

# Documents Checklist

County/City: El Dorado County

Fiscal Year: 2019-2020

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Documents Checklist

County/City: El Dorado County

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

County/City: El Dorado	Fiscal Year: 2019-2020
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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.

	11/26/19
Signature of CHDP Director	Date Signed

	11/26/19
Signature of Health Officer	Date Signed

	11/26/2019
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: <b>El Dorado County</b>	Fiscal Year: <b>2019-2020</b>
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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.

 Signature of CCS Administrator	Date Signed <b>11/26/2019</b>
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 Signature of Health Officer	Date Signed <b>11/26/19</b>
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Signature and Title of Other – Optional	Date Signed
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I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date



EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH DIVISION

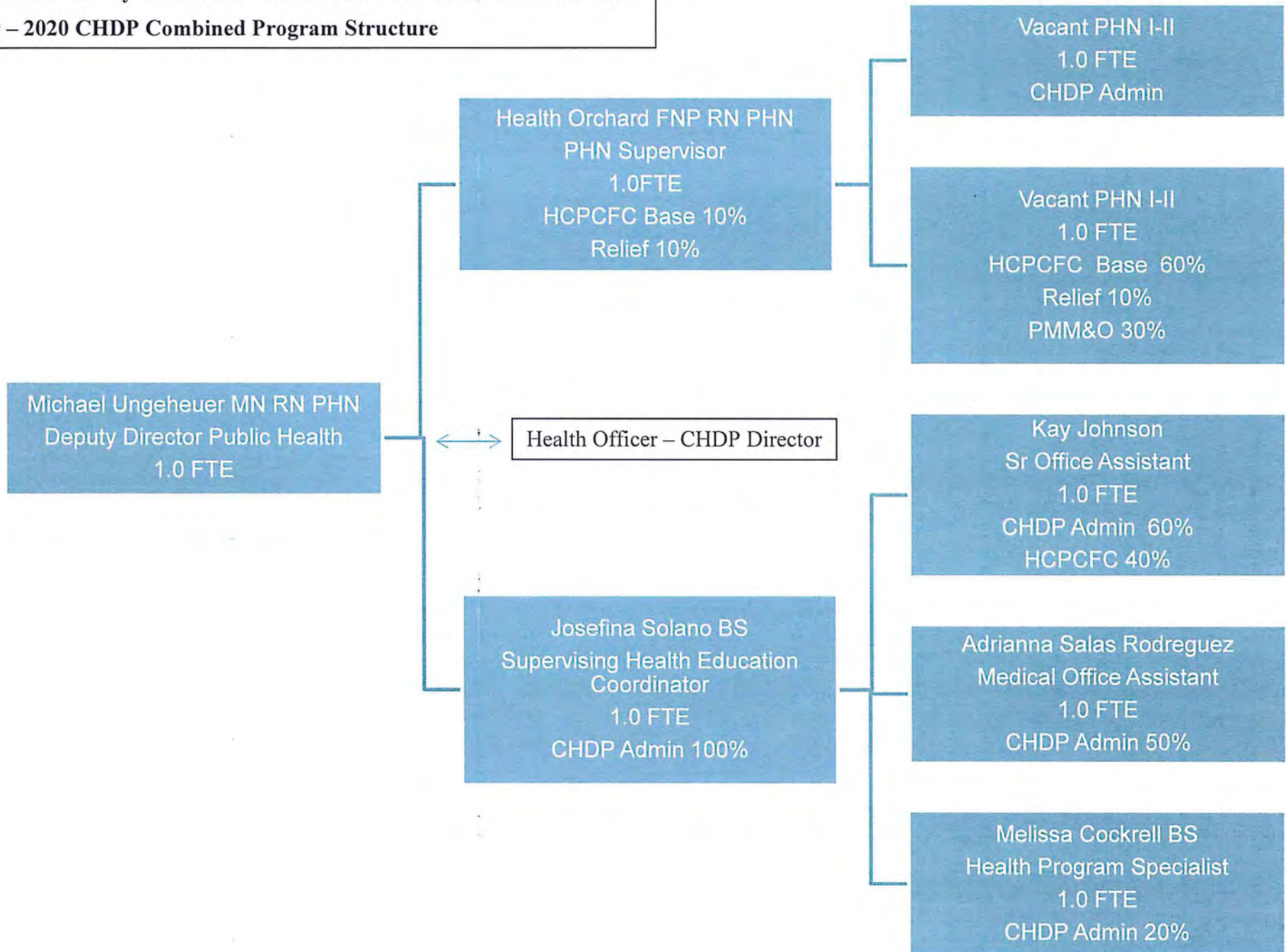
ORGANIZATION DESCRIPTION

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, co-location 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.

