Health Care Program for Children in Foster Care Plan and Budget Reporting Checklist

		Page Number
1.	HCPCFC Plan and Budget Reporting Checklist	1
2.	HCPCFC Certification Statement	2
3.	HCPCFC Organizational Chart	3
4.	HCPCFC MOU with Local Child Welfare/Social Services	local retention
5.	HCPCFC Probation IA	local retention
6.	 If Applicable: a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203) b. Inventory/Disposition of DHCS Funded Equipment Form 	N/A
	(DHCS1204)	N/A
	c. Property Survey Report Form (STD 152)	N/A
7.	HCPCFC Plan and Budget Reporting Spreadsheet a. Agency Information Sheet	4
	 Memorandum of Understanding and Interagency Agreement List 	5
	c. HCPCFC Incumbent List	6
	d. HCPCFC Budgets	
	i. Base	7-8
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	 Budget Narrative 	
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	 Summary and Worksheet 	15
	 Budget Narrative 	
	iv. Optional County/City - Federal Match	N/A
	 Summary and Worksheet 	N/A





GAVIN NEWSOM GOVERNOR

Health Care Program for Children in Foster Care Certification Statement

County/City: El Dorado

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 Integrated Systems of Care Plan and Fiscal Guidelines Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Signature of HCPCFC Director/County Authorized Representative

Signature of Director or Health Officer

Signature and Title of Other - Optional

I certify that this plan has been approved by the local governing body.

