
III. Capital Expenses: <i>Identify and explain all expenses included in the in the "Capital Expenses" line item of the Budget Worksheet.</i>			
N/A			
IV. Indirect Expenses: <i>Identify and explain all expenses included in the "Indirect Expenses" line items (Internal and External) of the Budget Worksheet.</i>			
Internal:	The 25% allocated indirect costs support overhead and costs associated with running the program and account for the possibility of anything unforeseen.		
External:	N/A		
V. Other Expenses: <i>Identify and explain all expenses included in the "Other Expenses" line item of the Budget Worksheet.</i>			
N/A			

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Authorized Director: Jennifer Byrne	Signature: <u>Jennifer Byrne</u> Jennifer Byrne (Dec 12, 2024 15:32 PST)
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California Children Services (CCS) Monitoring & Oversight (M&O) Budget Summary

Table with 2 columns: Category/Line Item, Total Budget. Rows include: I. Total Personnel Expenses (\$47,831), II. Total Operating Expenses (\$918), III. Total Capital Expenses (\$0), IV. Total Indirect Expenses (\$11,958), V. Total Other Expenses (\$0), Budget Grand Total (\$60,707).

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request.

Authorized Director: Jennifer Byrne Signature and Date: Jennifer Byrne

Jennifer Byrne (Dec 12, 2024 15:32 PST)