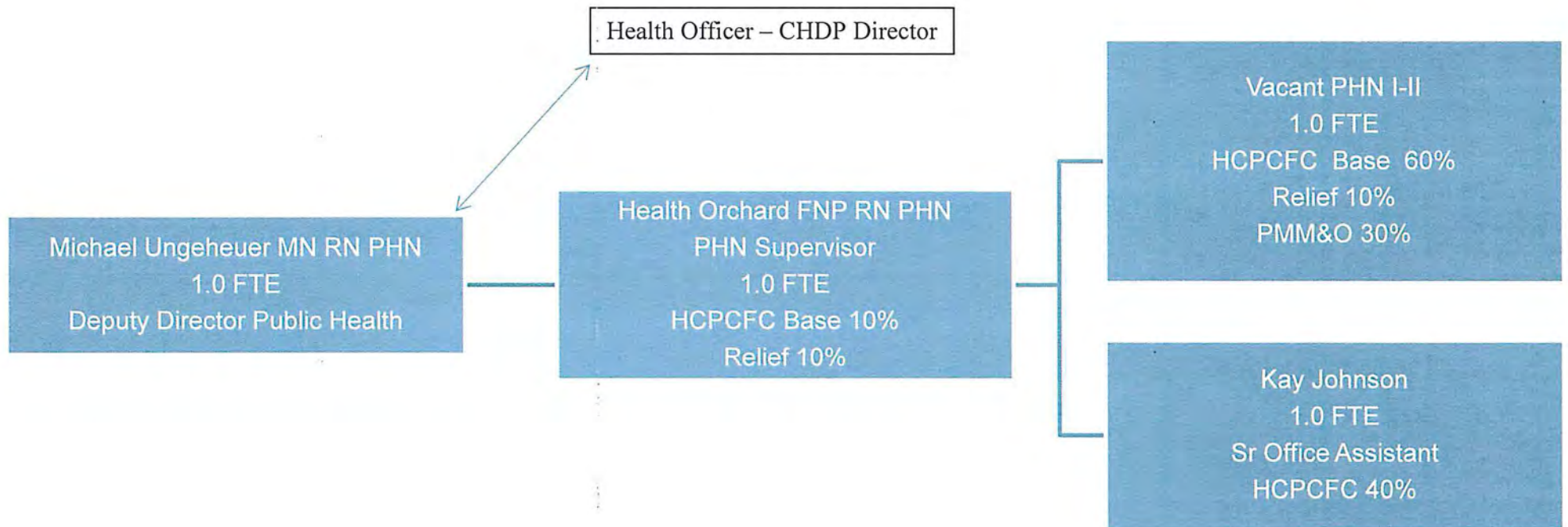
Focus Areas of FY 2019-2020

- Maintain systems of community collaborative care with emphasis on expansion of preventive health services, early screening and diagnosis, treatment access and comprehensive case management
- Maintain 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
- Complete Public Health Accreditation Process

**El Dorado County Health and Human Services Public Health Division  
2019 – 2020 CHDP Combined Program Structure**



**El Dorado County Health and Human Service Public Health Division  
2019 – 2020 HCPCFC- PMM&O Combined Program Structure**



### 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: 2019-2020		
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	N	N
PHN II	VACANT	100	N	N
PHN I-II	VACANT	80	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		Fiscal Year: 2019- 2020				
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	38	62	0	N	N
Public Health Nurse II	Vacant PHN	60	40	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	80 VFC	N	N



**Department of Health Care Services**  
**Integrated Systems of Care Division**  
**Health Care Program for Children in Foster Care**  
**Incumbent List**



<b>County-City Name:</b>	EL DORADO	<b>Fiscal Year:</b>	2019-2020
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Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HCPCFC administrative budgets (Summary, Worksheet, and Narrative), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/Federal	% FTE Other Programs (Specify)	% FTE Total
	Orchard	Heather	Supervising PHN	Y	10.00%		10.00%		80.00%	1.00%
	Johnson	Kay	Sr Office Assistant	N	40.00%				60.00%	1.00%
	Vacant	Vacant	PHN I-II	Y	60.00%	30.00%	10.00%		0.00%	1.00%

### CHDP Program Referral Data FY 19-20

County/City: EL DORADO	FY 16-17		FY 17-18		FY 18-19	
<b>Basic Informing and CHDP Referrals</b>						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5090	10420	4899	10,217	4982	10,302
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients		
a. Number of CalWORKs cases/recipients	90	159	153	263	103	177
b. Number of Foster Care cases/recipients	270	287	205	241	325	408
c. Number of Medi-Cal only cases/recipients	372	687	223	402	126	228
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	1133		906		1946	

b. Medical and/or dental services with scheduling and/or transportation	49	73	33
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	34	6	6
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	3	0
6. Number of recipients in "5" who actually received medical and/or dental services	5	1	0



### 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: 2019-1020

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	2019	Michael Ungeheuer	No
Anthem BC/BS	MOU	2016 - perpetual	2019	Michael Ungeheuer	No
Kaiser	MOU	2017 - 2019	2019	Michael Ungeheuer	No
California Health and Wellness Centene	MOU	2014 - perpetual	2019	Michael Ungeheuer	No

**CHDP Administrative Budget Worksheet**  
**No County/City Match State and State/Federal County: Eldorado**  
**Fiscal Year: 19-20**

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)
<b>Personnel Expenses</b>											
Supervising HEC Josefina Solano	38%	\$89,571	\$ 34,037	0.00%	\$0	100.00%	\$34,037	0%	\$0	100%	\$34,037
Vacant PHN I-II	60%	\$79,186	\$ 47,512	0.00%	\$0	100.00%	\$47,512	80%	\$38,009	20%	\$9,502
Senior OA Kay Johnson	60%	\$42,415	\$ 25,449	0.00%	\$0	100.00%	\$25,449	50%	\$12,725	50%	\$12,725
Medical OA Adnana Salas-Rodriguez	50%	\$44,876	\$ 22,438	0.00%	\$0	100.00%	\$22,438	5%	\$1,122	95%	\$21,316
			\$ -	0%	\$0		\$0		\$0		\$0
<b>Total Salaries and Wages</b>			\$ 129,436		\$0		\$129,436		\$51,856		\$77,580
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
<b>Net Salaries and Wages</b>			\$ 129,436		\$0		\$129,436		\$51,856		\$77,580
Staff Benefits (Specify %) 50.00%			\$64,718		\$0		\$64,718		\$25,928		\$38,790
<b>I. Total Personnel Expenses</b>			\$ 194,153		\$ -		\$ 194,153		\$ 77,784		\$ 116,370
<b>II. Operating Expenses</b>											
Travel			\$2,375		\$0		\$2,375	50%	\$1,188	50%	\$1,188
Training			\$600		\$0		\$600	50%	\$300	50%	\$300
Office			\$1,500		\$0		\$1,500			100%	\$1,500
Insurance			\$2,055		\$0		\$2,055			100%	\$2,055
Communication			\$100		\$0		\$100			100%	\$100
							\$0			100%	\$0
							\$0				
<b>II. Total Operating Expenses</b>			\$6,630		\$0		\$6,630		\$1,488		\$5,143
<b>III. Capital Expenses</b>											
<b>II. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1. Internal (Specify %) 0.00%			\$0				\$0				\$0
2. External (Specify %) A-87 25.00%			\$48,538				\$48,538				\$48,538
<b>IV. Total Indirect Expenses</b>			\$48,538		\$0		\$48,538				\$48,538
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>			249,322		-		249,322		79,271		170,051

Michael Ungeheuer RN MN PHN	11/15/2019	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
<i>Michael Ungeheuer</i>	11/26/2019	As Above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address



**CHDP Administrative Budget Summary**  
**No County/City Match**  
**Fiscal Year 2019-2020**  
**County/City Name: El Dorado**

