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

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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)	N/A
<ul> <li>b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)</li> </ul>	N/A
c. Property Survey Report Form (STD 152)	N/A
7. HCPCFC Plan and Budget Reporting Spreadsheet	
a. Agency Information Sheet	4
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<ul> <li>Summary and Worksheet</li> </ul>	15
<ul> <li>Budget Narrative</li> </ul>	
iv. Optional County/City - Federal Match	N/A
<ul> <li>Summary and Worksheet</li> </ul>	NI/A
<ul> <li>Budget Narrative</li> </ul>	N/A





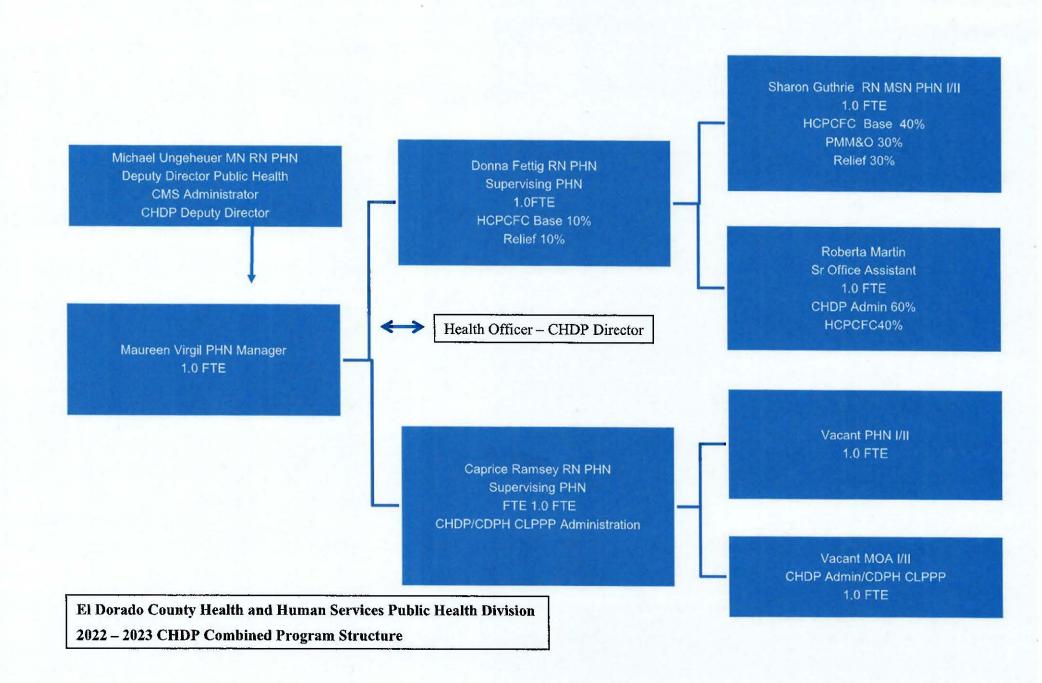
### Health Care Program for Children in Foster Care Certification Statement

County/City: El Dorado Fiscal Year: 2022-23

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.

Michael Ungeheuer MN RN PHN Deputy Director	02/08/2023
Signature of HCPCFC Director/County Authorized Representative	Date Signed
an	
livia Byron-Cooper (Feb 8, 2023 09:49 PST)	02/08/2023
Signature of Director or Health Officer	Date Signed
Signature and Title of Other – Optional	Date Signed
I certify that this plan has been approved by the local governing body.	
Wendy Thomas	2/21/23
Signature of Local Governing Body Chairperson	Date Signed

