Documents Checklist

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4. Agency Description	
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D. CCS Staffing Standards Profile	Retained Locally
E. Incumbent Lists for CCS, CHDP, HCPCFC, PMM&O and HCPCFC Augme	entation 8-10
F. Civil Service Classification Statements – include if newly established, p	proposed, or revised N/A
G. Duty Statements – include if newly established, proposed, or revised	
 Implementation of Performance Measures – Performance Measures for FY 2 November 30, 2018. 	017-2018 due
6. Data Forms	
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B. New, Renewed or Revised MOU or IAA	
C. CHDP IAA with DSS Biennially	
C. CHDP IAA with DSS blennary	N/A
D. Interdepartmental MOU for HCPCFC Biennially	N/A Retained Locally
	N/A Retained Locally
D. Interdepartmental MOU for HCPCFC Biennially	N/A Retained Locally
D. Interdepartmental MOU for HCPCFC Biennially 8. Budgets A. CHDP Administrative Budget (No County/City Match)	N/A Retained Locally Retained Locally
D. Interdepartmental MOU for HCPCFC Biennially 8. Budgets	N/A Retained Locally Retained Locally 20
D. Interdepartmental MOU for HCPCFC Biennially 8. Budgets A. CHDP Administrative Budget (No County/City Match) 1. Budget Summary	N/A Retained Locally Retained Locally 20
D. Interdepartmental MOU for HCPCFC Biennially B. Budgets A. CHDP Administrative Budget (No County/City Match) 1. Budget Summary 2. Budget Worksheet	N/A Retained Locally Retained Locally 20
D. Interdepartmental MOU for HCPCFC Biennially B. Budgets A. CHDP Administrative Budget (No County/City Match) 1. Budget Summary 2. Budget Worksheet 3. Budget Justification Narrative	N/A Retained Locally Retained Locally 20 21

Documents Checklist

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A. Contractor Equipment Purchase with DHCS Funds Form (DHCS1203))N/A
B. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204) N/A
C. Property Survey Report Form (STD 152)	N/A

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

County/City: El Dorado

Fiscal Year: 2018-2019

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9, Federal Financial Participation. I further certify that this CHDP 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.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Signature o Director

Signature of Health Officer

Date Signed

Date Signed

ngeheuer RNMM/PHN Signature of CHDP Deputy Director Date Signed

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

Signature of Local Governing Body Chairperson

Date

Certification Statement - California Children's Services (CCS)

County/City: El Dor	ado County
---------------------	------------

Fiscal Year: 2018-2019

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.

machener RAMSPHD 7.018 Signature of CCS Administrator Date Signed

Signature of 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

Date Signed

Date Signed

Agency Information Sheet

County/City:	EL DORADO		Fiscal Year: 2018-2019	
	0	fficial Agen	су	
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667	
Health Officer	r Nancy Williams MPH MD		931 Spring St Placerville CA 95667	
	CMS Di	rector (if ap	plicable)	
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 Administr	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:	Nancy Williams MPH MD	Address:	931 Spring St Placerville CA 95667	
Phone:	530 621 6277	1 1 2 3 1		
Fax:	530 642 0892	E-Mail:	Nancy.williams@edcgov.us	
	CHDF	P Deputy Dir	ector	
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	
	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 S	Social Servi	ces Agency	
Name:	Patricia Charles-Heathers Ph.D	Address:	3057 Briw Rd Placerville CA 95667	
Phone:	530 642 6270			
Fax:	530 295 2792	E-Mail:	Patricia.charles-heathers@edcgov.us	
	Chief	Probation O	fficer	
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	

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH DIVISION

ORGANIZATION DESCRIPTION

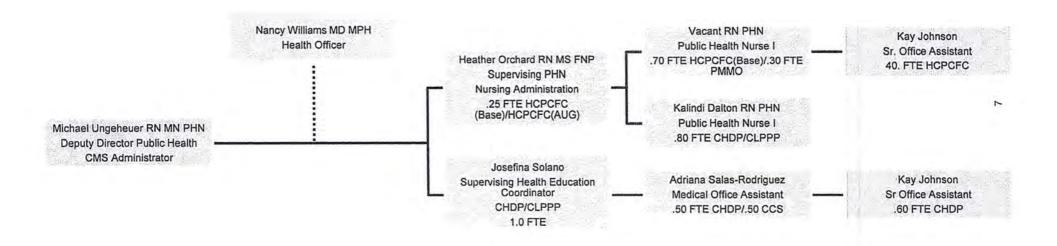
The El Dorado County Health and Human Services Agency is a governmental organization responsible for providing a comprehensive offering of public services that protect and assist the County population in the areas of health and wellness. The Public Health Nursing Section administers numerous pediatric 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 2018-2019

- 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 population level preventive intervention through the Community HUB/ACES project, focusing on improved birthing outcomes, mitigation of traumatic childhood events, effective parenting and lead poisoning detection/prevention, Tobacco Use Prevention Program, Woman Infants Children (WIC) and the Supplemental Nutrition Assistance Education program

EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH NURSING SECTION

CHDP/HCPCFC/PMMO FY 2018-2019



Incumbent List - California Children's Services

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	Fiscal Year: 2018-2019				
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
Supervising PHN	Dana Harden	30	Ν	Ν	
PHN II	Kaela Hatchel	100	N	N	
PHN II	Sabina Keller RN PHN	80	N	N	
Medical Office Assistant	Michelle McCann-Hardie	100	N	N	
Medical Office Assistant	Maria Martinez	100	N	N	
Medical Office Assistant	Adriana Salas Rodriguez	50	N	N	

Incumbent List - Child Health and Disability Prevention Program

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.

County/City: El Dorado	nty/City: El Dorado Fiscal Year: 2018- 2019					
Job Title	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)
Supervising Health Education Coordinator	Josefina Solano	40	60	0	N	N
Public Health Nurse II	Kalindi Dalton RN PHN	60	20	0	N	N
Medical Office Assistant	Adriana Salas-Rodriguez	50	0	50 CCS	N	N
Sr. Office Assistant	Kay Johnson	60	0	40 FC	N	N
Health Program Specialist	Melissa Cockrell	0	20	0	N	N

Incumbent List - Health Care Program for Children in Foster Care

For FY 2018-2019, complete the table below for all personnel listed in the HCPCFC, HCPCFC Psychotropic Medications Monitoring & Oversight (PMM&O) and CHDP Foster Care Administrative (County/City) budgets (applicable to HCPCFC only). Use the same job titles for the budgets 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. 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. If a PMM&O budget was not previously accepted, submit job duty statements and civil service classification statements for all incumbent's listed and funded with PMM&O funds.

unty/City: El Dorac	lo			Fiscal Year: 2	2018-2019		
Job Title	Incumbent Name	FTE % on HCPCFC - Budget	FTE % on HCPCFC - PMM&O Budget*	FTE % on FC Admin 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 I/II	Vacant	70	30	0	0	N	N
Supervising PHN	Heather Orchard	15	0	0	HCPCFC Augmentation	Y	N

*Requires submission of a job duty statement and civil service classification statement

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El Dorado County HHSA Public Health Section

Public Health Nurse

Total FTE 100%

Civil Service Job Classification: as above

FTE 70% Essential Duties

80% Enhanced HCPCFC(Base)

Under general direction of the Supervising PHN or CMS Administrator, supervises program personnel assigned, sets program activity priorities, monitors SPMP practice and initiates SPMP activities in support of effective operation of the Health Care Program for Children in Foster Care (HCPCFC).

