Plan and Budget Required Documents Checklist

MODIFIED FY 2013-2014

C	ounty	/City:	EL DORADO	Fiscal Year
			Document	Page Number
1.	Che	klist		1-2
2.	Age	ncy Information Shee	1	3
3.	Cert	ification Statements		
	A. C	ertification Statement	(CHDP) - Original and one photocopy	4
	В. С	ertification Statement	(CCS) - Original and one photocopy	5
4.	Age	ncy Description		
	A.	Brief Narrative		6
	В.	Organizational Charts	for CCS, CHDP, and HCPCFC	Retain locally
	C.	CCS Staffing Standar	ds Profile	Retain locally
	D.	Incumbent Lists for C	CS, CHDP, and HCPCFC	7-9
	E.	Civil Service Classific proposed, or revised	ation Statements - Include if newly established,	N/A
	F.	Duty Statements - In	clude if newly established, proposed, or revised	N/A
5.		ementation of Perform 2-2013 are due Nover	mance Measures - Performance Measures for FY mber 30, 2013.	N/A
6.	Data	Forms		1
		CHDP Program Refe	rral Data	10-11
7.	Men	oranda of Understan	ding and Interagency Agreements List	
	Α.	MOU/IAA List		12-13
	В.	New, Renewed, or Re	evised MOU or IAA	N/A
	C.	CHDP IAA with DSS	biennially	Retain locally
	D.	Interdepartmental MC	OU for HCPCFC biennially	Retain locally
В.	Bud	gets		
	A.	CHDP Administrative	Budget (No County/City Match)	
		Budget Summ	ary	14

County	nty/City: EL DORADO		Fiscal Year:
2		Document	Page Number
	2.	Budget Worksheet	15
	3.	Budget Justification Narrative	16-17
В.	CHD	P Administrative Budget (County/City Match) - Optional	
	1.	Budget Summary	18
	2.	Budget Worksheet	19
	3.	Budget Justification Narrative	20-21
C.	CHDI	P Foster Care Administrative Budget (County/City Match) - Optional	
	1.	Budget Summary	N/A
	2.	Budget Worksheet	N/A
	3.	Budget Justification Narrative	N/A
D.	HCP	CFC Administrative Budget	-
	1.	Budget Summary	22
	2,	Budget Worksheet	23
	3,	Budget Justification Narrative	24
E.	ccs	Administrative Budget	
	1.	Budget Summary	25
	2.	Budget Worksheet	26-27
	3.	Budget Justification Narrative	28-29
	В		-
G.,	Othe	Forms	
	1.	County/City Capital Expenses Justification Form	Yes, if applicable
	2.	County/City Other Expenses Justification Form	Yes, if applicable
9.	Mana	agement of Equipment Purchased with State Funds	
	1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	If applicable
	2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	If applicable
	3,	Property Survey Report Form (STD 152)	If applicable

Agency Information Sheet

County/City:	EL DORADO		Fiscal Year: 2013-2014
	0	fficial Agend	ey .
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer	Alicia Paris-Pombo		931 Spring St Placerville CA 95667
	CMS Dia	rector (if app	olicable)
Name:	Michael Ungeheuer RN MN PHN	Address:	941 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
	cc	S Administra	ator
Name:	Michael Ungeheuer RN MN PHN	Address:	941 Spring St Placerville CA 95667
Phone:	530 621 6129		
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
	C	HDP Directo	or
Name;	Alicia Paris-Pombo MSc, MD	Address:	931 Spring St Placerville CA 95667
Phone:	530 621 6277		
Fax:	530 642 0892	E-Mail:	alicia.paris@edcgov.us
	CHDI	Deputy Dir	ector
Name:	Michael Ungeheuer RN MN PHN	Address:	941 Spring St Placerville CA 95667
Phone:	530 621 6129	1 1	
Fax:	530 642 0892	E-Mail:	michael.ungeheuer@edcgov.us
	Clerk of the Board	of Supervis	ors or City Council
Name:	James Mitrisin	Address:	330 Fairlane Placerville CA 95667
Phone:	530-621-5592		
Fax:	530-622-3645	E-Mail:	james.mitrisin@edcgov.us
	Director of	Social Servi	ces Agency
Name:	Donald Ashton MPA	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 5515		
Fax:	530-295-2792	E-Mail:	Donald.ashton@edcgov.us
	Chief	Probation C	Officer
Name:	Brian Richardt	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Brian.richardt@edcgov.us

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: El Dorado	Fiscal Year: 2013-2014
106, Part 2, Chapter 3, Article 6 (commencing with S 9, Part 3, Chapters 7 and 8 (commencing with Section Section 16970, and any applicable rules or regulation Chapters, and that section. I further certify that this C Services Plan and Fiscal Guidelines Manual, includin Participation. I further certify that this CHDP Program governing and regulating recipients of funds granted the Social Security Act (42 U.S.C. Section 1396 et se	ns promulgated by DHCS pursuant to that Article, those CHDP Program will comply with the Children's Medical and but not limited to, Section 9, Federal Financial in will comply with all federal laws and regulations to states for medical assistance pursuant to Title XIX of eq.). I further agree that this CHDP Program may be if this CHDP Program violates any of the above laws,
Alizz Pars Signature of CHDP Director Alicia Paris Pombo	2.5 2014 Mb. Msc Date Signed
Alia & Pans Signature of Health Officer Alicia Paris Pombo	2-5-2014 MD, MSc Date Signed
Signature of CHDP Deputy Director	Date Signed
I certify that this plan has been approved by the loca	I governing body.
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