Internet Address: www.dhcs.ca.gov



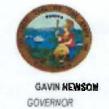




### Health Care Program for Children in Foster Care Agency Information

County/City:	El Dorado	Fiscal Year	2022-23
	Off	icial Agency	
Street Address	931 Spring St	Health Officer:	Nancy Williams MD MPH
City.	Placerville	Local HCPCFC	
Zip Code:	95667	Central Inbox	
	Parent Agency	Director (if applica	ble)
Name:	Vacant	Street Address:	Contract of the Contract
Phone:		City:	
Email;		Zip Code:	
	Authorized HCPCFC Prog	ram Administrative	Representative
Name:	Michael Ungeheuer MN RN P	HN Street Address:	941 Spring St
Phone:	530 621 6129	City:	Placerville
Email:	michael.ungeheuer@edcgov.i	us Zip Code:	95667
	Clerk of the Board of		y Council
Name:	Kim Dawson	Street Address:	330 Fairlane
Phone:	530 621 5390	City:	Placerville CA
Email:	kim.dawson@edcgov.us	Zip Code:	95667
7115014		cial Services Agen	
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
	Chief Pr	robation Officer	
Name:	Brian Richart	Street Address	3974 Durock Rd
Phone:	530 621 5625	City:	Shingle Springs
	brian.richart@edcgov.us	Zip Code:	95682





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

County/City: El Dorado Fiscal Year: 2022-23

	Title or Name of MOU/IA	Title or Name of MOU/IA Social Services / IA with Probation Child Welfare		Name of Partner Entity	Date Last Renewed	
1	MMCP			Anthem	addendment 2022	
2	MMCP			Health Plan of San Joaquin	pending 2022	
3	MMCP			Kaiser	pending 2022	
4	Immunization Augmentation			Barton Hospital	2022	
5	Immunization Augmentation			Marshall	2022	
6	Dental, Immunizations, TUPP, mobile van)	MACHENIA CONTRACTOR	Internation in	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	Marie Control of the					
	(Insert additional rows as needed)	BET BET	NAME OF THE OWNER, OWNE			



#### 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 PHM	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%	THE PARTY OF THE P	0%
3	Roberta Martin	Sr OA	Yes		A STATE OF THE REAL PROPERTY.	roberta.martin@edcgov.us	CHDP Admin 55%
4	THE RESERVE OF THE PARTY OF THE		R.B. Carrier St. St.				Resident Control of the Control
5	The state of the s						
6	Ethania Santa Chine	THE AMERICAN				Description of the second	the state of the s
7	M. P. C. C. L. Str. B. A. C.				Branch Co.	But six of the bank of	ELIPSE TO LEGISLAND
8		THE STREET, ST		A DOMEST			
9	A CONTRACTOR OF THE PARTY OF TH	The state of the same	AND RESIDENCE		DE PROMINE	Part of the latest the	No. of Concession, Name of Street, or other party of the last of t
10	THE PERSON NAMED IN COLUMN					Service Services	
	(Insert additional lines as needed)						





### Health Care Program for Children in Foster Care **Budget Summaries**

County/City:	EL DORADO						A Marie Marie			Fiscal Year:	2022-2023	Ipt Nation
Funding Source:		Base		PMM&O			Caseload Relief			County/City-Federal		
, A	8	C	D	B	0	D	8	C	D	Ð	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Won-Enhanced	Total Bedget	Enhanced	Non-Enhance
. Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
<ol> <li>Total Operating Expenses</li> </ol>	\$750	\$500	\$250	50	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
II. Total Capital Expenses	THE PARTY OF	To Table 3		Barrier II	S TIME	THE RESERVE OF				STATE OF THE PARTY OF	40	40
V. Total Indirect Expenses	\$0	The Roll	\$0	\$0		\$0	\$0		\$0	\$0		\$0
V. Total Other Expenses	Man av				THE PARTY NAMED IN	STATE OF THE		Tuesday.				100
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
T. T.	8	G	H	F	6	H	- 1	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Mon-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Emhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhance
State/County Funds	\$23,844	\$14,768	\$9,056	\$10,482	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	50	\$0
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	531 367	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0
Budget Grand Total	\$77,262	\$59.150	\$18,117	\$41,849	\$41,849	\$0	\$50,955	\$46,028	\$14,927	\$0	\$0	\$0
Michael Ungeheuer MN RN F	HN			0		Deputy Dire	ector/CMS Ad	ministrator	10/14	/2022	michael unast	www.@edcpov.us
Prepared By: Sign			Print			Title			Date	CHARLES TO SERVICE TO	Email	and a company
M Congeheur	MAN RAI PHI	/		0			As Above		12/10/2	2522	ass	above
Authorized HEPEFC Program	Representative	Sign	Print			Title			Date /		Email	