Specific Tasks: SPMP Administrative Medical Case Management	Percentages	
Provide skilled professional medical expertise to pediatric foster care clients, caseworkers, foster care providers, the courts, health care providers etc. specific to special medical needs and services of the foster care placed pediatric population.	10	
Collect, interpret and analyze health status information specific to the foster child in placement for the purpose of interpreting the significance of potential or actual medical conditions on the welfare of the child to a multi-professional team in relation to activities necessary for ensuring comprehensive assessment, treatment and continuity of care.	20	
Review, interpret, formulate and update child's health plan/passport based on objective and subjective data sources including but not limited to the client, provider records, foster parent, placement facility or other sources of medical/dental/behavioral data.	20	
Interpret medical information on specialized health services for high risk children and assist/facilitate effective/timely referral to specialty care centers/providers.	5	
Assess and prioritize the child's medical and health care needs based on information and data received from the courts, biological parents, LEAs, medical/dental and psychiatric records or other documentation describing the overall health condition of the child.	5	
Prepare, author or otherwise process documentation related to administrative medical case management.		
Specific Tasks: SPMP Intra/interagency Coordination and Administration		
Coordinate and collaborate with provider networks including but not limited to medical, dental, behavioral, education, Med-Cal Managed Care and developmental services to ensure timely access, referral and availability of those resources to the child in foster placement.	5	
Act as an advocate for the child in foster placement by interpreting the health care needs of the child to foster parents, provider networks, social service case workers, the courts and all associated foster care support systems.	5	
SUB-TOTAL	80	

20% Non-enhanced HCPCFC(Base)

Specific Tasks: Outreach	Percentages
Inform and facilitate access to preventive services by foster care youth	5
Provide education on preventive service resources to community stakeholders, foster care placed pediatric population, and the general public.	5
Specific Tasks: Non-SPMP Training	
Participate in program required meetings, workshops, education and technical briefings relating to the operation, scope and design on the HCPCFC program	5
Conduct education/training on processes and procedures specific to maintaining an effective health passport, proactive preventive care and continuity of care to any stakeholder group	5
SUB-TOTAL	20

FTE 30% Essential Duties

95% Enhanced HCPCFC(Relief/PMMO)

Specific Tasks: SPMP Administrative Medical Case Management	Percentage:
Using professional nursing expertise review and interpret the results of health and medical evaluations specific to psychiatric intervention including but not limited to the prescribing of pharmacotherapy.	35
Review congruency of diagnosis to intervention including pharmacotherapy based on nursing/medical best practices or authoritative intervention standards.	20
Using professional nursing expertise reviews laboratory data to ensure maintenance of the proper therapeutic range for pharmacotherapy necessary for continuous, effective and safe treatment.	15
Facilitate and coordinate medical intervention to prevent disruption, atypical response or nonresponse to pharmacotherapy as determined through assessment.	2.5
Provide public health nursing education/consultation related to psychotropic pharmacotherapy management to clients, guardian of the minor client, social service professionals, probation workers, the courts and other general health care professions providing services to the child in placement.	2.5
Prepare, author or otherwise process documentation related to administrative medical case management.	15
Specific Task: SPMP Training	5
Develop, conduct or participate in training health care professionals on the medical/health aspects of PMMO, standards of care or best practices.	
SUB-TOTAL	95

Specific Tasks: Non-SPMP Training	Percentages
Participate in program required meetings, workshops, education and technical briefings relating to the operation, scope and design on the HCPCFC program.	10
SUB-TOTAL	10

El Dorado County HHSA Public Health Section

Supervising Public Health Nurse

Total FTE 25%

Civil Service Job Classification: as above

FTE 15% Essential Duties

80% Enhanced HCPCFC(Base)

Under general direction of the CMS Administrator, supervises program personnel assigned, sets program activity priorities, monitors SPMP practice and initiates SPMP activities in support of effective operation of the Health Care Program for Children in Foster Care (HCPCFC).

Specific Tasks: SPMP Administrative Medical Case Management	Percentages
Provide advanced skilled professional medical expertise to pediatric foster care clients, caseworkers, foster care providers, the courts, health care providers etc. specific to special medical needs and services of the foster care placed pediatric population.	5
Collect, interpret and analyze health status information specific to the foster child in placement for the purpose of interpreting the significance of potential or actual medical conditions on the welfare of the child to a multi-professional team in relation to activities necessary for ensuring comprehensive assessment, treatment and continuity of care.	
Specific Tasks: SPMP Intra/interagency Coordination and Administration	
Evaluate the adequacy, accessibility and availability of the specialty health care referral networks for the purpose of planning, development or maintenance of those systems targeting the foster care placed child.	10
Facilitate and coordinate activities related to the delivery of PHN medical and health care services within systems of care including but not limited to Regional Centers, Medi-Cal Managed Care, Local Education Agencies, specialty-care centers, Women Infants Children, Maternal Child Adolescent Health, local hospitals and numerous social service programs.	
Specific Tasks: SPMP Program Planning and Policy Development	
Develop, review and monitor effective medical/health related intervention best practices policy and protocol targeting preventive services in the areas of medical, dental and behavioral health.	10
Provide practice oversight and evaluation of PHN practice in relation to SPMP performance based on program assignment.	30
SUB-TOTAL	80

20% Non-enhanced HCPCFC(Base)

Specific Tasks: Program Specific Administration	Percentages
Develop and review program standards, regulations, policies and procedures specific to support and intervention for the foster care placed pediatric population	5
Use data systems to analyze service delivery trends related to the foster care placed pediatric population	5
Prepare program-related reports, documents and correspondence	5
Participate in the development and implementation of information systems that enhance planning, implementation and evaluation of services to the HCPCFC population	5
SUB-TOTAL	20

FTE 10% Essential Duties 90% Enhanced HCPCFC(Relief/PMMO)

Specific Tasks: SPMP Administrative Medical Case Management	Percentage:			
Using advanced professional nursing expertise review and interpret the results of health and medical evaluations specific to psychiatric intervention including but not limited to the prescribing of pharmacotherapy.	15			
Review congruency of diagnosis to intervention including pharmacotherapy based on nursing/medical best practices or authoritative intervention standards.				
Using professional nursing expertise reviews laboratory data to ensure maintenance of the proper therapeutic range for pharmacotherapy necessary for continuous, effective and safe treatment.	15			
Facilitate and coordinate medical intervention to prevent disruption, atypical response or nonresponse to pharmacotherapy as determined through assessment.				
Provide public health nursing education/consultation to clients, guardian of the minor clients, social service professionals, probation workers, the courts and other health care professions providing services to the child in placement.				
Prepare, author or otherwise process documentation related to administrative medical case management.				
Specific Tasks: SPMP Program Planning and Policy Development				
Develop, review and monitor effective medical/health related intervention best practices policy and protocol targeting preventive services in the areas of medical, dental and behavioral health.	5			
Provide practice oversight and evaluation of PHN practice in relation to SPMP performance based on program assignment.	20			
SUB-TOTAL	90			

10

10% Non-enhanced HCPCFC(Relief/PMMO)

Specific Tasks: Program Specific Administration	Percentages
Develop and review program standards, regulations, policies and procedures specific to support and intervention for the foster care placed pediatric population receiving pharmacotherapy.	5
Use data systems to analyze service delivery trends related to the foster care placed pediatric population.	5
Prepare program-related reports, documents and correspondence.	5
Participate in the development and implementation of information systems that enhance planning, implementation and evaluation of services to the HCPCFC population.	5
SUB-TOTAL	20

CHDP Program Referral Data FY 18-19

County/City: EL DORADO		FY	15-16	FY	16-17	FY 1	7-18
Basi	c Informing and CHDP Referrals						
1.	Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5216	10433	5090	10,420	4899	10,217
2.	Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients		
	a. Number of CalWORKs cases/recipients	209	359	90	159	153	263
	b. Number of Foster Care cases/recipients	65	68	270	287	205	241
	c. Number of Medi-Cal only cases/recipients	425	796	372	687	223	402
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		1223		1133	9	906