County/City: El Dorado County	Fiscal Year: 2013-2014
I certify that the CCS Program will comply with all applicable provision Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Institutions Code (commencing with Sections 14000-14200), and an by DHCS pursuant to this article and these Chapters. I further certification in the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manufederal Financial Participation. I further certify that this CCS Program regulations governing and regulating recipients of funds granted to statistical Security Act (42 U.S.C. Section 1396 et seq.) and Maternal and Child Health Services Block Grant pursuant to Title V 701 et seq.). I further agree that this CCS Program may be subject if this CCS Program violates any of the above laws, regulations and comply.	Chapters 7 and 8 of the Welfare and y applicable rules or regulations promulgated y that this CCS Program will comply with the ual, including but not limited to, Section 9 am will comply with all federal laws and states for medical assistance pursuant to Title recipients of funds allotted to states for the of the Social Security Act (42 U.S.C. Section to all sanctions or other remedies applicable
Muchael Umarkeur RNMNPHN	7/3/14
Signature of CCS Administrator	Date Signed/
Signature of Health Officer Alicia Pavis Pombo MP, MSC	2-5-2014 Date Signed
Signature and Title of Other - Optional	Date Signed
I certify that this plan has been approved by the local governing bod	ly.
Signature of Local Governing Body Chairperson	Date

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH DIVISION

ORGANIZATION DESCRIPTION

The El Dorado County Health and Human Services Agency is a governmental organization responsible for providing a comprehensive offering of public services that protect and assist the County population in the areas of health and wellness. The Public Health Nursing Section administers numerous pediatric and adult high risk and prevention programs integrating the principles of core public health function. The Public Health Nursing Section has developed a service continuum incorporating CHDP, CCS, HCPCFC and MCAH for the purpose of care continuity within the local pediatric population. Inherent in this design is the use of case management conferencing, colocation of public health nursing staff in provider, education and public assistance agencies as well as strong ongoing provider relations development and expert health care worker training. These structures and activities ensure the highest level of coordinated continuous intervention for the benefit of children, families and the community at large.

Focus Areas of FY 2013-2014

- Develop and maintain systems of collaborative care with emphasis on expansion of preventive health services, early screening and diagnosis, treatment access and comprehensive case management
- Enhanced education and intervention in the area of immunization, chronic disease self-care, improved birthing outcomes, effective parenting lead poisoning detection and access to care and treatment
- Facilitate and support system of care expansion related to Federally Qualified Health and Rural Health Clinic Centers including integration of managed care to enhance availability and diversity of care

Incumbent List - California Children's Services

For FY 2013-14, 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. 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 and non-enhanced job duties or activities.

County/City: EL DORADO

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Administrator	Michael Ungeheuer RN MN PHN	10	N	N
Supervising Health Education Coordinator	Josefina Solano	05	N	N
PHN II	Dee Taylor RN PHN	100	N	N
PHN II	Sharlaine Hurd RN PHN	75	N	N
Medical Office Assistant	Michelle McCann	100	N	N
Medical Office Assistant	Maria Martinez	100	N	N
Medical Office Assistant	Adriana Salas Rodreguez	50	N	N
Office Assistant II	Paula Green	40	N	N.

Incumbent List - Child Health and Disability Prevention Program

For FY 2013-2014, complete the table below for all personnel listed in the CHDP 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. 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 and non-enhanced job duties or activities.

			Fiscal Year: 2	2013-2014	
Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Toni Schaeffer RN PHN	40	10	0	N	N
Kay Johnson	80	0	20	Other Duties Clarence Changed? (Yes or No) (Yes or No)	N
Adriana Salas-Rodriguez	0	50	50	N	N
Josefina Solano	42.5	52.5	5	N	N
Michael Ungeheuer RN MN	10	0	90	N	N
	Toni Schaeffer RN PHN Kay Johnson Adriana Salas-Rodriguez Josefina Solano	Incumbent Name CHDP No County/ City Match Budget Toni Schaeffer RN PHN Kay Johnson Adriana Salas-Rodriguez O Josefina Solano 42.5	Incumbent Name CHDP No County/ City Match Budget CHDP County/City Match Budget Toni Schaeffer RN PHN 40 10 Kay Johnson 80 0 Adriana Salas-Rodriguez 0 50 Josefina Solano 42.5 52.5	Incumbent Name FTE % on CHDP No County/ City Match Budget	Incumbent Name CHDP No County/ City Match Budget Toni Schaeffer RN PHN Kay Johnson Adriana Salas-Rodriguez CHDP County/City Match Budget N CHDP County/City Match Budget N Toni Schaeffer RN PHN A0 10 0 N Kay Johnson 80 0 20 N Adriana Salas-Rodriguez 0 50 N Job Duties Changed? (Yes or No) N N N N N Adriana Salas-Rodriguez O 50 N N Josefina Solano A2.5 52.5 N

Incumbent List - Health Care Program for Children in Foster Care

For FY 2013-2014, complete the table below for all personnel listed in the HCPCFC budget. 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. 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 and non-enhanced job duties or activities.

County/City: El Dorado		Fiscal Year: 2	2013-2014			
Job Title	Incumbent Name	FTE % on HCPCFC State/Federal Budget	FTE % on HCPCFC County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
PHN II	Maria Huerta RN PHN	100	0	0	N	N
Sr. Office Assistant	Kay Johnson	20	0	80	N	N
				1		1
				J		

CHDP Program Referral Data

Cou	County/City: EL DORADO		10-11	FY	11-12	FY 12-13			
Basic Informing and CHDP Referrals									
1.	Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	6,611	12,938	6,619	13,168	5,998	11,926		
2.	Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients		
	a. Number of CalWORKs cases/recipients	494	906	470	835	548	974		
	b. Number of Foster Care cases/recipients	19	19	70	70	83	83		
	c. Number of Medi-Cal only cases/recipients	371	649	372	671	436	759		
3.	Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:								
	a. Medical and/or dental services	i,	574	1.	,576	1	816		

