California Children's Services

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.	Contification Statement	County/City:	Fiscal Year:		
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	Certification Statement	El Dorado	2023-24		
	Part 2, Chapter 3, Article 5, (commencing with Section 12380 Institutions Code (commencing with Sections 14000-14200), by DHCS pursuant to this article and these Chapters. I further Children's Medical Services (CMS) Plan and Fiscal Guidelines Federal Financial Participation. I further certify that this CCS regulations governing and regulating recipients of funds gran XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) Maternal and Child Health Services Block Grant pursuant to 701 et seq.). I further agree that this CCS Program may be su	0) and Chapters 7 and 8 of the and any applicable rules or recertify that this CCS Program Manual, including but not limperogram will comply with all ted to states for medical assimand recipients of funds allotted to all sanctions or other bject to all sanctions or other	re Welfare and egulations promulgated in will comply with the nited to, Section 9 federal laws and stance pursuant to Title ed to states for the act (42 U.S.C. Section remedies applicable		

Michael Ungeheuer, MN RN PHN	Michael Ungeheuer MN RN PHN	Jan 3, 2024
CCS/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name,	Signature	Date

Agency Information Sheet

Fiscal Year: 2023-24 County/City: County of El Dorado Official Agency Name: Address: Matthew Minson, MD 931 Spring St. Health Officer Placerville, CA 95667 CMS Director (if applicable) Name: Address: Phone: Fax: E-Mail: **CCS Administrator** Micha<u>el Ungeheuer, MN,RN,PHN</u>Address: Name: 941 Spring Street Phone: 530.621.6219 Placerville, CA 95667 Fax: E-Mail: michael.ungheuer@edcgov.us 530.642.0892 **CHDP Director** Name Michael Ungeheuer, MN, RN, PHN Address: 941 Spring Street Phone: 530.621.6219 Placerville, CA 95667 530.642.0892 E-Mail: Fax: michael.ungeheuer **CHDP Deputy Director** Name: Maureen Virgil, MAS, RN, PHN Address: 941 Spring Street Phone: 530.621.6217 Placerville, CA, 95667 E-Mail: Fax: maureen virgil@edcgov.us Clerk of the Board of Supervisors or City Council Name: Address: Kim Dawson 330 Fair Lane Phone: 530.621.5390 Placerville, CA, 95667 E-Mail: Fax: kim.dawson@edcgov.us **Director of Social Services Agency** Name: Olivia Byron-Cooper Phone: 530.621.6320 Fax: E-Mail: olivia.byron-cooper@edcgov.us 530.663.8499 **Chief Probation Officer** Name: Brian Richart Phone: 530.621.5625 E-Mail: Fax: brian.richart@edcgov.us

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Incumbent List - California Children's Services

For FY 2023-24, 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 in the last fiscal year. 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 job duties or activities.

County/City: El Dorado	Fiscal Year: 2023-24			
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
PHN Supervisor	Sabina Keller	20%	NO	NO
Public Health Nurse II	Carolyn Vaughn	80%	NO	NO
Public Health Nurse II	Ramah Kerruish	80%	NO	NO
Care Management Counselor	Erin Guzik	40%	NO	NO
Medical Office Assistant	Maria Martinez	100%	NO	NO
Medical Office Assistant	Karin Wade	100%	NO	NO

State of California - Health and Human Services Agency

Revised 5/16/23		
CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	58	7.99%
OTLICP - Total Cases of Open (Active) OTLICP Children	111	15,29%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	557	76,72%
TOTAL CCS CASELOAD	726	100%