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	\$ 194,153	\$ -	\$ 194,153	\$ 77,784	\$ 116,370
II. Total Operating Expenses	\$6,630	\$0	\$6,630	\$1,488	\$5,143
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$48,538	\$0	\$48,538		\$48,538
V. Total Other Expenses	\$0	\$0	\$0		\$0
<b>Budget Grand Total</b>	<b>\$ 249,322</b>	<b>-</b>	<b>\$ 249,322</b>	<b>\$ 79,271</b>	<b>\$ 170,051</b>

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	-			
<b>Medi-Cal Funds:</b>	<b>\$249,322</b>		<b>\$249,322</b>		
<b>State Funds</b>	<b>\$104,843</b>		<b>\$104,843</b>	<b>\$19,818</b>	<b>\$85,025</b>
<b>Federal Funds (Title XIX)</b>	<b>\$144,479</b>		<b>\$144,479</b>	<b>\$59,453</b>	<b>\$85,025</b>

Michael Ungeheuer RN MN PHN	11/15/19	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature) <i>M Ungeheuer RN MN PHN</i>	Date Prepared <i>11/26/2019</i>	Phone Number As above	Email Address As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE  
 CHDP ADMINISTRATION STATE/FEDERAL  
 EL DORADO COUNTY  
 FISCAL YEAR 19-20

**PERSONNEL COST**

Total salaries	\$129,436
Total Benefits	\$64,718
<b>Total Personnel Expenses</b>	<b>\$194,153</b>

Supervising Hlth Education Coord  
 Decreased by 2% FTE to align with available funding for maintaining program coordination responsibilities funded at 1.00 FTE. Remaining FTE present in the CHDP County/Federal blended match budget.

Public Health Nurse II  
 Maintained at 60%

Sr Office Assistant  
 No change

Medical Office Assistant  
 No change

**OPERATING EXPENSES**

Travel	\$2,375	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ 0.58 per mile with annual adjustment
Training	\$600	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$1,500	Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication.
Insurance	\$2,055	Facility and personnel liability insurance
Communications	\$100	Third party telecommunication cost for long distance telephone service
<b>Total operating Costs</b>	<b>\$6,630</b>	

**CAPITAL EXPENSES**

<b>Total Capital Expenses</b>	<b>\$0</b>
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**INDIRECT EXPENSES**

Internal @	\$0	
External @ 25%	\$48,538	Consistent with approved A-87 on file
<b>Total Indirect Expenses</b>	<b>\$48,538</b>	

**OTHER EXPENSES**

Total Other Expenses	\$0
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<b>BUDGET GRAND TOTAL</b>	<b>\$249,322</b>
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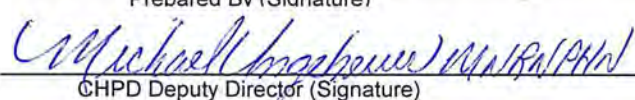
CHDP Administrative Budget Worksheet

County/City Match

Fiscal Year: 2019-2020

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)
<b>I. Personnel Expenses</b>							
Supervising HEC Josefina Solano	62%	\$89,571	\$55,534	0%	\$0	100%	\$55,534
PHN II VACANT	40%	\$79,186	\$31,674	80%	\$25,340	20%	\$6,335
Hlth Prgm Specialist Melissa Cockrell	20%	\$51,002	\$10,200	0%	\$0	100%	\$10,200
<b>Total Salaries and Wages</b>			\$97,409		\$25,340		\$72,069
Less Salary Savings			\$0		\$0		\$0
<b>Net Salaries and Wages</b>			\$97,409		\$25,340		\$72,069
Staff Benefits (Specify %)   50.00%			\$48,704		\$12,670		\$36,035
<b>I. Total Personnel Expenses</b>			\$146,113		\$38,009		\$108,104
<b>II. Operating Expenses</b>							
Travel			\$500	50%	\$250	50%	\$250
Training			\$500	50%	\$250	50%	\$250
<b>II. Total Operating Expenses</b>			\$1,000		\$500		\$500
<b>III. Capital Expenses</b>							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
<b>III. Total Capital Expenses</b>			\$0		\$0		\$0
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)   0.00%			\$0				\$0
2. External (Specify %) A-87   25.00%			\$36,528				\$36,528
<b>IV. Total Indirect Expenses</b>			\$36,528				\$36,528
<b>V. Other Expenses</b>							
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
			\$0				\$0
<b>V. Total Other Expenses</b>			\$0				\$0
<b>Budget Grand Total</b>			\$183,642		\$38,509		\$145,132

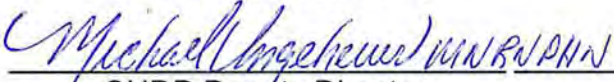
Michael Ungeheuer RN MN PHN	11/15/2019	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
	11/26/2019	As Above	As above
CHPD Deputy Director (Signature)	Date	Phone Number	Email Address



CHDP Administrative Budget  
Summary  
County/City Match  
Fiscal Year: 2019-2020  
County/City Name: El Dorado

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	\$146,113	\$38,009	\$108,104
II. Total Operating Expenses	\$1,000	\$500	\$500
III. Total Capital Expenses	\$0		\$0
IV. Total Indirect Expenses	\$36,528		\$36,528
V. Total Other Expenses	\$0		\$0
<b>Budget Grand Total</b>	<b>\$183,642</b>	<b>\$38,509</b>	<b>\$145,132</b>

Column	1	2	3
Source of Funds	Total Funds	Enhanced County/Federal (25/75)	Nonenhanced County/Federal (50/50)
County Funds	\$82,193	\$9,627	\$72,566
Federal Funds (Title XIX)	\$101,448	\$28,882	\$72,566

Michael Ungeheuer RN MN PHN	11/15/2019	530 621 6129	<a href="mailto:michael.ungeheuer@edcgov.us">michael.ungeheuer@edcgov.us</a>
Prepared By (Signature)	Date prepared	Phone Number	Email Address
	11/26/2019	As above	As above
CHDP Deputy Director (Signature)	Date	Phone Number	Email Address

BUDGET JUSTIFICATION NARRATIVE  
 CHDP ADMINISTRATION COUNTY MATCH  
 EL DORADO COUNTY  
 FISCAL YEAR 19-20

**PERSONNEL COST**

Total salaries	\$97,409
Total Benefits	\$48,704
<b>Total Personnel Expenses</b>	<b>\$146,113</b>

Supervising Hlth Education Cood	Increased by 2% to align with available funding to maintain 1.0 total FTE
Health Program Specialist	No change
Public Health Nurse II	Increased 20% to align with blended funding availability.