	Medical and/or dental services with scheduling and/or transportation	73	116	166
	c. Information only (optional)			
4.	Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	29	51	166
Resi	ults of Assistance			
5.	Number of recipients actually provided scheduling and/or transportation assistance by program staff	7	19	108
6.	Number of recipients in "5" who actually received medical	16	19	59

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City: EL DORADO Fiscal Year: 2013-1014

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
County Office of Education	IAA	perpetual	2013	Michael Ungeheuer	No
CHDP/HCPCFC DHS	IAA	perpetual	2012	Michael Ungeheuer	No
Delta Dental	мои	2010	2010	State	No
Access Dental	мои	7/13/2010	2010	State	No
Blue Cross	мои	Ongoing	2007	State	No
Blue Shield	мои	Ongoing	2007	State	No
Health Net	мои	Ongoing	2007	State	No
Vision Service Plan	MOU	Ongoing	2007	State	No

Section 2

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Kaiser	MOU	Ongoing	2007	State	No
Premier Access	мои	Ongoing	2007	State	No
Safeguard Vision	MOU	Ongoing	2007	State	No
California Health and Wellness Centene	MOU	2013 perpetual	2013	Michael Ungeheuer	New

CHDP Administrative Budget Summary No County/City Match

Fiscal Year 2013-2014 County/City Name: El Dorado

Column		1			3			4		5
Category/Line Item	Total Budget (2 + 3)		Total CHDP Budget		Total Medi-Cal Budget (4 + 5)		Enhanced State/Federal (25/75)		Nonenhanced State/Federal (50/50)	
I. Total Personnel Expenses	\$	153,660	\$	792	\$	152,867	\$	46,477	\$	106,391
II. Total Operating Expenses		\$26,041		\$0		\$26,041		\$2,224		\$23,818
III. Total Capital Expenses		\$0		\$0		\$0				\$0
IV. Total Indirect Expenses		\$55,055		\$0		\$53,559				\$53,559
V. Total Other Expenses	il.	\$0		\$0		\$0				\$0
Budget Grand Total	\$	234,756		792	\$	232,467	\$	48,700	\$	183,767

Column	1111	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds	\$876	792			
Medi-Cal Funds:			\$232,467		
State Funds	\$104,214		\$104,059	\$12,175	\$91,883
Federal Funds (Title XIX)	\$155,721		\$128,409	\$36,525	\$91,883

Michael Ungeheuer RN MN PHN	01/24/2014	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
CMDP Deputy Director (Signature)	Date	Phone Number	Email Address

CHDP Administrative Budget Worksheet No County/City Match State and State/Federal County: Eldorado Fiscal Year: 13-14

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi- Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	**************************************			talaminimus timuulus		umiranin	fare martin arminimum missions.		Amerikan amaganyan papatunyan
Deputy Director Michael Ungeheuer	10%	\$111,047	\$ 11,105	0.00%	\$0	100.00%	\$11,105	25%	\$2,776	75%	\$8,329
Supervising HEC Josefina Solano	43%	\$77,999	\$ 33,150	0.00%	\$0	100.00%	\$33,150	0%	\$0	100%	\$33,150
PHN II Toni Schaeffer	40%	\$62,687	\$ 25,075	2.00%	\$501	98.00%	\$24,573	80%	\$19,659	20%	\$4,915
Senior OA Kay Johnson	80%	\$34,905	\$ 27,924	0.00%	\$0	100.00%	\$27,924	25%	\$6,981	75%	\$20,943
		,	\$ -	0%	\$0	1	\$0		\$0		\$0
Total Salaries and Wages	and the second		\$ 97,253		\$501		\$96,752		\$29,416		\$67,336
Less Salary Savings	DOUBLE STREET	Commence of the Commence	\$0	***************	\$0	the state of the s	\$0		\$0		\$0
Net Salaries and Wages	in deministrations.	Cartinessania (errorentario	\$ 97,253		\$501	montena transportation	\$96,752		\$29,416	encontraction of	\$67,336
Staff Benefits (Specify %) 58.00%		Mariantonial Committee Committee	\$56,407	THE REAL PROPERTY.	\$291	D. D. D. D. C.	\$56,116	is electrical and property	\$17,061	and the service of the service of	\$39,055
I. Total Personnel Expenses	Venteresonities		\$ 153,660		\$ 792	- ammanum simon	\$ 152,867		\$ 46,477	***************************************	106,391
II. Operating Expenses	and the second	The state of the s				- International Property		***************************************		National Control	
Travel	anning the state of	(Color Communication of the Color of the Co	\$3,125	instruction men	\$0	- Commission of the Commission	\$3,125	50%	\$1,563	50%	\$1,563
Training	January - Later		\$1,322	and the first of the Co	\$0	and a continuous de la	\$1,322	50%	\$661	50%	\$661
Communication		an announcement of the state of	\$10,481	Carinette Control (1999)	\$0	THUNSTON MANAGEMENT OF	\$10,481	14.		100%	\$10,481
Office Duplicating	- International	i Kamatan a manana manana	\$6,609	-	\$0	·	\$6,609	Manager Contract Man	ACTION CONTRACTOR SECTION AND ASSESSMENT OF SECTION ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT ASS	100%	\$6,609
Insurance	With all the state of the	A CONTRACTOR OF THE PARTY OF TH	\$1,485		\$0	Dinney in the state of the stat	\$1,485	American State of Sta	NAME OF TAXABLE PARTICIPATION OF TAXABLE PARTI	100%	\$1,485
Utilities	Annoquesian (A Charge and Assessment of the Control of the Contr	\$1,160	Or or lawn beat made	\$0	William Shinning Manual Color Shinning	\$1,160		djacom kaj koma je maj kaj kaj kaj kaj kaj kaj kaj kaj kaj k	100%	\$1,160
Equipment	Parlament and a		\$1,859		\$0		\$1,859			100%	\$1,859
II. Total Operating Expenses		e acquaramentum must	\$26,041	-0.00-0.000	\$0		\$26,041		\$2,224		\$23,818
III. Capital Expenses	ar an annual an									Mannes - L	
II. Total Capital Expenses	MATERIAL STATES									Anne Anne	
IV. Indirect Expenses	- annersonment	in an arrangement of the second	unicatios sentinataina interior	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	AND DESCRIPTION OF THE PARTY OF	STORES OF THE PARTY OF THE PART		esiblicate control	And the contract of the Constitution and the	and the beautiful to the same	MANUTALINA TO THE STATE OF THE
1. Internal (Specify %) 25.00%	The state of the s	Acres may be communicated and	\$38,415	THE RESERVE OF		Action Control of Cont	\$38,415	************	Collection of the Collection o	S. St. Schiller	\$38,415
2. External (Specify %) A-87	THE PARTY NAMED IN	primeranscentine remailer :	\$16,640	MATERIAL PROPERTY.		A THE PARTY OF THE	\$15,144	***************************************	to representation and the same	Constitution (\$15,144
IV. Total Indirect Expenses	Name and Persons Associated	Marini Ma	\$55,055	T. milanium o	\$0	Charles Carlotter San Control Control Control	\$53,559		Anagamagana menahanan kalamata	Vetteren televisetel	\$53,559
V. Other Expenses						en e					
	CHARLES MAN										
V. Total Other Expenses										omponiom.	722
Budget Grand Total			234,756		792	The second second	232,467	- municipality	48,700	A DESCRIPTION OF THE PARTY OF T	183,767

