

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Agency Info	ormation	County/City:		Fiscal Year:		
Agency into	Jimacion	El Dorado		2024-25		
Street Address:	941 Spring St	Health	Officer Name:	Melody Law, MD		
City:	Placerville	HCPCFC	C Central Email			
Zip Code:			Address:	HCPCFC@edcgov.us.		
Authorized HCPC	FC Representative	Dir	rector of Social	Services Agency		
Name, Title:	Maureen Virgil		Name:	Olivia Byron-Cooper		
Phone:	530 621 6217		Phone:	530 621 6320		
Email:	maureen.virgil@edcgov.us		Email:	olivia.byron-cooper@edcg		
Clerk of the Boa	rd of Supervisors		Chief Proba	tion Officer		
Name:	Name: Kim Dawson			Brian Richart		
Phone:	Phone: 530 621 5390			530 621 5625		
Email:	kim.dawson@edcgov.us		Email:	brian.richart@edcgov.us		
	List All HCPCF	C Program Staff				
Name:	Title:	Support Staff	PHN	Email:		
1 Maureen Virgil	PHN Manager	No	Yes	maureen.virgil@edcgov.us		
2 Jessica Cullen	PHN Supervisor	No	Yes	jessica.cullen@edcgov.us		
Sharon Guthrie	PHN II	No		sharon.guthrie@edcgov.us		
4 Erica Bobrow	Senior Office Assistant	Yes	No	erica.bobrow@edcgov.us		
5 Kyle Fliflet	Deputy Director	Yes	No	kyle.fliflet@edcgov.us		
6						
8						
9						
10						
View additional rows by selectin	ng the "+" to the left.					



Certification Statement	County/City:	Fiscal Year:	
	El Dorado	2024-25	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Maureen Virgil

HCPCFC/County Authorized Representative

Signature

Date

Local Governing Body Chairperson Name

Signature

Date



		P				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		County/City N	ame:	Fiscal Year:	
		Base Bud	get works	neet				El Dorado		2024-25	
Col	umn				1A	1B	1	2A	2	3A	3
l. Pe	Personnel Expenses				Total Base	Annual Salary	Total Budget	Enhanced	Enhanced	Non- Enhanced FTE	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	7 madi Salary	Total baaget	FTE %	Total	%	Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$135,970	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$110,406	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	35%	\$104,603	\$36,611	95%	\$34,780	5%	\$1,831
4	Erica Bobrow	Senior Office Assistant	Yes	No	24%	\$42,952	\$10,308	90%	\$9,278	10%	\$1,031
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
Vie	w additional rows by se	electing the "+" to the left.									
Tot	al Net Salaries and Wa	ges					\$46,920		\$44,058		\$2,861
	ff Benefits (Specify %)		45	%			\$21,114		\$19,826		\$1,287
-	otal Personnel Expense	The second secon					\$68,034		\$63,884		\$4,148
	otal Operating Expens						\$339		\$153		\$186
	Total Capital Expenses						\$0				\$0
IV.	Indirect Expenses (List	in Narrative)									
1.	Internal (Specify %)			5%			\$17,009				\$17,009
2.	2. External (Specify %) 0%				\$0				\$0		
_	Total Indirect Expenses						\$17,009				\$17,009
٧.	Total Other Expenses (I	List in Narrative)					\$0				\$0
					Budg	et Grand Total	\$85,382		\$64,037		\$21,343

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title

Signature



Authorized HCPCFC Signor Name, Title

Health Care Program for Children in Foster Care

	Dana Burdané Manuséha	County/City Name:	Fiscal Year:
	Base Budget Narrative	El Dorado	2024-25
I. Personnel	Expenses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	
Additional sa base salaries	a <mark>lary equity adjustments cumulative from 2020 to current FY. FTE adj</mark>	iustments made base	d on changes in
	Expenses Identify and Explain All Operating Expense Line Items		
Postage \$339			
III. Capital Ex	penses Identify and Explain All Capital Expense Line Items		
None			
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:	Consistent with approved A-87 plan on file.		
External:			
V. Other Expe	nses Identify and Explain All Other Expense Line Items		
I certify that t	the Health Care Program for Children in Foster Care (HCPCFC) will co	mply with all applicat	ole state and federal
states for me that the HCP	vs and regulations, including all federal laws and regulations governing dical assistance pursuant to Title XIX of the Social Security Act (42 U.S CFC will comply with all rules promulgated by DHCS pursuant to thes begram goals, scope, and activity requirements. I further agree that this other remedies if this HCPCFC violates of the complex of the remedies of the this HCPCFC will also so the remedies of this HCPCFC violates of the complex of the comple	S.C. Section 1396 et s e authorities, and tha s HCPCFC may be sub	eq.). I further certify
Maureen Virg	The state of the s	Feb 6, 2025 08:52 PST)	