Program Representative:

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

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



DIPPEC FOR

State/Federal Funding Source:				Base				
ounty/City Name: EL DORADO				Fiscal Year;	2022-2023			
Column	1A.	18	1	2A	2	3A	3	
Category/Line Hem	Total Base FTE	Annual Salary	Total Budget	Enhanced FTE	Enhanced (25/75)	Non- Enhanced FTE	Non-Enhanced (50/5)	
Personnel Expenses			F-200-000	Sales of the	AND DESCRIPTION OF THE PERSON		A STATE OF THE REAL PROPERTY.	
# Name	STATE OF THE				Ball Hard	THE RESERVE		
1 PHN Supervisor	3%	\$120,620	\$3,016	95%	\$2,865	5%	\$151	
2 Vacant PHN I/II	40%	\$92,997	\$37,199	80%	\$29,759	20%	\$7,440	
3 Roberta Martin Sr Office Assistant	23%	\$46,927	\$10,793	60%	\$6,476	40%	54,317	
4 DEMONSTRUCTURE TO THE PROPERTY OF THE PARTY OF THE PART			\$0		\$0	100%	\$0	
5		THE REAL PROPERTY.	\$0	STREET, CARRY	50	100%	\$0	
6			\$0		\$0	100%	\$0	
7		THE REAL PROPERTY.	\$0	The state of the s	30	100%	\$0	
8			50		\$0	100%	\$0	
9	A REPORT OF THE PARTY OF		\$0		30	100%	\$0	
10	THE REAL PROPERTY.	THE RESERVE	\$0		30	100%	\$0	
(insert additional rows as needed)	National State of the last of		\$0		50	100%	\$0	
otal PHN FTE %	43%			88%		25%		
otal Direct Support Staff FTE %	23%			80%		20%		
let Salaries and Wages	The second second	Marie Line	\$51,008		\$39,100		\$11,908	
Staff Benefits (Specify %) 50%			\$25,504		\$19,550	A RESIDENCE OF	\$5,954	
Total Personnel Expenses	A CONTRACTOR OF THE PARTY OF TH		\$76,512		\$58,650	William Street	\$17,862	
. Operating Expenses	STATE OF THE	THE RESERVE				The same of the sa	111100	
Travel	And the		\$500	50%	\$250	50%	\$125	
Training	The same of the sa		\$500	50%	\$250	50%	\$125	
L Total Operating Expenses		The state of	\$1,000		\$500	The state of	\$250	
II. Total Capital Expenses	Design and	MICH STATE		THE PERSON		TOTAL DES		
V. Indirect Expenses		Bedrug To Table					Commercial States	
Internal (Specify %) 10%		100	\$7,651				\$0	
V. Total Indirect Expenses	STEEL STATE OF		\$7,651	A COLUMN TO	A STATE OF LIVE	No. of Concession,	\$0	
/. Total Other Expenses	7/0/15/11/5	British and				Barana and an annual		
Budget Grand Total		DOMESTIC OF	\$85,163	lo brains	\$59,150	Access to the last	\$18,112	
Michael Ungeheuer MN RN PHN		Deputy	DirectoolCMS Ad	ministrator	10/14/2022	michaelu	ngeheuer@edcgov.us	
Prepared By Sign	Print	Title		Date		Email		
M Congehour MAKALA	HN	la manage	As Above		12022		As Above	
Authorized HCPCFC Sign	Print	Title		Date /		Email		