chael Ungeheuer RN MN PHN	1/24/14	530 621 6129	michael.ungeheuer@edcgov.us	
Prepared By (Signature) (M) Ungeheur)	Date Prepared 1/24/14	Phone Number	Email Address	
CHDP Deputy Director (Signature)	/ Date/	Phone Number	Email Address	

BUDGET JUSTIFICATION NARRATIVE CHDP ADMINISTRATION STATE/FEDERAL EL DORADO COUNTY FISCAL YEAR 13-14

PERSONNEL COST

Total salaries	\$97,253
Total Benefits	\$56,407
Total Personnel Expenses	\$153,660

PHN Director/deputy Director

No change

Supervising HIth Education Cood Maintain total CHDP FTE at 95% with a 52.5% shift to the County/City match index

Shift 10% FTE to County/City match index

Public Health Nurse II to maintain 50% FTE .

Medical Office Assistance (.80) No change

OPERATING EXPENSES

Travel \$3,125 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.
Mileage reimbursement @\$.555 per mile

with annual adjustment

Training \$1,322 Registration/tuition fees for SPMP and support staff for continuing education

program specific

Maintenance of ongoing operation cost

related to stationary, postage,

Office Supplies and Services \$6,609 subscriptions, office equip, minor equip, software license, mail service, central

software licerise, mail service, centra

duplication

Maintenance of ongoing operating costs

Communication \$10,481 related to phones service, phone equip,

mainframe support, network support

Insurance \$1,485 Facility and personnel liability insurance

Utilities \$1,160 Maintenance of ongoing facilities electric,

water and sewer costs

Equipment \$1,859 Maintenance contract cost

Total operating Costs \$26,041

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Cost allocation plan applied to net wages Internal @ 25% \$38,415

In accordance to the A-87 plan on file External \$16,640

applied by total program FTE

Total Indirect Expenses \$55,055

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$234,756

CHDP Administrative Budget Summary

County/City Match

Fiscal Year: 2013-2014 County/City Name: El Dorado

Column	1 3	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/City/Federal (25/75)	Nonenhanced County/City/Federal (50/50)
I. Total Personnel Expenses	\$100,371	\$14,365	\$86,006
II. Total Operating Expenses	\$7,490	\$250	\$7,240
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$25,093		\$25,093
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$132,954	\$14,615	\$118,339

Column		2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$62,823	\$3,654	\$59,169
Federal Funds (Title XIX)	\$70,131	\$10,961	\$59,169

Michael Ungeheuer RN MN PHN	1/22/14	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
M Umacheur	2/3/14		
CHOP Deputy Director (Signature)	Date	Phone Number	Email Address