	 Medical and/or dental services with scheduling and/or transportation 	72	49	73
	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	34	6
Resi	ults of Assistance			
5.	Number of recipients actually provided scheduling and/or transportation assistance by program staff	3	0	3
6.	Number of recipients in "5" who actually received medical and/or dental services	13	5	Î

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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: 2018-1019

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	2000 - perpetual	2017	Michael Ungeheuer	No
CHDP/HCPCFC DHS	IAA	2012 - perpetual	2017	Michael Ungeheuer	No
Anthem BC/BS	мои	2016 - perpetual	2016	Michael Ungeheuer	No
Kaiser	MOU	2017 - 2019	2017	Michael Ungeheuer	No
California Health and Wellness Centene	MOU	2013 - perpetual	2014	Michael Ungeheuer	No

6

		dministrative Budg No County/City Ma Fiscal Year 2018-2 unty/City Name: El	atch 2019		-
Column	1	2	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	\$ 185,047	\$ -	\$ 185,047	\$ 58,107	\$ 126,941
II. Total Operating Expenses	\$7,903	\$0	\$7,903	\$1,488	\$6,416
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$46,262	\$0	\$46,262		\$46,262
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$ 239,212	-	\$ 239,212	\$ 59,594	\$ 179,618
Column	1	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	\$0				
Medi-Cal Funds:	\$239,212		\$239,212		
State Funds	\$104,707		\$104,707	\$14,899	\$89,809
Federal Funds (Title XIX)	\$134,505		\$134,505	\$44,696	\$89,809

Michael Ungeheuer RN MN PHN	10/24/18	530 621 6129	michael.ungeheuer@edcgov.us	
Prepared By (Signature)	Date Prepared	Phone Number As above	Email Address <u>As above</u>	
CHDP Deputy Director (Signature)	/Date	Phone Number	Email Address	

CHDP Administrative Budget Worksheet No County/City Match State and State/Federal County: Eldorado Fiscal Year: 18-19

Column	1A	18	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)
ersonnel Expenses											
upervising HEC Josefina Solano	40%	\$86,787	S 34,715	0.00%	\$0	100.00%	\$34,715	0%	\$0	100%	\$34,715
HN II Kalindi Dalton	60%	\$70,450	\$ 42,270	0.00%	\$0	100.00%	\$42,270	80%	\$33,816	20%	\$8,454
enior OA Kay Johnson	60%			0.00%		100.00%	\$24,609	20%	\$4,922	80%	\$19,687
ledical OA Adriana Salas-Rodreguez	50%	\$43,542	\$ 21,771 \$	0.00%		100.00%	\$21,771 \$0	0%	\$0 \$0	100%	\$21,771 \$0
otal Salaries and Wages	dillille	AIIIIIIIIIII	\$ 123,365	AIIIIII	50	(IIIIIIIIIII)	\$123,365	annn	\$38,738	AIIIIIIA	\$84,627
ess Salary Savings			\$0	111111	\$0		\$0	iiiiiii	\$0	1111112	\$0
et Salaries and Wages			\$ 123,365		SO		\$123,365	aunn a	\$38,738		\$84,627
taff Benefits (Specify %) 50.00%		<i></i>	\$61,682	1111112	50		\$61,682	111111	\$19,369	<u>AIIIII A</u>	\$42,314
Total Personnel Expenses			\$ 185,047	illilli.	\$ -	<u>AUUUUUU</u>	\$ 185,047	111111	\$ 58,107		\$ 126,941
. Operating Expenses			AIIIIIIIIIIIII	<i>MIIIIX</i>	AIIIIIIIIIIII	AIIIIIIIII	AIIIIIIIIIIIIA	anna		AIIIIIIX	
ravel			\$2,375	AIIIII	\$0		\$2,375	50%	\$1,188	50%	\$1,188
raining	AIIIII		\$600	MIIII	\$ \$0	AIIIIIIIII	\$600	50%	\$300	50%	\$300
office			\$2,620	AIIIII	\$0		\$2,620	AIIIII		100%	\$2,620
surance			\$2,208	AUUU	\$ \$0		\$2,208			100%	\$2,208
ommunication			\$100	<u>VIIIII</u>	\$0		\$100			100%	\$100
				<u>VIIIII</u>			\$0	111111		100%	SC
the second state of the second state of the		XIIIIIIIIIX					\$0				
. Total Operating Expenses			\$7,903	<u>VIIII</u>	\$0		\$7,903		\$1,488	AIIIII	\$6,416
I. Capital Expenses											
										XIIIIIX	
								(الاللال			
			8	AIIIII	9			<u>AIIIII</u>		<u> </u>	
And the second s			3	11111	8					<i>uuux</i>	
. Total Capital Expenses				AULUA				الاللاله			
V. Indirect Expenses				<i>XIIIII</i>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>XIIIII</u>		<u>uuuu</u>	
. Internal (Specify %) 0.00%			\$0			<u> </u>	\$0	411111		لللللك	\$0
External (Specify %) A-87 25.00%			\$46,262	411111	8		\$46,262	<i>IIIIII</i>		<i>HHHH</i>	\$46,262
/. Total Indirect Expenses			\$46,262	HHHA.	50 50	HHHHH	\$46,262	HHHH.		<i>HHHH</i>	\$46,263
. Other Expenses			hunnun	XIIIII	hummun	XIIIIIIII	tounnun	HHHH		<i>411111</i> 48	suunnuunnuun
			3	-AHHHH	88		8	HHH		<i>HHHH</i>	
			88	HHHH.	8			HHHHA	*************	HHHHH	
			8	HHHH	8	HHHHHH		HHHA		HHHHH	
			8	HHHA-	3		8	HHHH	**************	HHHHH	
/. Total Other Expenses			3	HHHB .	8		8	still the		HHHHH	3
Budget Grand Total			239,212			iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	239,212		59,594	<i>iiiiii</i>	179,61
Michael Ungeheuer RN MN PHN	2000		10/24/20	18	530 6	21 6129	michael	ungeheu	er@edcgov.us		
Prepared By (Signature)	1.01	11 C	Date Prepa			Number	Email Add		cite cochorina		
	1	/	Date Mepe	1 -	Filone	Humber	Linai Auu	1033			
Wichard	mal	Plink)	11/61	18	Ac	Above	As abov	IP.			
CHDP Deputy Director (Signature)	19-1	and the	Date	14	Phone		Email Add				

	MINISTRATION STA EL DORADO COUN FISCAL YEAR 18	ATE/FEDERAL NTY
PERSONNEL COST		
Total salaries Total Benefits	\$123,365 \$61,682	
Total Personnel Expenses	\$185,047	
Supervising Hith Education Cood		Decreased by 15% FTE to align with avail funding for maintaining program coordination responsibilities funded at 1. FTE. Remaining FTE present in the CHDP County/Federal blended match budget.
Public Health Nurse II		Increased by 10% FTE to align with availa funding for maintaining program integrit
Sr Office Assistant		Decrease by 10% FTE with shift to PMM8 to reflect better labor distribution betwe HCPCFC general SPMP support and PMM SPMP enhanced program support
Medical Office Assistant		No change
OPERATING EXPENSES		
Travel	\$2,375	Includes per diem, private vehicle mileag commercial auto rental, air travel, etc. Mileage reimbursement @ 0.545 per mile with annual adjustment
Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$2,620	Maintenance of ongoing operation cost related to stationary, postage, subscriptic office equip, minor equip, software licens mail service, central duplication.
Insurance	\$2,208	Facility and personnel liability insurance
Communications	\$100	Third party telecommunication cost for lo distance telephone service
Total operating Costs	\$7,903	
CAPITAL EXPENSES		
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @	\$0	
External @ 25%	\$46,262	Lower rate than reflected in approved the 87 plan on file
Total Indirect Expenses	\$46,262	
OTHER EXPENSES		
Total Other Expenses	\$0	
	1997	