### Health Care Program for Children in Foster Care Budget Narrative

GAVIN NEWSOM GOVERNOR

State/Federal Fu	inding Source:	Base
County/City Nan	ne El Dorado	Fiscal Year 2022-2023
I. Personnel Exp Identify and Ex	enses plain Any Changes in Person	nnel/Personnel Expenses
Significant salary changes in base s		tive from 2020 to current FY all positions. FTE adjustments made based on
II. Operating Exp	enses xplain All Operating Expense	Line Items
Travel:		rate vehicle mileage, commercial auto rental, air travel, etc. Mileage te/mile as published each January.
Training:	\$500 Registration/tuition fee	s for SPMP and support staff for continuing education program specific
III. Capital Expen	nses cannot be included in this	budget
	nses Indirect External Expens Explain All Indirect Expense L	as cannot be included in this budget Ine Items
Internal:	Consistent with approved A-	87 plan on file
V. Other Expense	es cannot be included in this bu	idget

Michael Ungeheuer MN RN PHN	Deputy Directors	CMS Admin	istrator	10/14/2022 michael.ungehouer@edcgo				
Prepared By:	Sign	Print	Tite	Date	Email			
MUmospensonia	Deputy Director	CMS Admin	istrator	12/16/21	as above			
Authorized MCPCFC Program Repr	esentative: Sign	Print	Title	Date /	Email			





### Health Care Program for Children in Foster Care Budget Summaries

County/City:	EL DORADO									Fiscal Year:	2022-2023		
Funding Source:		Base			PMM&O			Caseload Relief			County/City-Federal		
Ä	8	G	D	Ð	C	0	В	C	D	В	C	D	
Category/Line Item	Total Budger	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Bodget	Enhanced	Non-Enhance	
Total Personnel Expenses	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0	
I. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	50	\$0	\$0	
II. Total Capital Expenses					The state of	I CONTRACT			AT SECULAR		CONTRACTOR OF THE PARTY OF	40	
V. Total Indirect Expenses	\$0		\$0	\$0	Manual B	\$0	\$0	William .	\$0	\$0		50	
V. Total Other Expenses					THE PARTY		To the state of			Park Lines	-	100000000	
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	50	\$0	\$0	
E	F	G	H	F	G	н	F	G	H	F	G	H	
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Hon-Enhanced	Total Funds	Enhanced	Non-Enhance	
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,482	\$10,452	\$0	\$18,971	\$11,507	\$7,464	\$0	50	\$0	
Federal Funds (Tide XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,484	\$0	50	\$0	
<b>Budget Grand Total</b>	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	50	\$80,955	\$46,028	\$14,927	50	\$0	\$0	
Michael Ungeheuer MN RN I		SHEET		0	2171919		ector/CMS Ad			/2022	michael ungeh		

Michael Ungeheuer MN RN PHN		0	Deputy Director/CMS Administrator	10/14/2022	michael ungcheuer@edogos us
M Congelieuw MN RN PHA	Print	0	Title As Above	Date 12/10/2022	Email as above
Authorized HEPEFC Program Representative: Sign	Print		Title	Date	Email



Program Representative:

### State of California—Health and Human Services Agency

#### Department of Health Care Services



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

						15.				
County/City Name	Č.	El Dorado				Fiscal Year:	2022-23			
	Column		1A	18	1	2A	2	3A	3	
Catagory/Line Item		Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE	Enhanced [25/75]	Non-Enhanced	Non-Enhanced [50/50]		
Personnel Exper	n bes			THE PROPERTY OF	1571-17			TO LETTER		
Name				ALC: UNKNOWN						
1 Vacant PHN	M		30%	\$92,997	\$27,899	100%	\$27,899	0%	\$0	
2	BY TO L				\$0	August 1	\$0	100%	\$0	
3				Les Charles Aria	\$0	APPROPRIES.	\$0	100%	\$0	
4					\$0		\$0	100%	\$0	
5		Marie Contract		The second	\$0		\$0	100%	\$0	
б	-				SO	the second second	\$0	100%	\$0	
7			BURNETS.	THE RELIGION OF	\$0	SECTION 1	50	100%	\$0	
В				Britan No. 1	\$0		\$0	100%	50	
9					\$0		\$0	100%	50	
10				A STATE OF THE STA	SO.		\$0	100%	\$0	
(Insert addition	ornal Ana	(bebeen as			\$0		\$0	100%	\$0	
otal PHN FTE %			30%			100%		0%		
otal Direct Suppo	ort Staff F	FTE %	0%			0%		0%		
et Salaries and V	Wages				\$27,899		\$27,899		\$0	
taff Benefits (Spe	ecify %)	50%			\$13,950		\$13,950		\$0	
Total Personne		505			\$41,849		\$41,849		\$0	
Operating Exp	enses									
Travel					\$0	0%	\$0	0%	50	
Training				Teller State	\$0	0%	\$0	0%	\$0	
Total Operatin	g Expen	586			\$0		\$0		\$0	
I. Total Capital 8	xpense	s								
/. Indirect Exper	1565								Carle Ballery	
. Internal (Spe	cify %)	10%			\$4,185	No. of Contract of			\$0	
/. Total Indirect	The second second	05			\$4,185	District Control	THE REAL PROPERTY.	I SHOW	\$0	
. Total Other Ex	penses		THE REAL PROPERTY.							
udget Grand To	tal				\$46,034		\$41,849		\$0	
Michael Un	geheuer A	IN RN PHN		Deputy Director/C	MS Administrator	10/14	2022	michael ungehe	uer@edogav.us	
repared By: /		Sign  Sign	Print Office)	Title As A		Date	17022	Email	bave	