CHDP Administrative Budget Worksheet County/City Match Fiscal Year: 2013-2014

County/City Name: El Dorado

Column	1A	1B	1	2A	2	3A	3
Category/Line Ite	m % o		Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/City/Federal (25/75)	% or FTE	Nonenhanced County/City/Federal (50/50)
I. Personnel Expenses	- Ministrum	The same of the sa		Austrasiani,		Minumport	Pantamanana matananan matananan
Supervising HEC Josefina So	olano 53°	% \$77,999	\$40,949	0%	\$0	100%	\$40,949
Medical OA Adriana Salas-Re	odreguez 50°	\$32,616	\$16,308	25%	\$4,077	75%	\$12,231
PHN II Toni Schaeffer	109		\$6,269	80%	\$5,015	20%	\$1,254
Total Salaries and Wages	· ·		\$63,526		\$9.092		\$54,434
Less Salary Savings	a programme	de transcription de la constitution de la constitut	\$0	Acres 18	\$0	Filmshittern	\$0
Net Salaries and Wages	Name and Address to	The same of the sa	\$63,526		\$9,092		\$54,434
Staff Benefits (Specify %)	58.00%	(Control of the Control of the Contr	\$36,845	A CONTRACTOR OF THE PARTY OF TH	\$5,273		\$31,572
I. Total Personnel Expenses		The state of the s	\$100,371	Retailer to the later to	\$14,365		\$86,006
II. Operating Expenses	pasaman			-		***************************************	The state of the s
1. Travel	an manage		\$500	50%	\$250	50%	\$250
2. Training	- Allertonia	1	\$0	50%		50%	\$0
Office/Duplicating	NAME OF TAXABLE PARTY.	ing all invitations manufactured in	\$2,730		***************************************	100%	\$2,730
Insurance		THE THE PROPERTY OF THE PARTY O	\$0	MANAGEMENT OF THE PARTY OF THE	hann garagataan karasah karasah tahun karasah	100%	\$0
Equipment	No. of the same	T T	\$1,100	- Commission	The same of the sa	100%	\$1,100
Building Maintenance	7,0111111	The second secon	\$3,160	Charles and the same	www.commongramman.commongramman.commongramman.com	100%	\$3,160
II. Total Operating Expense	S	end comment and the first committee and the second	\$7,490	-	\$250	10070	\$7,240
III. Capital Expenses	- Indiana			- continuous		Continuing and the	1112.10
	1111	The state of the s	\$0	AMERICAN PROPERTY.	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	\$0
		mannan an mannangagaga	\$0	MIN THE ST	Intelligence of the second	e-continuous conti	\$0
	,	AND THE REAL PROPERTY OF THE PARTY OF THE PA	\$0	Figure Controller	patting and a second a second and a second a	THE PERSON NAMED IN	\$0
	- International	to the second se	\$0	and discountables		Transfer de la	\$0
The Tay Tay Name of	Sittement	marine and the second s	\$0	Anthropa with the	An angle above a consequent to the property of		\$0
II. Total Capital Expenses	Cumulus	at the same many and a same and a same	\$0	AVIII MARKET IN	\$0	AND THE PARTY OF	\$0
IV. Indirect Expenses	Biotelitate	med mention the feel of the manufacture of the		The same of the same of		**************	
1. Internal (Specify %)	25.00%	man hamman man ping managan man	\$25,093	- muchanic	Andjohannia in mangadapanda and and and a	Description of the Property	\$25,093
2. External (Specify %)	0.00%	The training of the same of th	\$0	CHEST CONTRACTOR	Contraction of the Contraction o		\$0
IV. Total Indirect Expenses	Commonist	The state of the s	\$25,093	l .	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	a proportion line	\$25,093
V. Other Expenses	- Incressional	A STATE OF THE PROPERTY OF THE PARTY OF THE		HAMMEN TO P	Anna managaman and an anna an a	ALICONOMICS AND PROPERTY	
	All the second	A STATE OF THE PARTY OF THE PAR	\$0	i-rest thinks	Transfer of sense of the first transfer of the	ATTACK STREET,	\$0
	The state of the s	The state of the s	\$0		And the second s	Billion en	\$0
	and and	The state of the s	\$0		HING ASSESSMENT PROPERTY OF THE PERSON OF	and a second	\$0
	· · · · · · · · · · · · · · · · · · ·	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	\$0		The state of the s		\$0
	Control or Control of	The state of the s	\$0	n - Maliana	The second secon	and the last	\$0
V. Total Other Expenses	To division	The state of the s	\$0	ALI DESCRIPTION OF THE PARTY OF	Anna san samutan ni samutan kan kan ka	-1-110000-0000000	\$0
Budget Grand Total	the average of	The state of the s	\$132,954	are Delices at the party	\$14.615	10 10 10 11 10 11 20	\$118,339

Michael Ungheuer RN MN PHN	1/22/14	530 621 6129	michael.ungeheuer@edcgov.us	
Prepared By (Signature)	Date Propared	Phone Number	Email Address	
CHRO Deputy Director (Signature)	2/3/14			
CHPO Deputy Director (Signature)	Date	Phone Number	Email Address	

BUDGET JUSTIFICATION NARRATIVE CHDP ADMINISTRATION COUNTY MATCH EL DORADO COUNTY FISCAL YEAR 13-14

PERSONNEL COST

Total salaries \$63,526 Total Benefits \$36,845

Total Personnel Expenses \$100,371

Supervising HIth Education Cood

Decrease by 7% to align with funding

availability

PHN II Toni Schaeffer No change

Medical Office Assistance No change

OPERATING EXPENSES

Travel

Includes per diem, private vehicle mileage,

\$500

commercial auto rental, air travel, etc. Mileage reimbursement @\$.555 per mile

with annual adjustment

Training \$0

Maintenance of ongoing operation cost

related to stationary, postage,

Office Supplies and Services \$2,730 subscriptions, office equip, minor equip,

software license, mail service, central

duplication

Insurance Facility and personnel liability insurance

Equipment \$1,100 Maintenance and cost of replacement

computers

Building Maintenance \$3,160 Prorated cost of building maintenance

Total operating Costs \$7,490

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 25% \$25,093 Cost allocation plan applied to net wages

External \$0 In accordance to the A-87 plan on file

applied by total program FTE

Total Indirect Expenses \$25,093

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$132,954

Foster Care Administrative Budget Summary State/Title XIX Federal Funds

Fiscal Year: 2013-2014 County/City Name: El Dorado

Column		2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense	\$113,362	\$90,689	\$22,672
II. Total Operating Expense	\$1,269	\$1,015	\$254
III. Total Capital Expense			
IV. Total Indirect Expense	\$6,046		\$6,046
V. Total Other Expense			
Budget Grand Total	\$120,677	\$91,705	\$28,972

Column		2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$37,412	\$22,926	\$14,486
Federal Funds (Title XIX)	\$83,265	\$68,779	\$14,486
Budget Grand Total			

Michael Ungeheuer RN MN PHN	01/22/2014	530 621 6129	michael.ungeheuer.edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
m Chrachews	2/3/14		
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