Signature



	5 955 07 47	Psychotropic Medication Monitoring	8: Oversight I	Rudget 1	Norkshoot			County/City N	ame:	Fiscal Year:	
		rsychotropic Medication Monitoring	& Oversignt i	ouuget '	NO KSHEEL			El Dorado		2024-25	
Col	umn				1A	1B	1	2A	2	3A	3
l. Pe	ersonnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary		FTE %			Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$135,970	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$110,406	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	23%	\$104,603	\$24,059	94%	\$22,615	6%	\$1,444
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$42,952	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
	The state of the s	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
Vie	w additional rows by selecting t	the "+" to the left.									
Tot	al Net Salaries and Wages						\$24,059		\$22,615		\$1,444
Sta	ff Benefits (Specify %)		4	5%			\$10,827		\$10,177		\$650
I. T	otal Personnel Expenses						\$34,886		\$32,792		\$2,094
11, 7	otal Operating Expenses (List	in Narrative)					\$0		\$0		\$0
III.	Total Capital Expenses (List in I	Narrative)					\$0				\$0
I۷.	Indirect Expenses (List in Narra	ative)									
1,	Internal (Specify %)		2	5%			\$8,722				\$8,722
2.	External (Specify %))%			\$0				\$0
IV.	Total Indirect Expenses (List in	Narrative)					\$8,722				\$8,722
٧. ٔ	Total Other Expenses (List in N	arrative)					\$0				\$0
					Budge	t Grand Total	\$43,608		\$32,792		\$10,816

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)

Maureen VAJI

Authorized HCPCFC Signor Name, Title

Signature



Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:
rsychotropic inedication monitoring & oversight budget Narrative	El Dorado	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel E	xpenses	
Additional salary equity adjustments cumulative from 2020 to current FY. FTE adbase salaries.	ljustments made base	d on changes in
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
None		
III. Capital Expenses Identify and Explain All Capital Expense Line Items		
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items		
Internal:		
External:		
V. Other Expenses Identify and Explain All Other Expense Line Items		
I certify that the Health Care Program for Children in Foster Care (HCPCFC) will co	mply with all applicat	ole state and federal
and state laws and regulations, including all federal laws and regulations governi		
states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.		SANTA PARE TREE EAST-MAINTENANT PARENT NOVEMBER
that the HCPCFC will comply with all rules promulgated by DHCS pursuant to the adhere to program goals, scope, and activity requirements. I further agree that the other remedies if this HCPCFC violates any of the	s HCPCFC may be sub	ject to sanctions or
	reen Virgil (Feb 6, 2025 (

Signature



		CII n-II-4 n-		C				County/City	Name:	Fiscal Year:		
		Caseload Relief Bu	iaget Works	neet				El Dorado		2024-25		
Colu	umn				1A	1B	1	2A	2	3A	3	
l. Pe	Personnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced Total	Non-Enhanced	Non- Enhanced	
#	Name	Title	DSS	PHN	FTE %	Salary	Total badget	FTE %	Emilanced Total	FTE %	Total	
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$135,970	\$0	0%	\$0	100%	\$0	
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$110,406	\$0	0%	\$0	100%	SO.	
3	Sharon Guthrie	PHN II	No	Yes	10%	\$104,603	\$10,460	94%	\$9,833	6%	\$628	
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$42,952	\$0	0%	\$0	100%	\$0	
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0	
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	
Vie	w additional rows by selecti	ing the "+" to the left.										
Tot	al PHN FTE %				10%			94%				
Tot	al Direct Support Staff FTE	%			0%			0%				
Tot	al Net Salaries and Wages						\$10,460		\$9,833		\$628	
	ff Benefits (Specify %)		4	5%			\$4,707		\$4,425		\$283	
	otal Personnel Expenses						\$15,167		\$14,258		\$911	
	otal Operating Expenses (L						\$326		\$326		50	
111.	Total Capital Expenses (List	in Narrative)					\$0				\$0	
IV.	Indirect Expenses (List in N	arrative)										
1,	Internal (Specify %)		2	5%			53,792				\$3,792	
2.	External (Specify %)		()%			\$0				\$0	
IV.	Total Indirect Expenses (Lis	t in Narrative)					\$3,792				\$3,792	
V. 7	Total Other Expenses (List in	n Narrative)					\$0				\$0	
					Budget	Grand Total	\$19,285		\$14,584		\$4,703	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Vyz I

Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)



	al: Expenses Identify and Explain All Other Expense Line Items that the Health Care Program for Children in Foster Care (HCPCFC) will co	County/City Name:	Fiscal Year:
	Caseload Relief Budget Narradive	El Dorado	2024-25
I. Personnel Ex	xpenses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	Maria de la companya della companya
The second second second second second		ns in <mark>other</mark> budget fu	nding amounts.
II. Operating E	xpenses Identify and Explain All Operating Expense Line Items		
The state of the s		travel, etc.; mileage r	eimbursement @
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items		
IV. Indirect Exp			
Internal:	Capped by the State.		
External:			
V. Other Exper	nses Identify and Explain All Other Expense Line Items		
and state law states for med that the HCPC	he Health Care Program for Children in Foster Care (HCPCFC) will consist and regulations, including all federal laws and regulations governing dical assistance pursuant to Title XIX of the Social Security Act (42 U.S. FC will comply with all rules promulgated by DHCS pursuant to these gram goals, scope, and activity requirements. I further agree that this other remedies if this HCPCFC violates and activity requirements.	ng recipients of feder S.C. Section 1396 et s e authorities, and tha s HCPC/C may be sul	al funds granted to eq.). I further certify it all listed expenses

Maureen Virgil (Feb 6
Authorized HCPCFC Signor Name, Title Signature

Date

Maureen Virgil (Feb 6, 2025 08:52 PST)



		County-City Match Bud	get Workshe	et				County/City Name:		Fiscal Year:	
						385	-x	El Dorado	and the second	2024-25	
Col	umn	1000			1A	1B	1	2A	2	3A	3
l. Pe	Personnel Expenses				Total Base	Annual Salary	Total Budget	Enhanced	Enhanced	Non- Enhanced FTE	Non-
#	Name	Title	DSS	PHN	FTE %	Allitual Salary	Total Budget	FTE %	Total	%	Enhanced Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	50	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	50	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	50	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	50	0%	\$0	100%	\$0
Vie	w additional rows by selecting the	"+" to the left.									
Tot	al Net Salaries and Wages						50		\$0		\$0
Sta	ff Benefits (Specify %)		7	3%			\$0		\$0		\$0
I. To	otal Personnel Expenses						\$0		\$0		\$0
II. T	otal Operating Expenses (List in N	Varrative)					\$0				\$0
Ш,	Total Capital Expenses (List in Nar	rative)					50				\$0
IV.	Indirect Expenses (List in Narrative	e)									
1.	Internal (Specify %)			0%			\$0				\$0
2.	External (Specify %)			0%			\$0				\$0
IV.	Total Indirect Expenses (List in Na	arrative)					\$0				\$0
٧.٦	Total Other Expenses (List in Narra	ative)					\$0				\$0
					Budg	et Grand Total	50		\$0		\$0

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

0		
Authorized HCPCFC Signor Name, Title	Signature	Date





		County/City Name:	Fiscal Year:
	Administrative Budget Narrative	El Dorado Expenses comply with all applicable state and for grecipients of federal funds granted to Section 1396 et seq.). I further certify the uthorities, and that all listed expenses a FC may be subject to sanctions or other.	2024-25
I. Personnel Ex	xpenses Identify and Explain Any Changes in Personnel/Personnel Expe	nses	
II. Operating E	Expenses Identify and Explain All Operating Expense Line Items		
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items		
IV. Indirect Exp	penses Identify and Explain All Indirect Expense Line Items		
Internal:			
External:			
V. Other Exper	nses Identify and Explain All Other Expense Line Items		
state laws and medical as HCPCFC will	the Health Care Program for Children in Foster Care (HCPCFC) will com d regulations, including all federal laws and regulations governing recip sistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section I comply with all rules promulgated by DHCS pursuant to these authories, scope, and activity requirements. I further agree that this HCPCFC may	oients of federal funds g on 1396 et seq.). I furtho ties, and that all listed e	granted to states for er certify that the expenses adhere to
Maureen Virgi			
	CPCFC Signor Name, Title Signature		Date



	a double to a section Post						County/City Name:		Fiscal Year:	
	Administrative Bud	get Worksnee	τ				El Dorado		2024-25	
Column				1A	1B	1	2A	2	3A	3
. Personnel Expenses					Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
# Name	Title	DSS	PHN	FTE %	Salary	Total booget	FTE %	Total	FTE %	Total
1 Maureen Virgil	PHN Manager	No	Yes	15%	\$135,970	\$20,396			15%	\$20,396
2 Jessica Cullen	PHN Supervisor	No	Yes	20%	\$110,406	\$22,081	III-ALAT		20%	\$22,081
3 Sharon Guthrie	PHN II	No	Yes	12%	\$104,603	\$12,552			12%	\$12,552
4 Erica Bobrow	Senior Office Assistant	Yes	No	25%	\$42,952	\$10,738			25%	\$10,738
5 Kyle Fliflet	Deputy Director	Yes	No	5%	\$149,406	\$7,470			5%	\$7,470
6 0	0	0	0	0%	\$0	\$0			0%	\$0
7 0	0	0	0	0%	\$0	\$0			0%	\$0
8 0	0	0	0	0%	\$0	\$0			0%	\$0
9 0	0	0	0	0%	50	\$0			0%	\$0
10 0	0	0	0	0%	\$0	\$0			0%	\$0
View additional rows by select	ting the "+" to the left.									
Total Net Salaries and Wages						\$73,237				\$73,237
Staff Benefits (Specify %)		4	5%			\$32,957				\$32,957
I. Total Personnel Expenses						\$106,194				\$106,194
II. Total Operating Expenses ((List in Narrative)					\$7,300				\$7,300
III. Total Capital Expenses (Lis	st in Narrative)					\$0				\$0
IV. Indirect Expenses (List in I	Narrative)									
 Internal (Specify %) 		2	5%			\$26,549				\$26,549
2. External (Specify %)		()%			\$0				\$0
IV. Total Indirect Expenses (Li	ist in Narrative)					\$26,549				\$26,549
V. Total Other Expenses (List	in Narrative)					\$0				\$0
				Budge	t Grand Total	\$140,043		\$0		\$140,043