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



### Health Care Program for Children in Foster Care Budget Narrative

GAVIN MEWSON GOVERNOR

State/Federal Fu	nding Source:	Psychotropic Medication Monitoring & Oversight								
County/City Nan	ne El Dorado		Fiscal Year 2022-2023							
I. Personnel Exp	enses plain Any Changes in	Personnel/Person	nel Expenses							
Significant Salary changes in base s		mmulative from 20	020 to current F	f all positions. F	TE adjustments made based on					
II. Operating Exp Identify and E	enses xplain All Operating E	xpense Line Items								
Travel:	None									
Training:	None									
III. Capital Exper	ses cannot be included	in this budget								
STREET,	nses Indirect External Explain All Indirect Exp	The state of the s	e included in this	: budget						
Internal:	Capped by state									
V. Other Expens	es cannol be included in	this budget								
Michael Ungeheuer	MN RN PHN	Deputy Director/C/	AS Administrator	10/14/2022	michael.ungeheuer@edcgov.us					
Prepared By:	Sign	Pant	Tille	Date	Email					
MImarko	CHENTON AND PHOL	Deputy Director/Cl	MS Administrator	12/16/20	2Z as above					
	C Program Representativ	e Sign Print	Title	Date	Email					





## Health Care Program for Children in Foster Care Budget Summaries

County/City:	EL DORADO						N. Called		I de mail	Fiscal Year:	2022-2023	
Funding Source:	Base			PMM&C			Caseload Rallet			County/City-Federal		
A	8	C	D	Ð	0	0	В	C	D	9	C	D
Category/Line item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Entranced	Hon-Enhanced	Total Budget	Enhanced	Non-Enhance
Total Personnel Expenses	\$76,512	\$58,650	517,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	50
. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
It. Total Capital Expenses				MINAL P	THE REAL PROPERTY.	Attended to		-	ALCOHOLD BEET			TENNER
V. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0	To the same	\$0
7. Total Other Expenses						311111111111111111111111111111111111111			REPORT OF THE PERSON	TOTAL	Peter City	
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$D
E	F	G	н	F	6_	н	F	G	H	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	50	\$0
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	50	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0
<b>Budget Grand Total</b>	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	SO	\$0	\$0

Michael Ungeheuer MN RN PHN		0	Deputy Director/CMS Administrator	10/14/2022	michaelungsheuer@edrgov.in	
Prepared By: Sign	Print		Title	Date	Ernail	
M Congelieuer MN RN PHAI		0	As Above	12/10/2022	as above	
Authorized HCPCFC Program Representative: Sign	Print.		Title	Date /	Email	