	CHDP Administra Summa County/City Fiscal Year: 20 County/City Name	ry Match 018-2019	
Column	1	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	\$114,394	\$16,908	\$97,486
II. Total Operating Expenses	\$1,000	\$500	\$500
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$28,599		\$28,599
V. Total Other Expenses	\$0		\$0
Budget Grand Total	\$143,993	\$17,408	\$126,585

Column	1	2	3	
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)	
County Funds	\$67,644	\$4,352	\$63,292	
Federal Funds (Title XIX) \$76,348		\$13,056	\$63,292	

 Michael Ungeheuer RN MN PHN
 10/24/2018
 530 621 6129
 michael.ungeheuer@edcgov.us

 Prepared By (Signature)
 Date prepared
 Phone Number
 Email Address

 Muchael Ungeheuer// haeheuer// haeheuer// 11/6/18
 As above
 As above

 CHDP Deputy Director (Signature)
 /Date
 Phone Number
 Email Address

CHDP Administrative Budget Worksheet County/City Match Fiscal Year: 2018-2019 County/City Name: El Dorado

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County/City/Federal (25/75)	% or FTE	Nonenhanced County/City/Federal (50/50)
. Personnel Expenses							
Supervising HEC Josefina Solano	60%	\$86,787	\$52,072	0%	\$0	100%	\$52,072
PHN II Kalindi Dalton	20%		\$14,090	80%			\$2,818
Ith Prgrm Specialist Melissa Cockrell	20%		\$10,101	0%			\$10,10
otal Salaries and Wages	anna	, , , , , , , , , , , , , , , , , , ,	\$76,263	anna	\$11,272	anna	\$64,99
ess Salary Savings	illin a		\$0		\$0	<u>AIIIIII</u>	\$
Net Salaries and Wages	AIIIII A	<i>AUUUUUUUUU</i>	\$76,263	AUUU	\$11,272	AIIIIIA	\$64,99
Staff Benefits (Specify %) 50.00%	AIIII	<i></i>	\$38,131	111111	\$5,636	AIIIII	\$32,49
. Total Personnel Expenses	11111		\$114,394	111112	\$16,908		\$97,48
I. Operating Expenses	الللك			AIIII		<u> AIIIII</u>	
ravel	اللللك		\$500	50%	\$250	50%	
raining	111112		\$500	50%	\$250	50%	\$25
	411114			<i>illili</i>		-	
	411114			<i>HIIII</i>		-	
	<i>Allll</i>			<i>HIIII</i>		-	
	<i>HHHH</i>			HHHH		-	
	HHH			HHHH		-	
	HHHH	***********	*	HHHB		-	
I. Total Operating Expenses	HHHA	***********	\$1,000	HHHH	\$500	hunn	\$50
II. Capital Expenses	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Annuntitin	iiiika	in in the second second second	iiiiithe	innnnnnnn s
	11111A		\$0	11111X		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
	<i>tillits</i>		\$0	<i>tillitz</i>		iiiiiiiiiii	
	11111		\$0	<i>ann</i>		iiiiiix	
	<u>MIIII</u>		\$0	111113	x (i IIIIX	9
	11111	<i></i>	\$ \$0	AIIII		<i>111111</i> 78	8
I. Total Capital Expenses	AIIII		\$ \$0	AllIII	\$0	AIIIII	
V. Indirect Expenses	allill		in in the second se	AIIIII A		AIIIIIIX	
1. Internal (Specify %) 0.00%			\$0			AIIIIII A	
2. External (Specify %) A-87 25.00%			\$28,599			<u>MIIIIX</u>	\$28,59
V. Total Indirect Expenses	AIIII		\$28,599	alle		<u> </u>	\$28,59
V. Other Expenses	allla					<u>MIIIN</u>	
	11111		\$0	AIIII		XIIIIIX	
	Alle		\$0	4444		uuuu	
	Alle		\$ \$0	All		uuux.	
	1111		\$0	41111		HHHH	
T-t-LOther Frances	11111		\$0	Alle		444444	
V. Total Other Expenses	Alli	<i></i>	\$0	AIIII	, ann an	HHHH	6100.5
Budget Grand Total	11111		\$143,993	allill	\$17,408		\$126,58

Michael Ungheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Muchael (machener)	11/6/18	As Above	As above
CHPD Deputy Director (Signature)	Date	Phone Number	Email Address
\mathcal{O}	/		

BUDGET JUSTIFICATION NARRATIVE CHDP ADMINISTRATION COUNTY MATCH EL DORADO COUNTY FISCAL YEAR 18-19

	FISCAL YEAR	R 18-19
PERSONNEL COST		
Total salaries	\$76,263	
Total Benefits	\$38,131	
Total Personnel Expenses	\$114,394	
		Decreased by 21% to align with available
Supervising HIth Education Cood		funding to maintain 1.0 total FTE
Health Program Specialist		No change
Public Health Nurse II		Decreased by 10% to align with blended funding availability.
OPERATING EXPENSES		
Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @0.545 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	so	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication
Insurance	\$0	
Equipment	\$0	
Building Maintenance	\$0	
Communication	\$0	
Total Operating Costs	\$1,000	
CAPITAL EXPENSES		
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
External @ 25%	\$28,599	Represents a lower percentage than reflected in the A-87 plan on file.
Total Indirect Expenses	\$28,599	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$143,993	

Health Care For Children in Foster Care Base State/Federal Match Budget Summary

County Name	El Dorado	Fiscal Year	2018-2019		
Column	1	2	3		
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)		
I. Total Personnel Expense	\$119,678	\$90,820	\$28,857		
II. Total Operating Expense	\$1,025	\$513	\$513		
III. Total Capital Expense					
IV. Total Indirect Expense	\$6,046		\$6,046		
V. Total Other Expense					
Budget Grand Total	\$126,749	\$91,333	\$35,416		

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$40,541	\$22,833	\$17,708
Federal Funds (Title XIX)	\$86,207	\$68,500	\$17,708
Budget Grand Total	\$126,749		

Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Michaelthoshours	11/6/18	530 621 6129	michael.ungeheuer@edcgov.us_
CHDP Deputy Director	Date	Phone Number	Email Address
(Signature)	/		

Health Care For Children in Foster Care Base State/Federal Match Budget Worksheet

County Name El Do	orado		Fiscal Ye	ear		2018-20	019
Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% 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							
PHN I/II Vacant	70%	\$70,450	\$49,315	80%	\$39,452	20%	\$9,863
SR Office Assistant Kay Johnson	40%	\$41,015	\$16,406	60%	\$9,844	40%	\$6,56
Supervising PHN Heather Orchard MS FNP PHN	15%	\$93,760	\$14,064	80%	\$11,251	20%	\$2,81
Total Salaries and Wages			\$79,785		\$60,547		\$19,238
Less Salary Savings							
Net Salaries and Wages			\$79,785		\$60,547		\$19,238
Staff Benefits (Specify % 50.00%			\$39,893		\$30,273		\$9,619
I. Total Personnel Expenses			\$119,678		\$90,820		\$28,857
II. Operating Expenses							
1. Travel			\$625	50%	\$313	50%	\$313
2. Training			\$400	50%	\$200	50%	\$200
II. Total Operating Expenses			\$1,025		\$513	anno	\$513
III. Capital Expenses			illillillilli	1111			
1.							
2.							
II. Total Capital Expenses							
V. Indirect Expenses							
1. Internal (Specify %) 10.00%			\$6,046				\$6,046
2. External							
V. Total Indirect Expenses			\$6,046				
			50,046	HHH			\$6,046
V. Other Expenses							
1.							
2.						11111	
V. Total Other Expenses				illilli		<i>IIIII</i>	
Budget Grand Total			\$126,749		\$91,333	11111	\$35,416

Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By	Date prepared	Phone Number	Email Address
Michael (mashours)	11/6/18	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE HCPCFC EL DORADO COUNTY FISCAL YEAR 18-19

PERSONNEL COST		
Total salaries Total Benefits	\$79,785 \$39,893	
Total Personnel Expenses	\$ 119,678	
Public health Nurse II Supervising PHN		Decreased by 7% FTE to better align labor spread between HCPCFC general and PMM&O Decrease by 5% from 20% in original proposed budget to align with available funding, increased administrative burden, need for expert oversight and improved
Sr Office Assistant		coverage depth. Increase by 10% FTE to align with avaiable funding and additional program activities specific to support of the SPMP to improve response and consistency for care coordination.
OPERATING EXPENSES		
Travel	\$625	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ \$.545 per mile with annual adjustment
Training	\$400	Registration/tuition fees for SPMP for continuing education program specific
Total operating Costs	\$ 1,025	
CAPITAL EXPENSES Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 10%	\$6,046	Cost allocation plan applied to net wages
External	\$0	
Total Indirect Expenses	\$ 6,046	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$ 126,749	

HUPUPC Psycho	otropic Medication Monitoring a	Ind Oversight (Piviwi&O) Budg	
County/City Name	El Dorado	Fiscal Year	2018-2019
Category/Line Item	Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
. Total Personnel Expenses	31,703	30,117	1,585
I. Total Operating Expenses	700	350	350
III. Total Capital Expenses			
V. Total Indirect Expenses	3,170		3,170
V. Total Other Expenses			
Expenditures Grand Total	35,573	30,467	5,105
Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	Н
State Funds	10,169	7,616	2,553
Federal Funds (Title XIX)	25,403	22,851	2,552
Total Source of Funds	35,572	30,467	5,105
Prepared By (Signature):	Date Prepared:	Phone Number:	E-mail Address:
Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	michael.ungeheuer@edcgpv.us_
CHDP Director or Deputy Director			
(Signature):	Date Prepared:	Phone Number:	E-mail Address:
Michael Ingeheurs	11/6/18	As Above	As Above

HCPCFC Psychotropic Medication Monitoring and Oversight (PMM&O) Budget Worksheet Fiscal Year 2018-2019

County/City Name: EL DORADO

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or	Annual Salary	Total Budget (1A x 1E or	% or	Enhanced State/Federal	% or	Nonenhanced
	FTE		2 + 3)	FTE	(25/75)	FTE	State/Federal (50/50)
. Personnel Expenses							
PHN I/II Vacant	30%	\$70,450	\$21,135	95%	\$20,078	5%	\$1,057
2.	1.11		\$0		\$0	100%	\$0
3.			\$0	1.1.1	\$0	100%	
4.	-		\$0	1	\$0	100%	
5.			\$0		\$0	100%	
6.			\$0		\$0	100%	
7.			\$0		\$0	100%	
B.			\$0		\$0	100%	
9.			\$0	1	\$0	100%	
10.	1		\$0		\$0	100%	
Total Salaries and Wages	30%		\$21,135		\$20,078		\$1,057
Less Salary Savings							
Net Salaries and Wages			\$21,135		\$20,078		\$1,057
Staff Benefits (Specify %) 50.00%	e AIIIII		\$10,568		\$10,039	الاللاله	\$528
I. Total Personnel Expenses	<i>uma</i>		\$31,703		\$30,117	1111112	\$1,585
II. Operating Expenses							
1. Travel			\$400	50%		50%	
2. Training			\$300	50%		50%	
II. Total Operating Expenses			\$700	111112	\$350		\$350
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses	111112						
IV. Indirect Expenses							
1. Internal (Specify %) 10.00%	6 (11111)		\$3,170	111112			\$3,170
2. External							
IV. Total Indirect Expenses			\$3,170				\$3,170
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$35,573		\$30,467		\$5,10
Michael Ungeheuer RN MN PHN		10/24/2018	530 621 6	129	mich	ael undeh	euer@edcgov.us
Prepared By (Signature)		Date prepared	Phone Nur		Email Address		
Micleullmashan	1		8		Lindi Addi Coo		
CHDP Director or Deputy Director (Signature		Date	Phone Nur		Email Address		

BUDGET JUSTIFICATION NARRATIVE HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget EL DORADO COUNTY FISCAL YEAR 18-19

PERSONNEL COST		
Total salaries	\$21,135	
Total Benefits	\$10,568	
Total Personnel Expenses	\$31,703	
PHN II		No change
OPERATING EXPENSES		
		Includes per diem, private vehicle mileage,
Travel	\$400	commercial auto rental, air travel, etc. Mileage reimbursement @\$.545 per mile
		Registration/tuition fees for SPMP for
Training	\$300	continuing education program specific
Total operating Costs	\$700	
CAPITAL EXPENSES		
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 10%	\$3,170	As determined by the approved cost allocation plan.
External	\$0	
Total Indirect Expenses	\$3,170	
OTHER EXPENSES		
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$35,573	

Health Care Program for Children in Foster Care Caseload Relief State/Federal Match Budget Summary

County/City Name:	EL DORADO	Fiscal Year:	2018-2019
Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	С	D
I. Total Personnel Expenses	\$14,064	\$12,658	\$1,406
II. Total Operating Expenses	\$0	\$0	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$1,406		\$1,406
V. Total Other Expenses			
Budget Grand Total	\$15,470	\$12,658	\$2,812
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	Н
State Funds	\$4,570	\$3,164	\$1,406
Federal Funds (Title XIX)	\$10,900	\$9,494	\$1,406
Budget Grand Total	\$15,470	\$12,658	\$2,812

Michael Ungeheuer RN MN PHN 10/24/2018 530 621 6129 nichael.ungeheuer@edcgov.u: Prepared By (Sign & Print Name) Date Prepared Phone Number Email Address

herres

CHDP Director or Deputy Director (Sign & Print Name)

Date

6/18

Phone Number

Email Address

18-1841 A 32 of 38

32

Health Care Program for Children in Foster Care Caseload Relief State/Federal Match **Budget Worksheet**

0.1		1	40		1	-	1	
Column		1A	1B	1	2A	2	3A	3
Category/Line Item		% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federa (50/50)
. Personnel Expenses (Name &	Title)							
Supervising PHN Heather Orchard	FNP PHN	10%	\$93,760	\$9,376	90%	\$8,438	10%	\$93
2.				\$0		\$0	100%	\$
3.				\$0		\$0	100%	\$
4.				\$0		\$0	100%	\$
5.				\$0	1	\$0	100%	\$
δ.				\$0		\$0	100%	\$
7.			-	\$0		\$0	100%	\$
3.				\$0		\$0	100%	\$
9.				\$0		\$0	100%	\$
10.				\$0		\$0	100%	\$
11.				\$0		\$0	100%	\$
12.				\$0		\$0	100%	\$
13.				\$0		\$0	100%	\$
14.			• • • • • • •	\$0		\$0	100%	\$
15.				\$0		\$0	100%	\$
16.		1		\$0		\$0	100%	\$
17.				\$0	-	\$0	100%	\$
18.		(1 m)	1	\$0		\$0	100%	\$
19.				\$0		\$0	100%	\$
20.				\$0		\$0	100%	\$
Fotal Salaries and Wages		10%		\$9,376	90%	\$8,438	10%	\$93
ess Salary Savings		1111111					AIIIIIIII	
Net Salaries and Wages		1111111		\$9,376		\$8,438	1111111	\$93
Staff Benefits (Specify %)	50%	111111		\$4,688		\$4,219	11111111	\$46
. Total Personnel Expenses				\$14,064		\$12,658	1111111	\$1,40
I. Operating Expenses								
. Travel	\$0	iiiiiiii		\$0	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	\$0	, ann an	\$
2. Training	\$0	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		\$0		\$0	<u>UIIIIII</u>	\$0
I. Total Operating Expenses				\$0		\$0	<i>UIIIIII</i>	\$
II. Capital Expenses	-	iiiiiiii		annannan an a		MIMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	innnnnnn
I. Total Capital Expenses		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
V. Indirect Expenses		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					******	
I. Internal (Specify %)	10%	HHHHH		\$1,406			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,406
2. External	10 %						XIIIIIII	
V. Total Indirect Expenses		tiiiiiii		\$1,406				\$1,406
/. Other Expenses		*******		\$1,400 h				01,400
7. Total Other Expenses		HHHHH			HHHHHH		HHHHH	
		HHHHH		munninn	HIIIIII		AHHHHH	
Budget Grand Total		11111111		\$15,470		\$12,658	unnin.	\$2,812
Michael Ungeheuer RN N	10/24/2018	530 621 6	129	michael.un	geheuer@	edcgov.us		