HCPCFC Administrative Budget Worksheet State/Title XIX Match Fiscal Year 2013-2014 County: El Droado

Col	Column		1B	1	2A	2	ЗА	3
		% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses								
Maria Heurta PHN		100%	\$64,767	\$64,767	80%	\$51,814	20%	\$12,953
Kay Johnson		20%	\$34,905	\$6,981	80%	\$5,585	20%	\$1,396
4.				\$0		\$0		\$0
5.				\$0		\$0		\$0
6.				\$0		\$0		\$0
7.				\$0		\$0		\$0
8.				\$0		\$0		\$0
9.		1 11		\$0		\$0		\$0
10.		9				\$0		\$0
Total Salaries and Wages	1	1. 7		\$71,748		\$57,398		\$14,350
Less Salary Savings								
Net Salaries and Wages				\$71,748		\$57,398		\$14,350
Staff Benefits (Specify %)	58.00%			\$41,614		\$33,291		\$8,323
I. Total Personnel Exper	nses			\$113,362		\$90,689		\$22,672
II. Operating Expenses								
1. Travel				\$769	80%	\$615	20%	\$154
2. Training				\$500	80%	\$400	20%	\$100
II. Total Operating Expe	nses			\$1,269		\$1,015		\$254
III. Capital Expenses				1				
1,								
2.								
II. Total Capital Expense	es							The same of the sa
IV. Indirect Expenses (1	0% Cap)							-
1. Internal (Specify %)	10.00%			\$6,046				\$6,046
2. External								
IV. Total Indirect Expens	ses			\$6,046				\$6,046
V. Other Expenses								
1.								
2.								
V. Total Other Expenses								
Budget Grand Total				\$120,677		\$91,705		\$28,972

Michael Ungeheuer RN MN PHN	01/22/2014	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By	Date prepared	Phone Number	Email Address
	01/22/2014	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE

HCPCFC EL DORADO COUNTY FISCAL YEAR 13-14

PERSONNEL COST

Total salaries \$71,748 **Total Benefits** \$41,614

Total Personnel Expenses 113,362

Increase by 20% for a total FTE of 100% to Public health Nurse II

reflect increase in funding

Sr Office Assistant (.20)

No change OPERATING EXPENSES

Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc.

Mileage reimbursement @\$.555 per mile

with annual adjustment

\$500 Registration/tuition fees for SPMP for Training

\$769

continuing education program specific

Total operating Costs 1,269

CAPITAL EXPENSES

Travel

Total Capital Expenses \$0

INDIRECT EXPENSES

Cost allocation plan applied to net wages Internal @ 10% \$6,046

External \$0

Total Indirect Expenses 6,046

OTHER EXPENSES

\$0 Total Other Expenses

BUDGET GRAND TOTAL 120,677

otal Cases of Open (Active) Straight CCS Children EALTHY FAMILIES - otal Cases of Open (Active) Healthy Families Children IEDI-CAL/TLICP (TITLE XXI) -	Actual Caseload	Percent of Total		
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	102	18.58%		
HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children	33	6.01%		
MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MC/TLICP Children	52	9.47%		
MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children	362	65.94%		
TOTAL CCS CASELOAD	549	100%		

CCS Administrative Budget Summary

Fiscal Year:	2013 - 2014
County:	El Dorado

Column Category/Line Item	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/TLICP	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)					
	1	2	3	4	5	6	7			
	Total Budget	Straight CCS County/State (50/50)	Healthy Families County/State/Fed (17.5/17.5/65)	ounty/State/Fed Children's Program		Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)			
I. Total Personnel Expense	346,541	64,385	20,829	32,824	228,505	131,385	97,126			
II. Total Operating Expense	31,639	5,878	1,902	2,996	20,864	986	19,878			
III. Total Capital Expense	0	0	0	Ó	0		0			
IV. Total Indirect Expense	86,635	16,096	5,208	8,206	57,125		57,125			
V. Total Other Expense	6,600	1,226	397	625	4,352		4,352			
Budget Grand Total	471,415	87,585	28,336	44,651	310,846	132,371	178,475			

Source of Funds Straight CCS State County Healthy Families State County	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/TLICP	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)					
	1	2	3	4	5	6	7			
	Total Budget	Straight CCS County/State (50/50)	Healthy Families County/State/Fed (17.5/17.5/65)	Medi-Cal/Targeted Low Income Children's Program (TLICP) County/State/Fed (17.5/17.5/65)	Title XIX Medi-Cal State/Federal	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)			
Straight CCS										
State	43,792	43,792								
County	43,793	43,793								
Healthy Families										
State	4,959		4,959							
County	4,959		4,959							
Federal (Title XXI)	18,418		18,418							
Title XXI - Medi-Cal/TLICP										
State	7,814			7,814						
County	7,814			7,814						
Federal (Title XXI)	29,023			29,023						
Title XIX - Medi-Cal										
State	122,331				122,331	33,093	89,238			
Federal (Title XIX)	188,515				188,515	99,278	89,237			

	4	M	11	nal	hece	12
Prepa	ared By (Si	ghature)		/	,	
(M	1/1	na	0/2	1111	
cce	Administra	tor /Slann	nud.	CILI	un	_

Michael Ungeheuer RN MN PHN Prepared By (Printed Name)

CCS Administrator (Printed Name)
Page 1 of 1

michael.ungeheuer@edcgoc.us Email Address

as above 25 Email Addle2=1479 2A 25 of 29

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	102	18,58%
HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children	33	6.01%
MEDI-CAL/TLICP (TITLE XXI) Total Cases of Open (Active) MC/TLICP Children	52	9.47%
MEDI-CAL (TITLE XIX) - Total Cases of Open (Active) Medi-Cal Children	362	65.94%
TOTAL CCS CASELOAD	549	100%