**OPERATING EXPENSES**

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @0.58 per mile with annual adjustment
Training	\$500	Registration/tuition fees for SPMP and support staff for continuing education program specific
Office Supplies and Services	\$0	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	
<b>Total Operating Costs</b>	<b>\$1,000</b>	

**CAPITAL EXPENSES**

<b>Total Capital Expenses</b>	<b>\$0</b>
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**INDIRECT EXPENSES**

External @ 25%	\$36,528	Consistent with approved A-87 on file.
<b>Total Indirect Expenses</b>	<b>\$36,528</b>	

**OTHER EXPENSES**

<b>Total Other Expenses</b>	<b>\$0</b>
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<b>BUDGET GRAND TOTAL</b>	<b>\$183,642</b>
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Department of Health Care Services  
 Integrated Systems of Care Division  
 Health Care Program for Children in Foster Care  
 State/Federal  
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): State/federal - Base

County-City Name: EL DORADO Fiscal Year: 2019 - 2020

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Orchard	Heather	Supervising PHN	Y	10.00%	\$104,592	\$10,459.20	50.00%	\$5,230	50.00%	\$5,230
2	Vacant	PHN	PHN I/II	Y	60.00%	\$79,186	\$47,511.60	80.00%	\$38,009	20.00%	\$9,502
3	Johnson	Kay	Sr Office Assistant	N	40.00%	\$42,415	\$16,966.00	60.00%	\$10,180	40.00%	\$6,786
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff					2						
Total FTE PHN Staff					0.70%			65.00%		35.00%	
Total Salaries and Wages							\$74,937		\$53,419		\$21,519
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$74,937		\$53,419		\$21,519
Staff Benefits (Specify %)				50.00%		\$37,469		\$26,710		\$10,760	
<b>I. Total Personnel Expenses</b>							<b>\$112,408</b>		<b>\$80,129</b>		<b>\$32,279</b>
<b>II. Operating Expenses</b>											
1	Travel			\$600		\$600	50.00%	\$300	50.00%	\$300	
2	Training			\$600		\$600	50.00%	\$300	50.00%	\$300	
<b>II. Total Operating Expenses</b>							<b>\$1,200</b>		<b>\$600</b>		<b>\$600</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			10.00%		\$11,241				\$11,241	
2	External										
<b>IV. Total Indirect Expenses</b>							<b>\$11,241</b>				<b>\$11,241</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$124,849</b>		<b>\$80,729</b>		<b>\$44,120</b>

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): BASE

County-City Name: EL DORADO Fiscal Year: 2019 - 2020

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$112,408	\$80,129	\$32,279
II Total Operating Expenses	\$1,200	\$600	\$600
III Total Capital Expenses			
IV Total Indirect Expenses	\$11,241		\$11,241
V Total Other Expenses			
<b>Budget Grand Total</b>	\$124,849	\$80,729	\$44,120

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$42,242	\$20,182	\$22,060
Federal Funds (Title XIX)	\$82,607	\$60,547	\$22,060
<b>Budget Grand Total</b>	\$124,849	\$80,729	\$44,120

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BUDGET JUSTIFICATION NARRATIVE  
 HCPCFC - Base  
 EL DORADO COUNTY  
 FISCAL YEAR 19-20

**PERSONNEL COST**

Total salaries	\$74,937
Total Benefits	\$37,469
<b>Total Personnel Expenses</b>	<b>\$112,408</b>

Supervising PHN	Decreased by 5% FTE to align with available funding
Public Health Nurse II	Decreased by 10% to align with available funding
Sr Office Assistant	No change

**OPERATING EXPENSES**

Travel	\$600	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ \$.58 per mile with annual adjustment
Training	\$600	Registration/tuition fees for SPMP for continuing education program specific
<b>Total operating Costs</b>	<b>\$ 1,200</b>	

**CAPITAL EXPENSES**

<b>Total Capital Expenses</b>	<b>\$0</b>
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**INDIRECT EXPENSES**

Internal @ 10%	\$11,241	Cost allocation plan applied to net wages
External	\$0	
<b>Total Indirect Expenses</b>	<b>\$ 11,241</b>	

**OTHER EXPENSES**

Total Other Expenses	\$0
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<b>BUDGET GRAND TOTAL</b>	<b>\$ 124,849</b>
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Department of Health Care Services  
 Integrated Systems of Care Division  
 Health Care Program for Children in Foster Care  
 State/Federal  
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: EL DORADO Fiscal Year: 2019 - 2020

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	VACANT	PHN	PHN I-II	Y	30.00%	\$79,186	\$23,755.80	97.00%	\$23,043	3.00%	\$713
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					0.30%			97.00%		3.00%	
Total Salaries and Wages							\$23,756		\$23,044		\$713
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$23,756		\$23,044		\$713
Staff Benefits (Specify %)				50.00%			\$11,878		\$11,522		\$357
<b>I. Total Personnel Expenses</b>							\$35,636		\$34,566		\$1,070
<b>II. Operating Expenses</b>											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
<b>II. Total Operating Expenses</b>							\$0		\$0		\$0
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			10.00%			\$3,564				\$3,564
2	External										
<b>IV. Total Indirect Expenses</b>							\$3,564				\$3,564
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							\$39,200		\$34,566		\$4,634

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: EL DORADO Fiscal Year: 2019-2020

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$35,636	\$34,566	\$1,070
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$3,564		\$3,564
V Total Other Expenses			
<b>Budget Grand Total</b>	\$39,200	\$34,566	\$4,634

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$10,958	\$8,641	\$2,317
Federal Funds (Title XIX)	\$28,242	\$25,925	\$2,317
<b>Budget Grand Total</b>	\$39,200	\$34,566	\$4,634