CCS Administrative Budget Worksheet

Fiscal Year:	2023-24
County:	El Dorado



TOTAL CCS CASELOAD 720	10076	ı											
				Stra	ight CCS		argeted Low Income s Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column	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)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	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													
Sabina Keller, PHN Supervisor	2.00%	115,918	2,318	7.99%	185	15.29%	354	76,72%	1,778			100,00%	1,778
Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
Subtotal		115,918	2,318		185		354		1,778				1,778
Medical Case Management													
Carolyn Vaughn, PHN II	80,00%	104,603	83,682	7,99%	6,685	15,29%	12,794	76,72%	64,202	85,00%	54,572	15,00%	9,630
Ramah Kerruish, PHN II	80.00%	94,869	75,895	7.99%	6,063	15.29%	11,604	76.72%	58,228	85.00%	49,494	15.00%	8,734
Sabina Keller, PHN Supervisor	10,00%	115,918	11,592	7,99%	926	15,29%	1,772	76,72%	8,894	90,00%	8,005	10,00%	889
Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0,00%	0	0	7,99%	0	15,29%	0	76,72%	0	0,00%	0	100,00%	0
6. Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	7,99%	0	15,29%	0	76,72%	0	0,00%	0	100,00%	0
Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0	0.00%	0	100.00%	0
Subtotal		315,390	171,169		13,674		26,170		131,324		112,071		19,253
Other Health Care Professionals													
Erin Guzik, Care Management Counselor	40.00%	60,986	24,394	7.99%	1,949	15.29%	3,730	76.72%	18,716	50,00%	9,358	50.00%	9,358
2. Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0	0.00%	0	100,00%	0
Subtotal		60,986	24,394		1,949		3,730		18,716		9,358		9,358
Ancillary Support													
Maria Martinez, Medical Office Assistant	25.00%	49,421	12,355	7.99%	987	15.29%	1,889	76.72%	9,479			100.00%	9,479
Karin Wade, Medical Office Assistant	30,00%	47,341	14,202	7,99%	1,135	15.29%	2,171	76.72%	10,896			100,00%	10,896
3. Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
Subtotal		96,762	26,557		2,122		4,060		20,375				20,375
Clerical and Claims Support													
Maria Martinez, Medical Office Assistant Karin Wade, Medical Office Assistant	75.00%	49,421	37,066	7,99%	2,961	15.29%	5,667	76.72%	28,438	80.00%	22,750	20.00%	5,688
3. Employee Name, Position	70.00%	47,341	33,139	7.99%	2,647	15.29%	5,067	76.72%	25,425	80.00%	20,340	20.00%	5,085
	0.00%	0	0	7,99%	0	15.29%	0	76.72%	0	0.00%	0	100.00%	0
Employee Name, Position Employee Name, Position	0.00%	0	0	7,99%	0	15,29%	0	76,72%	0	0.00%	0	100,00%	0
5. Employee Name, Position Subtotal	0.00%	0 00 700	70.205	7.99%	0 E 609	15.29%	10.724	76.72%	0 E2 962	0.00%	43,000	100.00%	10.772
Subtotal Total Salaries and Wages		96,762	70,205	7 000/	5,608 23,539	15 200	10,734 45,049	76 700	53,863	70 700/	43,090 164,519	27 220/	10,773 61,537
			294,643 117,857	7.99% 7.99%	9,416	15.29% 15.29%	45,049 18,019	76.72% 76.72%	226,056 90,422	72.78%	164,519 65,807	27.22%	24.615
Staff Benefits (Specify %) 40.00% I. Total Personnel Expense			412,500	7,99%	32,955	15,29%	63,068	76,72%	316,478		230,326		24,615 86,152
II. Operating Expense			412,500	1.09%	32,905	10.29%	63,068	10.12%	310,4/8		230,326		00,102
Travel			1,000	7.99%	80	15.29%	153	76.72%	767	72.78%	558	27.22%	209
2. Training			1,000	7.99%	80	15,29%	153	76.72%	767	72.78%	558	27.22%	209
3. Communication			500	7,99%	40	15.29%	76	76.72%	384	72,70%	336	100.00%	384
4. Insurance			5,492	7.99%	439	15.29%	840	76.72%	4,214			100.00%	4,214
Office and Duplicating			1,000	7.99%	80	15.29%	153	76.72%	767			100.00%	767
6.			1,000	7.99%	0	15,29%	155	76.72%	0			100.00%	0
7.				7.99%	0	15.29%	0	76.72%	0			100.00%	0
II. Total Operating Expense			8.992	7.0073	719	10.2070	1,375	13.12.70	6,899		1,116	100.00 //	5,783
III. Capital Expense			5,552		7.10		1,070		5,500		.,110		5,700
1.				7.99%	0	15.29%	0	76.72%	0				0
2.				7.99%	0	15.29%	0	76.72%	0				0
3.				7.99%	0	15.29%	0	76.72%	0				0
III. Total Capital Expense			0		0		0		0				0
<u> </u>					<u> </u>		<u> </u>		<u> </u>				

State of California - Health and Human Services Agency

Revised 5/16/23		
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TOTAL CCC CASELOAD	726	100%

CCS Administrative Budget Worksheet

Fiscal Year:	2023-24
County:	El Dorado



					Strai	ight CCS		argeted Low Income s Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column		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)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	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)
IV. Indirect Expense														
Indirect Cost Rate	25.00%			103,125	7.99%	8,239	15.29%	15,767	76.72%	79,119			100.00%	79,119
				0	7.99%	0	15.29%	0	76.72%	0			100.00%	0
IV. Total Indirect Expense				103,125		8,239		15,767		79,119				79,119
V. Other Expense														
Maintenance & Transportation				3,612	7.99%	289	15.29%	552	76.72%	2,771			100.00%	2,771
2.					7.99%	0	15.29%	0	76.72%	0			100.00%	0
3.					7.99%	0	15.29%	0	76.72%	0			100.00%	0
4.					7.99%	0	15.29%	0	76.72%	0			100.00%	0
5.					7,99%	0	15,29%	0	76,72%	0			100,00%	0
V. Total Other Expense				3,612		289		552		2,771				2,771
Budget Grand Total				528,229		42,202		80,762		405,267		231,442		173,825

Maureen Virgil, MAS, BSN, RN, PHN	Maureen Virgil, MAS, BSN, RN, PHN	9/30/2023	530.621.6217
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number
Michael Ungeheuer MN RN PHN	Michael Ungeheuer, MN RN PHN	Jan 3, 2024	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number

State of California – Health and Human Services Agency Revised 05/16/23

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	58	7.99%
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TOTAL CCS CASELOAD	726	100%

CCS Administrative Budget Summary

Fiscal Year:	2023-24
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 County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
I. Total Personnel Expense	412,500	32,955	63,068	316,478	230,326	86,152
II. Total Operating Expense	8,992	719	1,375	6,899	1,116	5,783
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	103,125	8,239	15,767	79,119		79,119
V. Total Other Expense	3,612	289	552	2,771		2,771
Budget Grand Total	528,229	42,202	80,762	405,267	231,442	173,825

	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 County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	21,101	21,101				
County	21,101	21,101				
OTLICP						
State	14,133		14,133			
County	14,133		14,133			
Federal (Title XXI)	52,496		52,496			
Medi-Cal						
State	144,774			144,774	57,861	86,913
Federal (Title XIX)	260,493			260,493	173,581	86,912

Maureen Virgil, MAS, BSN, RN, PHN	Maureen Virgil, MAS, BSN, RN, PHN	Maureen.Virgil@edcgov.us
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
Michael Ungeheuer MN RN PHN	Michael Ungeheuer, MN, RN, PHN	Miichael.Ungeheuer@edcgov.us
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address