(Mu cener) CHDP Director or Deputy Director (Sign & Print Name)

Date

Phone Number

Email Address

BUDGET JUSTIFICATION NARRATIVE HCPCFC Case Load Relief EL DORADO COUNTY FISCAL YEAR 18-19

PERSONNEL	COSTS
-----------	-------

Total salaries	\$9,376
Total Benefits	\$4,688

Total Personnel Costs

\$14,064

Supervising PHN

100

Create expert oversight for the monitoring of activities related to both HCPCFC and PMM&O with additional coverage depth and medical care coordination continuity

. . .

OPERATING EXPENSES

Travel	\$0	
Training	\$0	
Total Operating Expenses	\$ 0	
CAPITAL EXPENSES	\$0	
Total Capital Expenses	\$0	
INDIRECT EXPENSES		
Internal @ 10%	\$1,406	
External	\$0	
Total Indirect Expenses	\$1,406	
OTHER EXPENSES	\$0	
Total Other Expenses	\$0	
BUDGET GRAND TOTAL	\$15,470	

State of California - Health and Human Services Agency

Department of Health Care Services - Integrated Systems of Care Division

CCS CASELOAD	Actual Caseload	CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	64	9,95%
OTLICP - Total Cases of Open (Active) OTLICP Children	98	15.24%
MEDI-CAL - Totol Cases of Open (Active) Medi-Cal (<u>non</u> -OTLICP) Children	481	74.81%
TOTAL CCS CASELOAD	643	100%

CCS Administrative Baseline Budget Summary

Fiscal Year:

2018-19

County:

Column	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	-OTLICP) (Column 4 = C	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 (6/6/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi Cal State/Federal (50/50)
I. Total Personnel Expense	400,628	39,876	61,060	299,690	176,447	123,243
II. Total Operating Expense	8,420	839	1,283	6,298	704	5,594
III. Total Capital Expense	0	0	0	0		
IV. Total Indirect Expense	100,157	9,969	15,265	74,923	の語のないので、課金	74,923
V. Total Other Expense	6,000	597	914	4,488	思いなななので、「なななない」	4,488
Budget Grand Total	515,205	51,281	78,522	385,399	177,151	208,246

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	-OTLICP) (Column 4 = 0	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 (6/6/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS		tion of the second				
State	25.640	25,640	的是此的法格地源			的目的情報的论论法
County	25,641	25,641	Contraction of the second		記念を利用されたい。	14-11、1993年4月1日
OTLICP				的现在分词的	和自動的影響和影響的	AND TRACTOR
State	6,282		6,282	語の方式ではなられた語言	论。我们是我们是是是我们	のことで見ていた。
County	6,282	1000年7月1日日	6,282	的意思是是意思的能够		
Federal (Title XXI)	65,958		65,958	[199] 建、生成、生色、生成、生化、生化、生化、生化、生化、生化、生化、生化、生化、生化、生化、生化、生化、		日本に考えていてた。
Medi-Cal			[19][19][19][19][19][19][19][19][19][19]			1944年1月1日前1月11
State	148,412		and the states and	148,412	44,288	104,1
Federal (Title XIX)	236,987	A STATE OF A	新加州 (中国)	236,987	132,863	104,12

See below	Michael Ungehouer RN MN PHN	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
Muchael maeneuer	////// See above	See above
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address

State of California - Health and Human Services Agency

CCS CASELOAD	Actual Caseload	Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	64	9.95%
OTLICP - Total Cases of Open (Active) OTLICP Children	98	15.24%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	481	74.81%
TOTAL CCS CASELOAD	643	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19