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BUDGET JUSTIFICATION NARRATIVE  
 HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget  
 EL DORADO COUNTY  
 FISCAL YEAR 19-20

**PERSONNEL COST**

Total salaries	\$23,756
Total Benefits	\$11,878
<b>Total Personnel Expenses</b>	<b>\$35,636</b>

PHN II	No change
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**OPERATING EXPENSES**

Travel	\$0
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Training	\$0
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<b>Total operating Costs</b>	<b>\$0</b>
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**CAPITAL EXPENSES**

<b>Total Capital Expenses</b>	<b>\$0</b>
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**INDIRECT EXPENSES**

Internal @ 10%	\$3,564	Capped by State
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External	\$0
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<b>Total Indirect Expenses</b>	<b>\$3,564</b>
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**OTHER EXPENSES**

Total Other Expenses	\$0
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<b>BUDGET GRAND TOTAL</b>	<b>\$39,200</b>
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Department of Health Care Services  
 Integrated Systems of Care Division  
 Health Care Program for Children in Foster Care  
 State/Federal  
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): CASELOAD RELIEF

County-City Name: EL DORADO Fiscal Year: 2019 - 2020

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>											
#	Last	First	Title	PHN (Y/N)							
1	Orchard	Heather	Supervising PHN	Y	10.00%	\$104,592	\$10,459.20	50.00%	\$5,230	50.00%	\$5,230
2	Vacant	PHN	PHN I/II	Y	10.00%	\$79,186	\$7,918.60	97.00%	\$7,681	3.00%	\$238
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					0.20%			73.50%		26.50%	
Total Salaries and Wages							\$18,378		\$12,911		\$5,468
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$18,378		\$12,911		\$5,468
Staff Benefits (Specify %)				50.00%			\$9,189		\$6,456		\$2,734
<b>I. Total Personnel Expenses</b>							<b>\$27,569</b>		<b>\$19,367</b>		<b>\$8,202</b>
<b>II. Operating Expenses</b>											
1	Travel			\$500			\$500	50.00%	\$250	50.00%	\$250
2	Training			\$500			\$500	50.00%	\$250	50.00%	\$250
<b>II. Total Operating Expenses</b>							<b>\$1,000</b>		<b>\$500</b>		<b>\$500</b>
<b>III. Capital Expenses</b>											
<b>III. Total Capital Expenses</b>											
<b>IV. Indirect Expenses</b>											
1	Internal (Specify %)			10.00%			\$2,757				\$2,757
2	External										
<b>IV. Total Indirect Expenses</b>							<b>\$2,757</b>				<b>\$2,757</b>
<b>V. Other Expenses</b>											
<b>V. Total Other Expenses</b>											
<b>Budget Grand Total</b>							<b>\$31,326</b>		<b>\$19,867</b>		<b>\$11,459</b>

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Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief)	CASELOAD RELIEF
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County-City Name:	EL DORADO	Fiscal Year:	2018-2019
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>A</b>	<b>(B = C + D)</b>	<b>C</b>	<b>D</b>
I Total Personnel Expenses	\$27,569	\$19,367	\$8,202
II Total Operating Expenses	\$1,000	\$500	\$500
III Total Capital Expenses			
IV Total Indirect Expenses	\$2,757		\$2,757
V Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$31,326</b>	<b>\$19,867</b>	<b>\$11,459</b>

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
<b>E</b>	<b>(F = G + H)</b>	<b>G</b>	<b>H</b>
State Funds	\$10,695	\$4,966	\$5,729
Federal Funds (Title XIX)	\$20,631	\$14,901	\$5,730
<b>Budget Grand Total</b>	<b>\$31,326</b>	<b>\$19,867</b>	<b>\$11,459</b>

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Prepared By (Print & Sign)	Date	Phone Number	E-mail Address

<i>Michael Ungeheuer RN MN PHN</i>	<i>11/27/2019</i>	as above	as above
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



BUDGET JUSTIFICATION NARRATIVE  
 HCPCFC Caseload Relief  
 EL DORADO COUNTY  
 FISCAL YEAR 19-20

PERSONNEL COSTS

Total salaries	\$18,378
Total Benefits	\$9,189

**Total Personnel Costs** **\$27,569**

Supervising PHN		Increase by 10% to create expert oversight for the monitoring of activities related to both HCPCFC and PMM&O with additional coverage depth and medical care coordination continuity.
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PHN I-II		Funding balance to maintain 1.0 FTE integrity
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OPERATING EXPENSES

Travel	\$500	Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ \$.58 per mile with annual adjustment
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Training	\$500	Registration/tuition fees for SPMP for continuing education program specific
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**Total Operating Expenses** **\$1,000**

CAPITAL EXPENSES \$0

**Total Capital Expenses** **\$0**

INDIRECT EXPENSES

Internal @ 10%	\$2,757	Capped by State
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External	\$0	
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**Total Indirect Expenses** **\$2,757**

OTHER EXPENSES \$0

**Total Other Expenses** **\$0**

**BUDGET GRAND TOTAL** **\$31,326**

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	71	10.87%
OTLICP - Total Cases of Open (Active) OTLICP Children	102	15.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>

**CCS Administrative Budget Worksheet  
from July 1, 2019 to September 30, 2019**

Fiscal Year: 2019-20

County: EL DORADO

Column	Straight CCS				Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)						
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	3 months pro-rated 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-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense</b>													
<b>Program Administration</b>													
Supervising PHN Dana Harden	25.00%	25,401	6,350	10.87%	690	15.62%	992	73.51%	4,668			100.00%	4,668
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
Subtotal		25,401	6,350		690		992		4,668				4,668
<b>Medical Case Management</b>													
Supervising PHN Dana Harden	5.00%	25,401	1,270	10.87%	138	15.62%	198	73.51%	934	80.00%	747	20.00%	187
PHN II Sabina Keller	80.00%	21,840	17,472	10.87%	1,900	15.62%	2,729	73.51%	12,843	80.00%	10,274	20.00%	2,569
PHN II Vacant	100.00%	19,797	19,797	10.87%	2,153	15.62%	3,092	73.51%	14,552	80.00%	11,642	20.00%	2,910
PHN II	80.00%	19,797	15,838	10.87%	1,722	15.62%	2,474	73.51%	11,642	80.00%	9,314	20.00%	2,328
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
Subtotal		86,835	54,377		5,913		8,493		39,971		31,977		7,994
<b>Other Health Care Professionals</b>													
	0.00%	13,187	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
Subtotal		13,187	0		0		0		0		0		0
<b>Ancillary Support</b>													
Medical Office Assistant Adrianna Salas-Rodriguez	40.00%	11,219	4,488	10.87%	488	15.62%	701	73.51%	3,299			100.00%	3,299
Medical Office Assistant Michelle McCann-Hardie	10.00%	11,104	1,110	10.87%	121	15.62%	173	73.51%	816			100.00%	816
Medical Office Assistant Maria Martinez	10.00%	11,124	1,112	10.87%	121	15.62%	174	73.51%	817			100.00%	817
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
Subtotal		33,447	6,710		730		1,048		4,932				4,932
<b>Clerical and Claims Support</b>													