CCS Administrative Budget Worksheet

Fiscal Year:	2013-2014
County:	El Dorado

		Straight CCS Title	Title XXI	- Healthy Families										
1	2	3	4A	4	5A	5	6A	6	7A.	7	8A	8	9A	9
% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Healthy Families County/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal/ Targeted Low Income Children's Program (TLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Title XIX Medi-Cal State/Federal	Enhanced % FTE	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
5.00%	111,047	5,552	18.58%	1,032	6.01%	334	9,47%	526	65.94%	3,661			100.00%	3,661
5.00%	77,999	3,900	18.58%	725	6,01%	234	9,47%	369	65,94%	2,572	F-7-08		100,00%	2,572
0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0			100,00%	0
0,00%	0	0	18,58%	0	6.01%	0	9,47%	0	65.94%	0			100.00%	0
0,00%	0	0	18,58%	0	6.01%	0	9,47%	0	65.94%	0			100.00%	
	189,046	9,452		1,757		568		895		6,233				6,233
		1												
100.00%	74,583	74,583	18.58%	13,857	6.01%	4,483	9.47%	7,064	65,94%	49,179	75.00%	36,884	25,00%	12,295
75.00%	62,687	47,015	18.58%	8,735	6.01%	2,826	9.47%	4,453	65.94%	31,001	75,00%	23,251	25,00%	7,750
5.00%	111,047	5,552	18.58%	1,032	6.01%	334	9.47%	526	65.94%	3,661	25.00%	915	75.00%	2,746
0.00%	_	-	18.58%	0	6.01%	0	9,47%	0	65,94%	0	0.00%	0	100.00%	0
0.00%	0	0	18,58%	0	6.01%	0	9.47%	0	65,94%	0	0.00%	0	100,00%	0
0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65,94%	0	0.00%	0	100.00%	0
0.00%	0	0	18,58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
0.00%	0	0	18,58%	0	6.01%	0	9,47%	0	65.94%	0	0.00%	0	100.00%	0
	248,317	127,150		23,624		7,643		12,043		83,841		61,050	1	22,791
	1200													
0.00%	0	0	18.58%	0	6.01%	0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
	0	0		D		0	9.47%	0	65.94%	0	0.00%	0	100.00%	0
	0	0		0		0		0	65,94%	0	0.00%	0	100,00%	0
	0	0		0		0		0		0		0		0
		1000												
20.00%	37.523	7.505	18.58%	1.394	6.01%	451	9.47%	711	65,94%	4,949	1000		100.00%	4,949
			_						65,94%	4,603			100.00%	4,603
25.00%	32,616	8,154	18,58%	1,515	6.01%	490	9.47%	772	65.94%	5,377		-	100.00%	5,377
_	7,000,000			0.00			9.47%	985	65.94%	6,860			100.00%	6,860
7,000	0	0		0		0	9,47%	0	65.94%	D			100,00%	0
	131,053	33.044		6,139		1,986		3,129		21,789	1			21,789
80.00%	37,523	30,018	18.58%	5,577	6.01%	1,804	9.47%	2,843	65.94%	19,793	65.00%	12,865	35.00%	6,928
			1.00.000			130.71			1.00		65,00%		35,00%	6,445
											65,00%		35.00%	1,882
	0	0,134		0	_	0		0	65.94%	0	0.00%	0	100,00%	0
21040.4				- 0	4.2774		4,54.6	-		-			10260%	0
	5.00% 5.00% 5.00% 0.00% 0.00% 0.00% 75.00% 0.00% 0.00% 0.00% 0.00% 0.00%	% FTE Salary 5.00% 111,047 5.00% 77,999 0.00% 0 0.00% 0 189,046 100.00% 74,583 75,00% 62,687 5.00% 111,047 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 100,00% 0 0.00% 0 100,00%	% FTE Annual Salary Total Budget (1 x 2 or 4 + 5 + 6 + 7) 5.00% 111,047 5.552 5.00% 77,999 3,900 0.00% 0 0 0.00% 0 0 0.00% 0 0 189,046 9,452 100.00% 74,583 74,583 75.00% 62,887 47,015 5.00% 111,047 5,552 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0.00% 0 0 0 0.00%	Total Budget (1 x 2 or 4 + 5 + 6 + 7) Salary Total Budget (1 x 2 or 4 + 5 + 6 + 7) S.00% T7.999 T7.999 T8.58% T8.58% T7.999 T8.58% T8.58% T8.58% T8.58% T8.58% T8.58% T8.58% T8.50% T8.58% T8.58% T8.58% T8.50% T8.58% T8.50% T8.58% T8.58% T8.50% T8.58% T8.58% T8.58% T8.50% T8.58% T8.58%	# FTE	1 2 3 4A 4 5A **FTE **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7)* **Straight CCS County/State (50/50)* **Straight CCS County/Straight (50/50)* **Straight (50/50)* *	Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **FTE** **FTE** **Annual Salary** **Total Budget (1 x 2 or 4 + 5 + 6 + 7) **FTE** **F	1 2 3 4A 4 6A 5 6A	Total Budget Tota	Title XXI - Nealthy Familities	Time Action Program (TLICP) Time Action Program (TLICP)	Title ACI Total Biologic Streight CCS Title ACI Healthy Families County/State Streight CCS St	Title No. Title No. No.	Time Time

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload		
STRAIGHT CCS Total Cases of Open (Active) Straight CCS Children	102	18.58%		
HEALTHY FAMILIES - Total Cases of Open (Active) Healthy Families Children	33	6.01%		
MEDI-CAL/TLICP (TITLE XXI) - Total Cases of Open (Active) MC/TLICP Children	52	9,47%		
MEDI-CAL (TITLE XIX) Total Cases of Open (Active) Medi-Cal Children	362	65.94%		
TOTAL CCS CASELOAD	549	100%		