County: El Dorado

Category/Los hom Sr. PTE Annual Distance (1973) Distance (1973) Distance (1973) Distance (1973) Medical Distance (1973) Distance (1973) Medical Distance (1973) Distance (1973) Medical Distance (1973) Distance (1973) Medical Distance (1973) Medi					Straight CCS Optional Targeted Low Income Medi-Cai (Non-OTLICP) Children's Program (OTLICP)									
LeingeryLine Imm Yarr Jahardy Basery Trial Bladger (1 + 2) Cash Bladger (1 + 2) Singly CCS (1 + 2) Singly CCS (1 + 2) <th>Column</th> <th>1</th> <th>2</th> <th>3</th> <th>4A</th> <th>4</th> <th>5A</th> <th>5</th> <th>6A</th> <th>6</th> <th>7A</th> <th>7</th> <th>8A.</th> <th>8</th>	Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A.	8
Preprint Administration Normal	Category/Line Item	% FTE		(1 x 2 or	Caseload %	County/State	Caseload %	Low Income Children's Program (OTLICP)	Caseload %			Medi-Cal State/Federal	Enhanced %	Non-Enhanced Medi-Cal State/Federal (50/50)
Dipperform Data Nuclea Data Nuclea <thdata nuclea<="" th=""> <thdata nuclea<="" th=""></thdata></thdata>	I. Personnel Expense	No. CONTRACTOR	e later / states	A Service dub	C. C. P. C. P.	· · · · · · · · · · · · · · · · · · ·	1999 (1976) 1976 - 1976	ALC: NOT THE REAL PROPERTY OF	松阳 (10)	Real and a second	·除于的%6%		というないので	The second second
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4. Employee Name, Peaklon 0.00% 0 0 9.5% 0 7.431% 0 2000 100.00% S. Employee Name, Peaklon 0.00% 0 9.5% 0 15.24% 0 74.81% 0 20.00% 100.00%<	2. Employee Name, Position	0,00%	0	0	9,95%	0	15.24%	0	74.81%	0		1949 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100,00%	0
S. Engloyse Nam, Position 0.00% 0 0 9.5% 0 1.63 0 7.41% 0 1.02% 2.82/200 100.00% Bubbal 43,024 16.005 43,024 16.005 1.635 2.231 12.421 12.421 12.421 10.00% 10.00% 10.00% 10.00% 10.00% 10.00% 10.00% 12.441 6.00% 4.00% 10.00% 1	3, Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	Self-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	STATE OF STATE	100.00%	0
S. Engloyse Nam, Position 0.00% 0 0 9.5% 0 1.63 0 7.41% 0 1.02% 2.82/200 100.00% Bubbal 43,024 16.005 43,024 16.005 1.635 2.231 12.421 12.421 12.421 10.00% 10.00% 10.00% 10.00% 10.00% 10.00% 10.00% 12.441 6.00% 4.00% 10.00% 1	4. Employee Name, Position	0.00%	0	0	9.95%	0	15.24%	0	74.81%	0	管理问题的	and show have a	100.00%	0
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Medical Case Management Statu Stat		STREES BRANCE			M.C. SARA				15 CARA		120.01 42.53	- Feeting Constant	128-101/28	12,421
Supervising PIND bans Handen 19.00% 93.024 8.302 9.55% 820 15.24% 1,265 74.81% 6.210 60.00% 77.08 02.00% PINI Risalian Kelan 100.00% 77.08 62.14 855% 74.81% 94.70 74.81% 44.81% 44.00 80.00% 77.184 20.00% 1 PINI Risalian Kelan 100.00% 77.208 92.55% 74.81% 94.70 74.81% 44.816 40.00% 43.213 20.00% 1 S. Employee Name, Position 0.00% 0 9.55% 0 15.24% 0 74.81% 0 0.00% 0 100.00% S. Employee Name, Position 0.00% 0 0 9.55% 0 15.24% 0 74.81% 0 0.00% 0 100.00% S. Employee Name, Position 0.00% 0 0 9.55% 0 15.24% 0 74.81% 0 0.00% 0 100.00% 0 100.00% 0 100.00% <t< td=""><td>Medical Case Management</td><td>No. 2 The Cold</td><td>NEW COM</td><td>1. La anti-</td><td>in the number of</td><td>The second s</td><td>STATISTICS.</td><td>and the second second</td><td></td><td>IN THE REPORT OF THE</td><td>1. (2) - 31</td><td>T THE STATE</td><td>FOR STREET</td><td>I BERGERSON</td></t<>	Medical Case Management	No. 2 The Cold	NEW COM	1. La anti-	in the number of	The second s	STATISTICS.	and the second second		IN THE REPORT OF THE	1. (2) - 31	T THE STATE	FOR STREET	I BERGERSON
PHN II Satura Koler 80.00% 77,688 62,134 9.85% 6,184 15,24% 9,470 74,81% 48,460 80.00% 37,164 20.00% PNN II Satura Koler 100.00% 72,208 9,25% 71,677 15,24% 11,005 74,81% 0 0.00% 40,213 20.00% 1 1.6. Employee Name, Position 0.00% 0 9,85% 0 15,24% 0 74,81% 0 0.00% 0 100,00% 100,00% 0 100,00% <td>Supervising PHN Dana Harden</td> <td>10.00%</td> <td>83.024</td> <td>8.302</td> <td>9.95%</td> <td>826</td> <td>15.24%</td> <td>1.265</td> <td>74.81%</td> <td>6,210</td> <td>80.00%</td> <td>4,968</td> <td>20.00%</td> <td>1,242</td>	Supervising PHN Dana Harden	10.00%	83.024	8.302	9.95%	826	15.24%	1.265	74.81%	6,210	80.00%	4,968	20.00%	1,242
PHN II Kaala Hatchel 100.00% 72,208 72,208 72,208 72,208 72,208 71,87 15,24% 11,005 74,81% 54,016 60,00% 43,213 20,00% 1 6. Employee Name, Position 0.00% 0 0.95% 0 15,24% 0 74,81% 0 0.00% 0 100,00% 6. Employee Name, Position 0.00% 0 0 9,85% 0 15,24% 0 74,81% 0 0.00% 0 100,00% 7. Employee Name, Position 0.00% 0 0 9,55% 0 15,24% 0 74,81% 0 0.00% 0 100,00% 8. Employee Name, Position 0.00% 0 9,95% 0 15,24% 0 74,81% 0 0.00% 0 100,00% 2 2 0.00 100,00% 0 100,00% 2 2 0 74,81% 0 0.00% 0 0 0 0														9,296
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Other Health Care Professionals Automation Automation <td></td> <td>STANIGE DARES</td> <td></td> <td></td> <td>(RCS) Caldenson</td> <td></td> <td>17 Million Street</td> <td></td> <td>Contract Contract of the</td> <td></td> <td>Contraction of the local dist</td> <td></td> <td>10 Martin and</td> <td>21,341</td>		STANIGE DARES			(RCS) Caldenson		17 Million Street		Contract Contract of the		Contraction of the local dist		10 Martin and	21,341
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Medical Office Assistant Michelle McCann-Hardie 50.00% 42,968 21,464 9.95% 2,138 15.24% 3,274 74.81% 16,071 100.00% 1 Medical Office Assistant Maria Martínez 50.00% 43,095 21,548 9.95% 2,145 15.24% 3,284 74.81% 16,071 100.00% 1 4. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 16,119 100.00% 1 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 100.00% 100.00% Subtotal 129,605 53,918 5,367 6,217 40,333 4 4 Medical Office Assistant Adriana Salas-Rodriguez 25.00% 43,542 10,886 9.95% 1,844 9.55% 1,844 9.657 4.81% 6,013 80.00% 6,514 20.00% Medical Office Assistant Methole McCann-Hardie 50.00% 43,665 21,484 9.95%		25.00%	43 542	10 886	0.05%	1 084	15 244	 Architecture and the main Architecture (Architecture) 	74 844	a service management of a party	 a start spectrum b start spectrum 	Thursday and	100.00%	8,143
Medical Office Assistant Maria Martinez 50.00% 43.095 21,548 9.95% 2,145 15.24% 3,284 74.81% 16,119 100.00% 1 4. Employee Name, Position 0.00% 0 9.95% 0 15.24% 0.074.81% 0 100.00% 100.00% 5. Employee Name, Position 0.00% 0 9.95% 0 15.24% 0 74.81% 0 100.00% 100.00% 5. Employee Name, Position 0.00% 0 9.95% 0 15.24% 0 74.81% 0 100.00% 100.00% Sublotal 129,605 53,918 5.367 8.217 40,333 4.4 40.44 Clerical and Claims Support 129,605 53,918 5.367 8.217 40,333 4.4 40.44 Medical Office Assistant Adrianna Salas-Rodriguez 25.00% 43,955 21,484 9.95% 2,138 15.24% 3.224 74.81% 80.00% 12,857 20.00% Medical Office Assistant Maria Martinez 50.00%											Stell statistics	TATION CONTRACTOR		16,071
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Sublotal 129,605 53,918 5,367 62,217 40,333 40,33										-				
Clerical and Claims Support Clerical and Support Clerical and Claims Support Cleri		10470256246345572			1/1 1/64/16104		10.2476		North/108/64	-	Scherger and the second		100,00%	40,333
Medical Office Assistant Adrianna Salas-Rodríguez 25.00% 43.542 10.888 9.95% 1.084 15.24% 1.659 74.81% 8.143 80.00% 6.514 20.00% Medical Office Assistant Michella McCann-Hardie 50.00% 42.968 21,484 9.95% 2,138 15.24% 3.274 74.81% 16,071 80.00% 6,514 20.00% Medical Office Assistant Maria Martinez 50.00% 43.095 21,548 9.95% 2,145 15.24% 3.274 74.81% 16,071 80.00% 12,857 20.00% 4. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 3.284 74.81% 16,119 80.00% 12,855 20.00% 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 100.00% 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 <t< td=""><td>PPP-PPP</td><td>NUCCEDENCE S</td><td>123,000</td><td>53,310</td><td>111-12-11</td><td>3,307</td><td>State and states</td><td>and the second se</td><td>Hora Harrison</td><td>40,333</td><td>100 2012 100 100</td><td></td><td></td><td>1 40,333</td></t<>	PPP-PPP	NUCCEDENCE S	123,000	53,310	111-12-11	3,307	State and states	and the second se	Hora Harrison	40,333	100 2012 100 100			1 40,333
Medical Office Assistant Michella McCann-Hardie 50,00% 42,968 21,488 9.95% 2,138 15.24% 3.274 74.81% 16,071 80,00% 12,857 20.00% Medical Office Assistant Maria Martinez 50.00% 43,095 21,548 9.95% 2,145 15.24% 3.284 74.81% 16,071 80,00% 12,857 20.00% 4. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 16,119 80.00% 12,857 20.00% 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 16,119 80.00% 12,857 20.00% 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 100.00%		State of the state	Sectement Sector	CENTROSPORTED IN	San	e estimate a serie	THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	S. P. LEWIS CO. S. LEWIS CO. LEWIS C	NGSSNIPPER		10.000	Contraction and the second	AND A DESCRIPTION OF THE OWNER	
Medical Office Assistant Maria Martinez 50.00% 43.095 21,545 9.95% 2,145 15.24% 3.284 74.81% 16,119 80.00% 12,895 20.00% 4. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 16,119 80.00% 12,895 20.00% 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 100.00%												-		1,629
4. Employee Name, Position 0,00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 100.00% 5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 100.00%														3,214
5. Employee Name, Position 0.00% 0 0 9.95% 0 15.24% 0 74.81% 0 0.00% 0 100.00%														
	and the second					-		-			-	-		1
32,266 33,918 5,367 8,217 40,333 32,266		0.00%			9.95%		15.24%		74.81%	-			100.00%	1
Total Salaries and Wages 267,085 9.95% 26,584 15,24% 40,707 74,81% 199,793 58,88% 117,831 41,12%		20129201051025	129,605		然后知道		HURREN CHI	25	SUG DE	14	CONTRACTOR AND INCOMENTAL	n.	2000年6月	8,05