Signature of Local Governing Body Chairperson

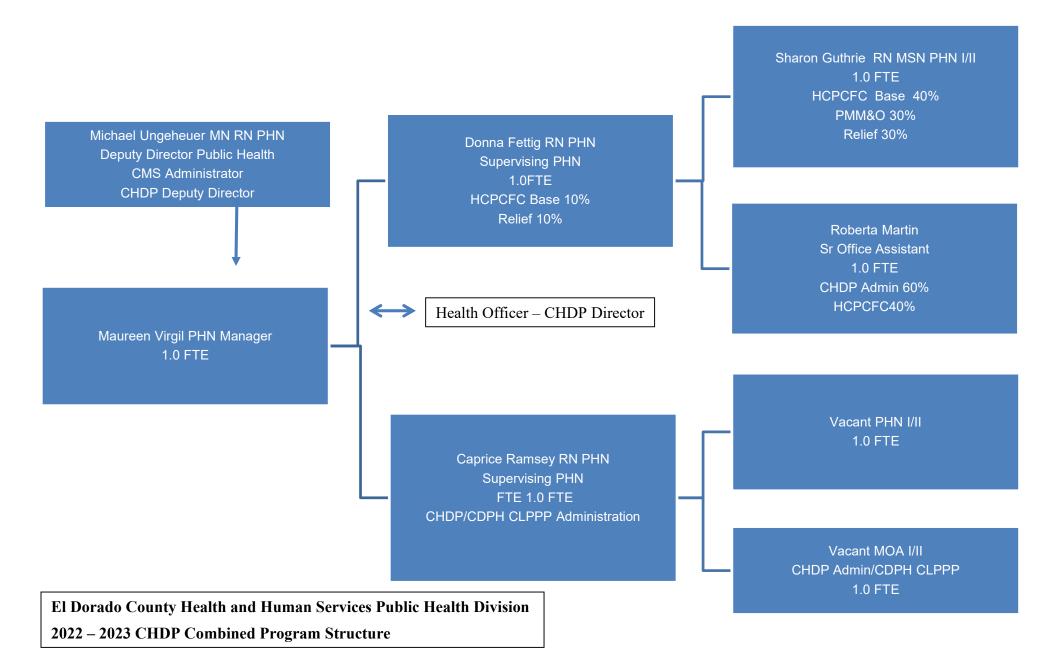
Date Signed

Date Signed

Fiscal Year: 2022-23

Date Signed

Date Signed



22-0939 B 3 of 15



Health Care Program for Children in Foster Care Agency Information



County/City:	El Dorado	Fiscal Year:	2022-23
	Officia	al Agency	
Street Address	:931 Spring St	Health Officer:	Nancy Williams MD MPH
City:	Placerville	Local HCPCFC	
Zip Code:	95667	Central Inbox:	
	Parent Agency Di	irector (if applicat	ole)
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
	Authorized HCPCFC Program	n Administrative I	Representative
Name:	Michael Ungeheuer MN RN PHN	Street Address:	941 Spring St
Phone:	530 621 6129	City:	Placerville
Email:	michael.ungeheuer@edcgov.us		95667
	Clerk of the Board of S	upervisors or City	/ Council
Name:	Kim Dawson	Street Address:	330 Fairlane
Phone:	530 621 5390	City:	Placerville CA
Email:	kim.dawson@edcgov.us	Zip Code:	95667
	Director of Soci	al Services Ageno	Sy
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
	Chief Prol	pation Officer	
Name:	Brian Richart	Street Address:	3974 Durock Rd
Phone:	530 621 5625	City:	Shingle Springs
Email:	brian.richart@edcgov.us	Zip Code:	95682



DIRECTOR

Health Care Program for Children in Foster Care Memoranda of Understanding/Interagency Agreement List



GAVIN NEWSOM

GOVERNOR

2022-23

Fiscal Year:

County/City:	El Dorado	
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	List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Health Care Program for Children in Foster Care.										
	Title or Name of MOU/IA	MOU with Local Social Services / Child Welfare	IA with Probation	Name of Partner Entity	Date Last Renewed						
1	MMCP			Anthem	addendment 2022						
2	MMCP			Health Plan of San Joaquin	pending 2022						
3	ММСР			Kaiser	pending 2022						
4	Immunization Augmentation			Barton Hospital	2022						
5	Immunization Augmentation			Marshall	2022						
6	Dental, Immunizations, TUPP, mobile van)			El Dorado Community Health Centers	2022						
7	Campus PHN for Student Health and Referral			El Dorado Unified High School District	2022						
8	Integrated Agency			HHSA	Perpetual						
9											
10											
	(Insert additional rows as needed)										



Health Care Program for Children in Foster Care Incumbent List



County/City: El Dorado

Fiscal Year: 2022-2023

List all Health Care Program for Children in Foster Care staff.

HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By selecting "Yes" you certify that this individuals Civil Service Classification and Duty Statement meet the requirements outlined in Section 8 of the Plan and Fiscal Guidelines for the position selected. Please enter Vacant positions, including Title.

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
1	Donna Fettig	PHN Supervisor		Yes	5%	donna.fettig@edcgov.us	MCAH 95%
2	Vacant	PHN I/II		Yes	55%		0%
3	Roberta Martin	Sr OA	Yes			roberta.martin@edcgov.us	CHDP Admin 55%
4							
5							
6							
7							
8							
9							
10							
	(Insert additional lines as needed)						





Health Care Program for Children in Foster Care

Budget Summaries

County/City:	EL DORADO				Signal Street					Fiscal Year:	2022-2023		
Funding Source:		Base			PMM&O			Caseload Relief			County/City-Federal		
A	В	С	D	В	С	D	В	С	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	
I. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0	
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
III. Total Capital Expenses						State States							
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	
V. Total Other Expenses													
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0	
E	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	
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,462	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0	
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0	
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0	
Michael Ungeheuer MN RN P	HN			0	THE ALL THE	Deputy Dire	ector/CMS Ad	ministrator	10/14	/2022	michael.ungel	neuer@edcgov.us	
Prepared By: Sign			Print			Title			Date		Email		
MImachener	MIN RN PHI	V		0			As Above		12/16/2	022	as a	above	
Authorized HCPCFC Program	ithorized HCPCFC Program Representative: Sign					Title			Date /		Email		