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

GAVIN NEWSON SOVERYCA

State/Federal Funding Source:		Caseload Relief							
County/City Narce: El Dorado					Fiscal Year:	2022-23			
	Column	_	I 1A	18	1	2A	2	3A	3
Category/Line Item		Total Caseload Religi FTE %			Enhanced FTE		Non- Enhanced FTE	Non-Enhanced (50/50)	
I. Personnel Expenses			S. C. S. C. S.	10000		1-2-20-3			Dept. of the same
# Name			HOLESON.						
1 Roberta Martin Sr	Office Assistant		22%	\$46,927	\$10,324	60%	\$6,194	40%	\$4 130
2 Vacant PHN I/II	LEASTER LAND		30%	\$ 92,997.00	\$27,899	80%	\$22,319	20%	\$5,580
3 Donna Fettig PHN	N Supervisor		2%	\$ 120,620.00	\$2,412	90%	\$2,171	10%	\$241
4			THE RELEASE		\$0		\$0	100%	\$0
5		Pirello		SHARE STATE	\$0		\$0	100%	\$0
6					\$0		\$0	100%	\$0
7					\$0		\$0	100%	\$0
8				But the man	\$0		\$0	100%	\$0
9				THE PARTY	50		\$0	100%	\$0
10				ACCRECATE IN	\$0		\$0	100%	\$0
(insert additional)	ines as needed)		THE RESERVE	STREET, STREET,	\$0	TO A PLAN	50	100%	\$0
Total PHN FTE %			32%			60%		40%	
Total Direct Support Staff FTE %		22%			85%		30%		
Net Salaries and Wage	15	11,			\$40.635		\$30,685		\$9,951
Staff Benefits (Specify %) 50%			HULLING	\$20,318		\$15,343		\$4,976	
I. Total Personnel Expenses				\$60,953		\$45,028		\$14,927	
II. Operating Expense	18								
1. Travel	1. Travel				\$1,000	0%	\$0	0%	50
2 Training	2 Training		1000		\$1,000	0%	\$0	0%	\$0
II. Total Operating Exp	penses				\$2,000		\$0		\$0
III. Total Capital Exper	nses			A TABLE IN CASE				ST.	
IV. Indirect Expenses					In the second				
1. Internal (Specify 9	6)	10%	DE LES DE		\$80,953				\$0
IV. Total Indirect Expenses				56,095				\$0	
V. Total Other Expens	165								
Budget Grand Total				\$69,048		\$46,028		\$14,927	
Michael Ungeheuer MN F	IN PHIN			Deputy Director/C	MS Administrato	10/14	/2022	michael u	ngeheuer@edigov.us
Prepared By:  And Image / 2  Authorized HCPOFC	Sign	EN PAKA	1	Title Deputy director/C Title	MS Administrato	Oxfe 12/1	6/2022	Email Email	As Above
Program Representative:	ogn		1 32			1			

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





### Health Care Program for Children in Foster Care Budget Narrative

GAVIN NEWSOM GCVERNOR

State/Federal Fu	nding Source:	Caseload Reliaf							
County/City Nam	e El Dorado	Fiscal Year: 2022-2023							
	plain Any Chan	ges in Personnel/Personnel Expenses							
Significant Salary base salaries and program activity.	to balance reduc	ints cummulative from 2020 to current FY all positions. FTE adjustments made based on changes ctions in the other budget funding amounts. These adjustment necessary to retain the integrity of							
II. Operating Exp	enses								
Identify and E		iting Expense Line Items							
Travel;	\$1000 Include federal rate/mi	is per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement ( ile as published each January.							
Training:	\$1000 Registro	ration/tuition fees for SPMP and support staff for continuing education program specific							
III. Capital Expen	ses cannot be in	scluded in this budget							
IV. Indirect Expe	nses Indirect Ex	ternal Expenses cannot be included in this budget							
The state of the s		act Expense Line Items							
Internal:	Capped by sta								
V. Other Expense	es cannot be incl	luded in this budget							
Michael Ungeheuer	MN RN PHN	Deputy Director/CMS Aministrator 10/14/2022 michael ungeheuer@edcgov.us							
Prepared By:		Sign Print Title Date Email							
	WE MURNY	Deputy Director/CMS Administrator 12/16/2022 as above							
Authorized HCPCF									