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Maureen Virgil

Maureen Virgil (Feb 6, 2025 08:52 PST)

Authorized HCPCFC Signor Name, Title

Signature



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Administrative Budget Narrative	County/City Name:	Fiscal Year:								
		El Dorado	2024-25								
	xpenses Identify and Explain Any Changes in Personnel/Personn										
Deputy Direc	Deputy Director position is essential for providing fiscal support to the administrative operations funded by HCPCFC										
budget: ensu	budget: ensures fiscal management activities align with administrative intent of the allocation and that resources are										
utilized effectively to support the program; oversees the development of the HCPCFC budget and ensures funds are											
allocated in c	ompliance with local, state, and federal requirements and that re	porting deadlines are me	t; and responsible								
II. Operating	Expenses Identify and Explain All Operating Expense Line Items										
fravel: \$2000	includes per diem, private vehicle mileage, commerical auto ren	tal, air travel, etc.; mileag	e reimbursement @								
rederal rate/n	nile as published each Janauary; Training: \$2000 registration/tuit	ion fees for SPMP and su	pport staff for								
continuing education that is program specific; Office supplies \$1200; Postage \$300.00; Cell phone service \$1,800											
III. Capital Expenses Identify and Explain All Capital Expense Line Items											
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items											
lukto											
Internal:											
External:											
V. Other Expenses Identify and Explain All Other Expense Line Items											
I certify that th	he Health Care Program for Children in Foster Care (HCPCFC) wi	I comply with all applicab	le state and federal								
and state law	s and regulations, including all federal laws and regulations gove	erning recipients of federa	al 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 certify											
that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses											
adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or											
	other remedies if this HCPCFC violates any of	Maureen Vyfil	Special Control of the Control of th								
Maureen Virgil		ureen Virgil (Feb 6, 2025 08:	52 PST)								
Authorized HC	PCFC Signor Name, Title Signature		Date								



							County/City					Fiscal Year:				
Budget Summary							El Dorado County				2024-25					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Fede		ral				
Α	В	С	D	В	c	D	В	С	D	8	c	D	В	С	D	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$68,034	\$63,884	\$4,148	\$34,886	\$32,792	\$2,094	\$15,167	\$14,258	\$911	\$0	\$0	\$0	\$106,194		\$106,194	
II. Total Operating Expenses	\$339	\$153	\$186	\$0	\$0	\$0	\$326	\$326	\$0	\$0	\$0	\$0	\$7,300		\$7,300	
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	
IV. Total Indirect Expenses	\$17,009		\$17,009	\$8,722		\$8,722	\$3,792		\$3,792	\$0		\$0	\$26,549		\$26,549	
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	
Budget Grand Total	\$85,382	\$64,037	\$21,343	\$43,608	\$32,792	\$10,816	\$19,285	\$14,584	\$4,703	\$0	\$0	50	\$140,043		\$140,043	
E	F	G	н	F	G	н	F	G	н	F	G	Н	F	G	н	
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	
State/County Funds	\$26,681	\$16,009	\$10,672	\$13,606	\$8,198	\$5,408	\$5,998	\$3,646	\$2,352	\$0	\$0	\$0	\$70,022		\$70,022	
Federal Funds (Title XIX)	\$58,699	\$48,028	\$10,672	\$30,002	\$24,594	\$5,408	\$13,290	\$10,938	\$2,352	\$0	\$0	\$0	\$70,022		\$70,022	
Budget Grand Total	\$85,380	\$64,037	\$21,343	\$43,608	\$32,792	\$10,816	\$19,287	\$14,584	\$4,703	\$0	\$0	\$0	\$140,043		\$140,043	

Maureen Virgil

Authorized HCPCFC Signor Name, Title

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