Authorized HCPCFC Program Representative: Sign



Health Care Program for Children in Foster Care Budget Worksheet



GOVERNOR

Base State/Federal Funding Source: EL DORADO **Fiscal Year:** 2022-2023 County/City Name: 3 2A 2 3A 1A **1B** Column 1 Non-Enhanced FTE Enhanced **Total Base FTE** Non-Enhanced (50/50) Category/Line Item Annual Salary **Total Budget Enhanced FTE** % % (25/75) % Personnel Expenses # Name \$2.865 5% \$151 PHN Supervisor 3% \$120,620 \$3,016 95% 1 20% \$7,440 Vacant PHN I/II 40% \$92.997 \$37,199 80% \$29,759 2 \$4,317 60% \$6,476 40% Roberta Martin Sr Office Assistant 23% \$46,927 \$10,793 3 100% \$0 \$0 \$0 4 \$0 \$0 100% \$0 5 \$0 \$0 100% \$0 6 \$0 \$0 100% \$0 7 \$0 100% 8 \$0 \$0 \$0 \$0 \$0 100% 9 \$0 100% \$0 10 \$0 \$0 \$0 100% \$0 (insert additional rows as needed) 25% Total PHN FTE % 43% 88% Total Direct Support Staff FTE % 80% 20% 23% \$11,908 Net Salaries and Wages \$51,008 \$39,100 50% \$25,504 \$19,550 \$5.954 Staff Benefits (Specify %) \$17.862 I. Total Personnel Expenses \$76,512 \$58,650 II. Operating Expenses \$500 50% \$250 50% \$125 Travel 1. \$500 50% 50% \$125 \$250 2. Training II. Total Operating Expenses \$1.000 \$500 \$250 III. Total Capital Expenses IV. Indirect Expenses \$0 Internal (Specify %) 10% \$7,651 \$0 \$7.651 IV. Total Indirect Expenses V. Total Other Expenses \$18,112 **Budget Grand Total** \$85,163 \$59,150 10/14/2022 michael.ungeheuer@edcgov.us Michael Ungeheuer MN RN PHN Deputy Director/CMS Administrator Email Print Date Prepared By: Sign Title 17.7, As Above As Above nun Authorized HCPCFC Sign Print Title Date Email

Program Representative:

22-0939 B 8 of 15



Health Care Program for Children in Foster Care Budget Narrative



State/Federal Fund	ling Source:		Base	
County/City Name:	El Dorado	Fiscal Y	ear: 2022-2023	
I. Personnel Expen Identify and Expl		ges in Personnel/Personnel Expense	5	
Significant salary ec changes in base sala	tify and Explain Any Changes in Personnel/Personnel Expenses sant salary equity adjustments cummulative from 2020 to current FY all positions. FTE adjustments made based on as in base salaries. rating Expenses tify and Explain All Operating Expense Line Items \$500 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January. *ravel: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support staff for continuing education program specific raining: \$500 Registration/tuition fees for SPMP and support education program specific title texpenses			
II. Operating Exper	nses			
Identify and Exp	lain All Opera	ting Expense Line Items		
Travel:				l, air travel, etc. Mileage
Training:	\$500 Registra	tion/tuition fees for SPMP and support s	taff for continuing	education program specific
III. Capital Expense	es cannot be ir	cluded in this budget		
IV. Indirect Expens	es Indirect Ex	ternal Expenses cannot be included in t	his budget	
Identify and Exp	olain All Indire	ect Expense Line Items		
Internal:	Consistent wit	h approved A-87 plan on file		
V. Other Expenses	cannot be inc	luded in this budget		
Michael Ungeheuer M	IN RN PHN	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcgov.us

monaci origeneder mini tria i tita	Deputy Director.		30400	10/14/2022	michael.ungeneuel	Tweucgov.us
Prepared By:	Sign	Print	Title	Date	Email	
MUmachenerMaren	Appendity Director	/CMS Admini	strator	12/16/2	oul as abov	e
Authorized HCPCFC Program Repr	esentative: Sign	Print	Title	Date	Email	





Health Care Program for Children in Foster Care

Budget Summaries

County/City:	EL DORADO				Neg 2 and					Fiscal Year:	2022-2023	
Funding Source:		Base			PMM&O			Caseload Reli	ef	County/City-Federal		
А	В	С	D	В	С	D	В	С	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-Enhance
I. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses				Sale R Los Taltone		State States						
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
E	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-Enhance
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,462	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
Michael Ungeheuer MN RN P	νHN		NO COLORIDA	0	MERICAN PAR	Deputy Dire	ector/CMS Ad	ministrator	10/14	/2022	michael.ungel	neuer@edcgov.us
Prepared By: Sign			Print			Title			Date		Email	
	MNRNPHI			0	M. C. S. L.		As Above	1	12/16/2	022	as a	above
Authorized HCPCFC Program	Representative	Sign	Print			Title			Date /		Email	