State of California - Health and Human Services Agency

CCS CASELOAD	Actual Caseload	Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	64	9.95%
OTLICP - Total Cases of Open (Active) OTLICP Children	98	15.24%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	481	74.81%
TOTAL CCS CASELOAD	643	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19

County: El Dorado

				3	Stra	ight CCS	Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column		1 1	2		4A	4	5A	5	6A	6	7A	7	BA	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 (6/6/88)	Caseload %	Medi-Cai State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cel State/Federal (50/50)
Staff Benefits (Specify %) 50	.00%	PERCENCE.	and the second se	133,543	9.95%	13,292	15.24%	20,353	74,81%	99,897	网络南部门	58,816	Same Lange	41,081
. Total Personnel Expense		arthonor an	12前来的时候的?	400,628	9.95%	39,876	15.24%	61,060	74,81%	299,690	and the state	176,447	SEL STRU	123,243
II. Operating Expense		》 建设有限的	arto, and area	State Contract	Design Ar	an and the second	1000		S. N. S. Hard		Non-Aligner	例外保守 经合适于		ALC: NO POST OF THE POST OF
1. Travel			C. C. S.	1,000	9.95%	100	15.24%	152	74.81%	748	58,88%	440	41,12%	308
2. Training			Sarah Carlos	600	1 9.95%	60	15.24%	91	74.81%	449	58.88%	264	41.12%	185
3. Communication		THE EXCIL	·····································	300	9.95%	30	15.24%	46	74.81%	224	1922/2020	Contraction of the second	100,00%	224
4. Insurance		网络伊尼 哈	新的现象	2,130	9.95%	212	15.24%	325	74.81%	1,593	No. (STATE)	1. 27 - 27 - 2 er	100.00%	1,593
5. Office and Duplicating		(名名名) 这样可以可	A CONTRACTOR OF	4,390	9.95%	437	15.24%	669	74.81%	3,284	M. State		100.00%	3,284
6.		記念のための	1000 (Q.7.) . 3		9.95%	0	15.24%	0	74.81%	0	11111200-31	1902 Canad	100,00%	0
7.		na de serviciones Servicio de servicio			9.95%	0	15.24%	0	74.81%	0	Ne incit	AND COMPLET	100.00%	0
II. Total Operating Expense		4.16	ARS ALANDA	8,420	Same Single	839	行行法的である	1,283	的建筑建筑	6,298	·····································	704	P. P. Sant	5,594
ni, Capital Expense		The share of the	法官的部分	atta antesis	San and	·Martin State		Bar Martin Charles	The second	States of the	E. C.	CALL COMESSION	States and the	经行的公司 在19
1.		和自由的行行	相当にはな	1	9.95%	0	15.21%	0	74.81%	0	11月1日三月3月	11年1月1日日	SRAME SH	0
2.		Strate 1			9.95%	0	15.24%	0	74.81%	0	网络高粱	State Salar	限制的家	0
3.		C.F. B.S. C.S.	Ph. 1811.1.5		9.95%	0	15.24%	0	74.81%	0	國信用的	1755.积盐运输。	清韵: "六	0
III, Total Capital Expense		國際認識	17. 茶水品 (本) 美	D	記録記書	0		0	1.022208	0	动动物的	Mr. Sandara	Diameters.	0
IV. Indirect Expense		不是是的 了。这		の理論の知られた	地的和	自己的问题。	内部的时代	1000年1月1日1日日日	就能的	NAME TO A		· 注意的问题。	的自然的原	STREET, STREET
1. Internal 2:	.00%		公 法的新闻	100,157	9,95%	9,969	15.24%	15,265	74.81%	74,923	The stand	17月1日日日	100.00%	74,923
2. External 0	.00%	"空影"的"空影"		0	9.95%	0	15.24%	0	74.81%	0	Section 1	THE REAL	100.00%	0
IV. Total Indirect Expense		EN GRANTE	合于的意思的	100,157	1018.621575	9,969	的原始的目标	15,265	的。同時間	74,923	ST GUN	and the state of the	· · · · · · · · · · · · · · · · · · ·	74,923
V. Other Expense		的思想的意思	的历史的原	· 新聞市内100	制的政治部署	140715-328	新教生的	Contraction of the second	1.6 东京东	1. 1997年1月1日	物理的规则	1位主要的编	Constant Section	and the second
1. Maintenance & Transportation				6,000	9.95%	597	15.24%	914	74.81%	4,488	Signal States		100.00%	4,488
2.		TREAS NO.	家市市市市		9.95%	0	15.24%	0	74.81%	0	State of the second	ALL STREET	100.00%	0
3.	- 10	笑 意了是那种			9.95%	0	15.24%	0	74.81%	0	国家的国		100.00%	0
4.		的國際部署		0	9.95%	0	15.24%	0	74.81%	0	至時相關的		100.00%	0
5.		ALL STREET	ANT-MALE MAN		9.95%	0	15.24%	0	74.81%	0	A Share	The standard	100.00%	0
V. Total Other Expense		ALL	STORATE.	6,000		597	Sec. Sec. St.	914	- The e	4,488	12月前(134)		APARTIN	4,488
Budget Grand Total		THE WAY AND	1945年1月1日日日	515,205	1.5 Maria	51,281	的组织的	78,522	STREET.	385,399	Trava an	177,151	MR MAL	208,248

See Below	Michael Ungeheuer RN MN PHN	10/24/2018	530 621 6129	
Prepared By (Signature)	Propared By (Printed Namo)	Date Prepared	Phone Number	
Muchan Umark	Serrer AS Above	11/6/18	As above	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	gate signed	Phone Number	

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BUDGET JUSTIFICATION NARRATIVE CCS ADMINISTRATION EL DORADO COUNTY FISCAL YEAR 2018-2019

PERSONNEL COST

Total salaries Total Benefits	\$267,085 \$133,543	
Total Personnel Expenses	400,628	
Supervising PHN		Increased by m12% to align labor with available funding and additional caseload demands
Public Health Nurse II (1.80)		No Change
Medical Office Assistance (2.5)		No change
OPERATING EXPENSES		Includes per diem , provate vehicle mileage,
Travel	\$1,000	commercial autto rental, air travel etc. Mileage reimbursement subject to Federal rate currently at 0.545 per mile with annual adjustment.
Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education opportunities
Office Supplies and Services	\$4,390	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication, security system
Communication	\$300	Telephone 3rd party calls
Insurance	\$2,130	Facility and professional liability insurance
Total operating Costs CAPITAL EXPENSES	8,420	
Total Capital Expenses	0	
INDIRECT EXPENSES		
Internal @		
External @ 25% 0.00%	100,157	In accordance to the A-87 plan on file applied by total program FTE.
Total Indirect Expenses	100,157	
OTHER EXPENSES		and the second
Maintenance and transportation	6,000	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
Total Other Expenses	6,000	
BUDGET GRAND TOTAL	515,205	