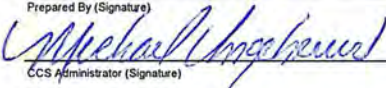
CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	71	10.87%
OTLIPC - Total Cases of Open (Active) OTLIPC Children	102	15.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>

### CCS Administrative Budget Worksheet from July 1, 2019 to September 30, 2019

Fiscal Year: 2019-20

County: EL DORADO

Column	Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)								
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	3 months pro-rated 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 (OTLIPC) Co/State/Fed (6/6/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Medical Office Assistant Adrianna Salas-Rodriguez	10.00%	11,219	1,122	10.87%	122	15.62%	175	73.51%	825	50.00%	413	50.00%	412
Medical Office Assistant Michelle McCann-Hardie	90.00%	11,104	9,994	10.87%	1,087	15.62%	1,561	73.51%	7,348	50.00%	3,673	50.00%	3,673
Medical Office Assistant Maria Martinez	90.00%	11,124	10,012	10.87%	1,089	15.62%	1,564	73.51%	7,360	50.00%	3,680	50.00%	3,680
			0	10.87%	0	15.62%	0	73.51%	0	75.00%	0	25.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
Subtotal		33,447	21,128		2,298		3,300		15,531		7,766		7,765
Total Salaries and Wages			88,565	10.87%	9,630	15.62%	13,834	73.51%	65,102	61.05%	39,743	38.95%	25,359
Staff Benefits (Specify %)	61.00%		54,025	10.87%	5,874	15.62%	8,439	73.51%	39,712		24,243		15,469
I. Total Personnel Expense			142,590	10.87%	15,504	15.62%	22,273	73.51%	104,814		63,986		40,828
II. Operating Expense (for three months)													
1. Travel			175	10.87%	19	15.62%	27	73.51%	129	61.05%	79	38.95%	50
2. Training			150	10.87%	16	15.62%	23	73.51%	110	61.05%	67	38.95%	43
3. Communication			75	10.87%	8	15.62%	12	73.51%	55			100.00%	55
4. Insurance			525	10.87%	57	15.62%	82	73.51%	386			100.00%	386
5. Office and Duplicating			1,155	10.87%	126	15.62%	180	73.51%	849			100.00%	849
6.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
7.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
II. Total Operating Expense (for three months)			2,080		226		324		1,529		146		1,383
III. Capital Expense (for three months)													
1.				10.87%	0	15.62%	0	73.51%	0				0
2.				10.87%	0	15.62%	0	73.51%	0				0
3.				10.87%	0	15.62%	0	73.51%	0				0
III. Total Capital Expense (for three months)			0		0		0		0				0
IV. Indirect Expense													
1. Internal	0.00%		0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
2. External	25.00%		35,847	10.87%	3,876	15.62%	5,568	73.51%	26,203			100.00%	26,203
IV. Total Indirect Expense (for three months)			35,847		3,876		5,568		26,203				26,203
V. Other Expense (for three months)													
1. Maintenance & Transportation			1,500	10.87%	163	15.62%	234	73.51%	1,103			100.00%	1,103
2.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
3.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
4.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
5.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
V. Total Other Expense (for three months)			1,500		163		234		1,103				1,103
Budget Grand Total (for three months)			181,817		19,769		28,399		133,649		64,132		69,517

Prepared By (Signature)	Michael Ungeheur RN MN PHN	11/15/2019	530 621 6129
	Prepared By (Printed Name)	Date Prepared	Phone Number
	Michael Ungeheur RN MN PHN	11/15/2019	530 621 6129
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number



CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	71	10.87%
OTLICIP - Total Cases of Open (Active) OTLICIP Children	102	15.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICIP) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>


**CCS Administrative Budget Summary  
from July 1, 2019 to September 30, 2019**

Fiscal Year: 2019-20

County: EL DORADO

Category/Line Item	Col 1 = Col 2+3+4	Straight CCS	OTLICIP	Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
	1	2	3	4	5	6
	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICIP) 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	142,590	15,504	22,273	104,814	63,986	40,828
II. Total Operating Expense	2,080	226	324	1,529	146	1,383
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	35,647	3,876	5,568	26,203		26,203
V. Total Other Expense	1,500	163	234	1,103		1,103
<b>Budget Grand Total</b>	<b>181,817</b>	<b>19,769</b>	<b>28,399</b>	<b>133,649</b>	<b>64,132</b>	<b>69,517</b>

Source of Funds	Col 1 = Col 2+3+4	Straight CCS	OTLICIP	Medi-Cal (non-OTLICIP) (Column 4 = Columns 5 + 6)		
	1	2	3	4	5	6
	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICIP) 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)
<b>Straight CCS</b>						
State	9,884	9,884				
County	9,885	9,885				
<b>OTLICIP</b>						
State	1,704		1,704			
County	1,704		1,704			
Federal (Title XXI)	24,991		24,991			
<b>Medi-Cal</b>						
State	50,792			50,792	16,033	34,759
Federal (Title XIX)	82,857			82,857	48,099	34,758

Prepared By (Signature)		Michael Ungeheuer RN MN PHN	michael.ungeheuer@edcgov.us
		Prepared By (Printed Name)	Email Address
M Ungeheuer		Michael Ungeheuer RN MN PHN	as above
CCS Administrator (Signature)		CCS Administrator (Printed Name)	Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	71	10.87%
<b>OTLIPC -</b> Total Cases of Open (Active) OTLIPC Children	102	15.62%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>