Health Care Program for Children in Foster Care **Budget Worksheet**



State/Federal Funding Source:

Psychotropic Medication Monitoring & Oversight

	Column		1A	1B	1	2A	2	3A	3
	Category/Line Item		Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhance (50/50)
I. Pers	onnel Expenses								
	ame								
1 V	acant PHN I/II		30%	\$92,997	\$27,899	100%	\$27,899	0%	\$0
2					\$0		\$0	100%	\$0
3					\$0		\$0	100%	\$0
4		1 Contraction	Contraction of the second		\$0		\$0	100%	\$0
5					\$0		\$0	100%	\$0
6					\$0		\$0	100%	\$0
7		and the second			\$0		\$0	100%	\$0
8					\$0		\$0	100%	\$0
9					\$0		\$0	100%	\$0
10					\$0		\$0	100%	\$0
(i	insert additional lines as ne	eded)			\$0		\$0	100%	\$0
	PHN FTE %		30%			100%		0%	
Total [Direct Support Staff FTE %		0%		and the second	0%		0%	2.000
Net Sa	alaries and Wages				\$27,899		\$27,899		\$0
Staff E	Benefits (Specify %)	50%			\$13,950		\$13,950		\$0
. Tota	I Personnel Expenses				\$41,849		\$41,849	11.280 10.00	\$0
I. Ope	erating Expenses								
1. T	ravel				\$0	0%	\$0	0%	\$0
2. T	raining				\$0	0%	\$0	0%	\$0
II. Tot	al Operating Expenses				\$0		\$0		\$0
III. Tot	al Capital Expenses								
	lirect Expenses								
1. Ir	nternal (Specify %)	10%			\$4,185				\$0
	tal Indirect Expenses				\$4,185				\$0
	al Other Expenses								
	et Grand Total				\$46,034		\$41,849		\$0
	Michael Ungeheuer MN RN	PHN		Deputy Director/C	CMS Administrator	r 10/14/	2022	michael.ungehe	euer@edcgov.us
Prepar		Sign	Print	Title	1	Date	1	Email	
///	1 (Imacharler) M	Ant Ral	DHIN	AsA	bove	1/////	7022	AsA	bove

Program Representative:

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.



Health Care Program for Children in Foster Care Budget Narrative



State/Federal Fun	ding Source:	Ps	ychotropic Mec	lication Monito	ring & Oversight
County/City Name	El Dorado		Fiscal Year	2022-2023	
I. Personnel Expe Identify and Exp	nses Ilain Any Changes in I	Personnel/Person	nel Expenses		
Significant Salary e changes in base sa		nmulative from 20	20 to current FY	' all positions. F	TE adjustments made based on
II. Operating Expe	nses			-	
Identify and Exp	plain All Operating Ex	pense Line Items			
Travel:	None				
Training:	None				
III. Capital Expens	es cannot be included	in this budget			
IV. Indirect Expen	ses Indirect External E	xpenses cannot be	e included in this	budget	
Identify and Ex	plain All Indirect Exp	ense Line Items			
Internal:	Capped by state				
V. Other Expenses	s cannot be included in	this budget			
Michael Ungeheuer I	MN RN PHN	Deputy Director/CM	IS Administrator	10/14/2022	michael.ungeheuer@edcgov.us
Prepared By:	Sign	Print	Title	Date	Email
MImachen	ULES AIN RN PHN	Deputy Director/Cl	MS Administrator	12/16/20	as above
Authorized CPCFC	Program Representative	: Sign Print	Title	Date	Email





Health Care Program for Children in Foster Care

Budget Summaries

County/City:	EL DORADO				Real Providence					Fiscal Year:	2022-2023	
Funding Source:		Base			PMM&O		(Caseload Reli	ef	C	ounty/City-Fed	leral
A	В	С	D	В	С	D	В	С	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
I. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses									S.A.C. Martin			
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
E	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
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,452	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
Michael Ungeheuer MN RN P	'HN			0		Deputy Dir	ector/CMS Ad	ministrator	10/14	/2022	michael.ungel	neuer@edcgov.us
Prepared By: Sign			Print			Title			Date		Email	
MUngeherer	MI machenes MN RN PHN			0		and the sea	As Above		12/16/2	072	as a	above
Authorized HCPCFC Program	thorized HCPCFC Program Representative: Sign					Title			Date /		Email	