CCS Administrative Budget Worksheet

Fiscal Year:	ear: 2013-2014				
County:	El Dorado				

					Straight CCS		Title XXI - Healthy Families		Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP)		Title XIX - Medi-Cai					
Column		i	2	3	4A	4	5A	5	6A	6	7A	7	BA	8	9A	9
Category/Line Item		% FTE Annual Salary	Total Budget (1 x 2 or 4 + 5 +6 + 7)	Caseload %	Straight CCS County/State (50/50)		Healthy Families County/State/Fed (17.5/17.5/65)	Caseload	Medi-Cal/ Targeted Low Income Children's Program (TLICP) Co/State/Fed (17.5/17.5/65)	6 Caseload %	Title XIX Medi-Col State/Federal	Enhanced % FTE	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)	
Subtotal			105,044	66,096		12,280		3,972		6,260		43,583		28,328		15,255
Total Salaries and Wages				235,742	18.58%	43,799	6.01%	14,169	9.47%	22,329	65.94%	155,446	57,50%	89,378	42,50%	66,068
Staff Benefits (Specify %)	47.00%			110,799	18.58%	20,586	6.01%	6,660	9.47%	10,495	65.94%	73,059		42,007		31,052
I. Total Personnel Expense				346,541	18.58%	64,385	6.01%	20,829	9.47%	32,824	65.94%	228,505		131,385		97,120
II. Operating Expense																
1. Travel				1,800	18.58%	334	6.01%	108	9,47%	170	65.94%	1,187	57.50%	682	42,50%	505
2. Training				800	18.58%	149	6.01%	48	9,47%	76	65,94%	528	57,50%	304	42,50%	224
3 Communication				14,034	18.58%	2,607	6.01%	844	9.47%	1,329	65.94%	9,254			100.00%	9,254
4. Insurance				1,713	18.58%	318	6.01%	103	9.47%	162	65.94%	1,130			100.00%	1,130
5. Office Duplicating				9,386	18,58%	1,744	6.01%	564	9.47%	889	65.94%	6,189			100.00%	6,189
6. Utilities	1			1,926	18.58%	358	6.01%	116	9.47%	182	65.94%	1,270	0		100.00%	1,270
7. Facility Maintenance				1,980	18.58%	368	6.01%	119	9.47%	188	65,94%	1,306			100.00%	1,306
II. Total Operating Expense				31,639		5,878		1,902		2,996		20,864		986		19,878
III. Capital Expense																
1)				/	18.58%	0	6.01%	0	9.47%	0	65.94%	0				0
2					18.58%	0	6,01%	0	9.47%	0	65.94%	0				0
3.					18.58%	0	6.01%	0	9.47%	0	65,94%	0				0
III. Total Capital Expense				0		0		0	1000	0		0				. 0
IV. Indirect Expense																
1. Internal	25.00%		The state of	86,635	18,58%	16,096	6.01%	5,208	9.47%	8,206	65,94%	57,125			100.00%	57,125
2. External	0.00%			0	18.58%	0	6.01%	0	9,47%	0	65.94%	0			100,00%	0
IV. Total Indirect Expense				86,635		16,096		5,208		8,206		57,125			Thomas	57,125
V. Other Expense																
1. Maintenance & Transportation				6,600	18.50%	1,226	6.01%	397	9.47%	625	65.94%	4,352			100.00%	4,352
2.					18.58%	a	6.01%	0	9,47%	0	65.94%	0			100.00%	. 0
3.					18.58%	0	6.01%	0	9.47%	0	65.94%	0			100.00%	0
4.				1	18.58%	0	6.01%	0	9.47%	0	65.94%	0	1000	1	100.00%	0
5.					18.58%	0	6.01%	0	9.47%	0	65.94%	0			100,00%	0
V. Total Other Expense				6,600		1,226		397		625		4,352	1			4,352
Budget Grand Total				471,415		87,585		28,336		44,651		310,846		132,371		178,475

Michael Ungeheuer RN MN PHN 01/24/2014 530 621 6129 Prepared By (Printed Name) Date Prepared Phone Number CCS Administrator (Printed Name as above

Date Phone Number

BUDGET JUSTIFICATION NARRATIVE CCS ADMINISTRATION EL DORADO COUNTY FISCAL YEAR 13-14

PERSONNEL COST

Total Indirect Expenses

Total salaries	\$235,742
Total Benefits	\$110,799

Total Personnel Expenses	346,541	
PHN Director/Administrator		Reduced FTE by 10%
Supervising HIth Education Cood		No change
Public Health Nurse II (2)		Increase from 50% FTE to 75% FTE
Office Assistant II (2)		No change
Medical Office Assistance (2.5)		No change
OPERATING EXPENSES		Includes per diem, private vehicle mileage
Travel	\$1,800	commercial auto rental, air travel, etc. Mileage reimbursement @\$.51 per mile with annual adjustment
Training	\$800	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$9,386	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Communication	\$14,034	Maintenance of ongoing operating costs related to phones service, phone equip, mainframe support, network support
Insurance	\$1,713	Facility and personnel liability insurance
Utilities	\$1,926	Maintenance of ongoing facilities electric, water and sewer costs
Building Maintenance	\$1,980	Prorated cost of building maintenance agreement
Total operating Costs CAPITAL EXPENSES	31,639	
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 25%	\$86,635	Cost allocation plan applied to net wages
External	\$0	In accordance to the A-87 plan on file applied by total program FTE

86,635

12-1479 2A 28 of 29

OTHER EXPENSES

Maintenance and transportation \$6,600 Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other

contingencies. No change

\$6,600 **Total Other Expenses**

471,415 **BUDGET GRAND TOTAL**