**CCS Administrative Budget Worksheet  
from October 1, 2019 to June 30, 2020**

Fiscal Year: 2019-20

County: EL DORADO

Column	Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)								
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	9 months pro-rated 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 (OTLIPC) Co/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense (for six months)</b>													
<b>Program Administration</b>													
Supervising PHN Dana Harden	30.00%	76,202	22,861	10.87%	2,486	15.62%	3,571	73.51%	16,804			100.00%	16,804
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
Subtotal		76,202	22,861		2,486		3,571		16,804				16,804
<b>Medical Case Management</b>													
Supervising PHN Dana Harden	0.00%	76,202	0	10.87%	0	15.62%	0	73.51%	0	50.00%	0	50.00%	0
PHN II Sabina Keller	80.00%	65,520	52,416	10.87%	5,699	15.62%	8,187	73.51%	38,529	80.00%	30,823	20.00%	7,706
PHN II Vacant	100.00%	59,390	59,390	10.87%	6,457	15.62%	9,277	73.51%	43,656	80.00%	34,925	20.00%	8,731
PHN II	80.00%	59,390	47,512	10.87%	5,166	15.62%	7,421	73.51%	34,925	80.00%	27,940	20.00%	6,985
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
Subtotal		260,502	159,318		17,322		24,885		117,110		93,688		23,422
<b>Other Health Care Professionals</b>													
Care Management Counselor III VACANT	0.00%	39,172	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	100.00%	0
Subtotal		39,172	0		0		0		0		0		0
<b>Ancillary Support</b>													
Medical Office Assistant Adrianna Salas-Rodriguez	25.00%	33,657	8,414	10.87%	915	15.62%	1,314	73.51%	6,185			100.00%	6,185
Medical Office Assistant Michelle McCann-Hardie	10.00%	33,311	3,331	10.87%	362	15.62%	520	73.51%	2,449			100.00%	2,449
Medical Office Assistant Maria Martinez	10.00%	33,371	3,337	10.87%	363	15.62%	521	73.51%	2,453			100.00%	2,453
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
Subtotal		100,339	15,082		1,640		2,355		11,087				11,087
<b>Clerical and Claims Support</b>													
Medical Office Assistant Adrianna Salas-Rodriguez	25.00%	33,657	8,414	10.87%	915	15.62%	1,314	73.51%	6,185	50.00%	3,093	50.00%	3,092
Medical Office Assistant Michelle McCann-Hardie	90.00%	33,311	29,980	10.87%	3,260	15.62%	4,683	73.51%	22,037	50.00%	11,019	50.00%	11,018



CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	71	10.87%
<b>OTLICIP -</b> Total Cases of Open (Active) OTLICIP Children	102	15.62%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLICIP) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>

**CCS Administrative Budget Worksheet  
from October 1, 2019 to June 30, 2020**

Fiscal Year: 2019-20

County: EL DORADO

Column	Straight CCS		Optional Targeted Low Income Children's Program (OTLICIP)		Medi-Cal (Non-OTLICIP)								
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	9 months pro-rated 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 (OTLICIP) Co/State/Fed (11.75/11.75/76.5)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Medical Office Assistant Maria Martinez	90.00%	33,371	30,034	10.87%	3,266	15.62%	4,691	73.51%	22,077	50.00%	11,039	50.00%	11,038
5. Employee Name, Position	0.00%	0	0	10.87%	0	15.62%	0	73.51%	0	0.00%	0	0.00%	0
Subtotal		100,339	68,428		7,441		10,688		50,299		25,151		25,148
Total Salaries and Wages			265,689	10.87%	28,888	15.62%	41,501	73.51%	195,300	60.85%	118,839	39.15%	76,461
Staff Benefits (Specify %)	60.00%		159,413	10.87%	17,333	15.62%	24,901	73.51%	117,180		71,303		45,877
<b>I. Total Personnel Expense (for nine months)</b>			425,102	10.87%	46,221	15.62%	66,402	73.51%	312,480		190,142		122,338
<b>II. Operating Expense (for nine months)</b>													
1. Travel			525	10.87%	57	15.62%	82	73.51%	386	60.85%	235	39.15%	151
2. Training			450	10.87%	49	15.62%	70	73.51%	331	60.85%	201	39.15%	130
3. Communication			225	10.87%	24	15.62%	35	73.51%	165			100.00%	165
4. Insurance			1,574	10.87%	171	15.62%	246	73.51%	1,157			100.00%	1,157
5. Office and Duplicating			2,760	10.87%	300	15.62%	431	73.51%	2,029			100.00%	2,029
6				10.87%	0	15.62%	0	73.51%	0			100.00%	0
7				10.87%	0	15.62%	0	73.51%	0			100.00%	0
<b>II. Total Operating Expense (for nine months)</b>			5,534		601		864		4,068		436		3,632
<b>III. Capital Expense (for nine months)</b>													
1.				10.87%	0	15.62%	0	73.51%	0				0
2.				10.87%	0	15.62%	0	73.51%	0				0
3.				10.87%	0	15.62%	0	73.51%	0				0
<b>III. Total Capital Expense (for nine months)</b>			0		0		0		0				0
<b>IV. Indirect Expense</b>													
1. Internal	0.00%		0	10.87%	0	15.62%	0	73.51%	0			100.00%	0
2. External	25.00%		106,276	10.87%	11,555	15.62%	16,601	73.51%	78,120			100.00%	78,120
<b>IV. Total Indirect Expense (for nine months)</b>			106,276		11,555		16,601		78,120				78,120
<b>V. Other Expense (for nine months)</b>													
1. Maintenance & Transportation			4,500	10.87%	489	15.62%	703	73.51%	3,308			100.00%	3,308
2.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
3.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
4.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
5.				10.87%	0	15.62%	0	73.51%	0			100.00%	0
<b>V. Total Other Expense (for nine months)</b>			4,500		489		703		3,308				3,308
<b>Budget Grand Total (for nine months)</b>			541,412		58,866		84,570		397,976		190,578		207,398