Authorized HCPCFC Program Representative: Sign



State of California—Health and Human Services Agency Department of Health Care Services



Health Care Program for Children in Foster Care **Budget Worksheet**

State/Federal Funding Source:	Caseload Relief							
County/City Name: El Dorado				Fiscal Year:	2022-23			
Column	1A	1B	1	2A	2	3A	3	
Category/Line Item	Total Caseload Relief FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non- Enhanced FTE %	Non-Enhanced (50/50)	
Personnel Expenses								
Name								
1 Roberta Martin Sr Office Assistant	22%	\$46,927	\$10,324	60%	\$6,194	40%	\$4,130	
2 Vacant PHN I/II	30%	\$ 92,997.00	\$27,899	80%	\$22,319	20%	\$5,580	
3 Donna Fettig PHN Supervisor	2%	\$ 120,620.00	\$2,412	90%	\$2,171	10%	\$241	
4			\$0		\$0	100%	\$0	
5			\$0		\$0	100%	\$0	
6	ad all and a state		\$0		\$0	100%	\$0	
7			\$0		\$0	100%	\$0	
8			\$0		\$0	100%	\$0	
9			\$0		\$0	100%	\$0	
10		The second second	\$0		\$0	100%	\$0	
(insert additional lines as needed)		In the second	\$0		\$0	100%	\$0	
otal PHN FTE %	32%			60%	19 10 B 2.5.	40%		
otal Direct Support Staff FTE %	22%			85%		30%		
let Salaries and Wages			\$40,635		\$30,685		\$9,951	
Staff Benefits (Specify %) 50%			\$20,318		\$15,343		\$4,976	
. Total Personnel Expenses			\$60,953		\$46,028		\$14,927	
. Operating Expenses			1 1					
, Travel			\$1,000	0%	\$0	0%	\$0	
n Training			\$1,000	0%	\$0	0%	\$0	
I. Total Operating Expenses			\$2,000		\$0		\$0	
II. Total Capital Expenses			\$2,000		1 +•			
V. Indirect Expenses			Statistic Constants					
1. Internal (Specify %) 10%			\$60,953				\$0	
V. Total Indirect Expenses			\$6,095				\$0	
/. Total Other Expenses			ψ0,035		Contraction of the second second		* *	
-			¢60.040		\$46,028		\$14,927	
Budget Grand Total			\$69,048		\$40,028			
/ichael Ungeheuer MN RN PHN	a long second	Deputy Director/0	CMS Administrate	o 10/1	4/2022		ingeheuer@edcgov.us	
Prepared By: Sign MI Incre heur MN RN Ph	Print	Title Deputy director/0	CMS Administrate	Date	16/2022	Email	As Above	
Authorized HCPCFC Sign	Print	Title		Date		Email		

Program Representative:

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.







State/Federal Fund	Federal Funding Source: Caseload Relief					
County/City Name El Dorado Fiscal Year: 2022-2023						
I. Personnel Exper Identify and Exp		es in Personnel/Personnel Expenses				
		ts cummulative from 2020 to current FY all positions. FTE adjustments made based on changes in ions in the other budget funding amounts. These adjustment necessary to retain the integrity of				
II. Operating Expe Identify and Exp		ng Expense Line Items				
Travel:		per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ e as published each January.				
Training:	\$1000 Registrat	tion/tuition fees for SPMP and support staff for continuing education program specific				
III. Capital Expens	es cannot be inc	luded in this budget				
IV. Indirect Expension	ses Indirect Exte	ernal Expenses cannot be included in this budget				
Identify and Ex	plain All Indirec	t Expense Line Items				
Internal:	Capped by state	3				
V. Other Expenses	s cannot be inclu	ded in this budget				
Michael Unschauer N		Denuty Director/OMC Aministrator 40/44/0000				

Michael Ungeheuer MN RN PHN		eputy Director	r/CMS Aminis	strator 10/14/2022	michael.ungeheuer@edcgov.us	
Prepared By:	Sign	Print	Title	Date	Email	
M Ungeherer MA	IRN PHN De	puty Director/	CMS Adminis	strator 12/16	12022	as above
Authorized HCPCFC Program	Representative: Sign	Print	Title	Date /	Email	