Prepared By (Signature)	Michael Ungeheuer RN MN PHN	11/15/2019	530 621 6129
Prepared By (Printed Name)	Michael Ungeheuer RN MN PHN	Date Prepared	Phone Number
CCS Administrator (Signature)	Michael Ungeheuer RN MN PHN	11/15/2019	530 621 6129
CCS Administrator (Printed Name)	Michael Ungeheuer RN MN PHN	Date Signed	Phone Number



CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	71	10.87%
<b>OTLICP -</b> Total Cases of Open (Active) OTLICP Children	102	15.62%
<b>MEDI-CAL -</b> Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>

**CCS Administrative Budget Summary  
from October 1, 2019 to June 30, 2020**

Fiscal Year: 2019-20

County: EL DORADO

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (11.75/11.75/76.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	425,102	46,221	66,402	312,480	190,142	122,338
II. Total Operating Expense	5,534	601	864	4,068	436	3,632
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	106,276	11,555	16,601	78,120		78,120
V. Total Other Expense	4,500	489	703	3,308		3,308
<b>Budget Grand Total</b>	<b>541,412</b>	<b>58,866</b>	<b>84,570</b>	<b>397,976</b>	<b>190,578</b>	<b>207,398</b>

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (11.75/11.75/76.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>Straight CCS</b>						
State	29,433	29,433				
County	29,433	29,433				
<b>OTLICP</b>						
State	9,937		9,937			
County	9,937		9,937			
Federal (Title XXI)	64,696		64,696			
<b>Medi-Cal</b>						
State	151,344			151,344	47,645	103,699
Federal (Title XIX)	246,632			246,632	142,933	103,699

Prepared By (Signature) Michael Ungeheuer Michael Ungeheuer RN MN PHN michael.ungeheuer@edcgov.us  
 Prepared By (Printed Name) Michael Ungeheuer RN MN PHN 11/26/2019  
 M Ungeheuer CCS Administrator (Signature) Michael Ungeheuer RN MN PHN 11/26/2019  
 CCS Administrator (Printed Name) Michael Ungeheuer RN MN PHN 11/26/2019

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	71	10.87%
OTLICP - Total Cases of Open (Active) OTLICP Children	102	15.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	480	73.51%
<b>TOTAL CCS CASELOAD</b>	<b>653</b>	<b>100%</b>

**CCS Administrative Budget Summary  
from July 1, 2019 to June 30, 2020**

Fiscal Year: 2019-20

County: EL DORADO

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	567,692	61,725	88,675	417,294	254,128	163,166
II. Total Operating Expense	7,614	827	1,188	5,597	582	5,015
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	141,923	15,431	22,169	104,323		104,323
V. Total Other Expense	6,000	652	937	4,411		4,411
<b>Budget Grand Total</b>	<b>723,229</b>	<b>78,635</b>	<b>112,969</b>	<b>531,625</b>	<b>254,710</b>	<b>276,915</b>

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<b>Straight CCS</b>						
State	39,317	39,317				
County	39,318	39,318				
<b>OTLICP</b>						
State	11,641		11,641			
County	11,641		11,641			
Federal (Title XXI)	89,687		89,687			
<b>Medi-Cal</b>						
State	202,136			202,136	63,678	138,458
Federal (Title XIX)	329,489			329,489	191,032	138,457

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 M Ungeheuer  
 CCS Administrator (Signature) Michael Ungeheuer RN MN PHN  
 CCS Administrator (Printed Name) 11/26/2019  
 Email Address

BUDGET JUSTIFICATION NARRATIVE  
 CCS ADMINISTRATION  
 EL DORADO COUNTY  
 FISCAL YEAR 2019-2020

**PERSONNEL COST**

Total salaries \$354,254  
 Total Benefits \$213,438

**Total Personnel Expenses 567,692**

Supervising PHN Retained at 30 percent for program oversight and consultation for most complex case management events

Public Health Nurse II (2.60) Increased by .80 FTE to align with caseload standards, projected total caseload and tier 3 authorization level

Medical Office Assistance (2.5) No change

**OPERATING EXPENSES**

Travel \$700 Includes per diem , private vehicle mileage, commercial auto rental, air travel etc. Mileage reimbursement subject to Federal rate currently at 0.58 per mile with annual adjustment.

Training \$600 Registration/tuition fees for SPMP and support staff for continuing education opportunities

Office Supplies and Services \$3,915 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 \$2,099 Facility and professional liability insurance

**Total operating Costs 7,614**

**CAPITAL EXPENSES**

**Total Capital Expenses 0**

**INDIRECT EXPENSES**

Internal @

External @ 25% 141,923 In accordance to the A-87 plan on file applied by total program FTE.

**Total Indirect Expenses 141,923**

**OTHER EXPENSES**

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 723,229**



## County Classification Title and Salary Table Details

CCS Administrative Budget FY 2019-2020

**(To be completed by the county)**

County	EL DORADO	
Staff/Working Title for personnel reported in baseline budget (This is Column A)	Corresponding County Classification Title for personnel listed in Column A (Per County Web Link)	Notes/Comments (for any additional compensation in the budget compared to maximum salary in the website)
Supervising Public Health Nurse	Same	
Public Health Nurse I/II	Same	Longevity
Medical Office Assistant I/II	Same	Bilingual and SLT differential and longevity as applicable
Additional Details:	Please enter the required details as below:	Notes/Comments
Personnel Benefits Rate (County-established Percentage or Percentage Based upon Actual Costs)	61% reflected in the budget build is the average rate for all positions. Invoices are generated using actual rate by position individual.	Benefit rates are not open to public inspection
Indirect Cost Rate (FY 2019-20 CDPH County ICR to be applied to Total Personnel Costs) Copy & Open URL Link for ICR FY 2018-19 <a href="https://www.cdph.ca.gov/Programs/CFHD/DC/CAH/Pages/Indirect-Cost-Rate.aspx">https://www.cdph.ca.gov/Programs/CFHD/DC/CAH/Pages/Indirect-Cost-Rate.aspx</a>	25% <a href="https://www.edcgov.us/Government/Auditor-Controller">https://www.edcgov.us/Government/Auditor-Controller</a>	
Please provide following web link		
Web link for County Classification Title, Staff Benefits Rate and Salary Table:	<a href="https://www.governmentjobs.com/careers/edcgov">https://www.governmentjobs.com/careers/edcgov</a>	