County/City: El Dorado Count	County/	City:	EI	Dorado	Count
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Fiscal Year: 2020-2021

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Fiscal Year: 2020-2021

Agency Information Sheet

County/City:	EL DORADO		Fiscal Year: 2020-2021
	0	fficial Agen	су
Name:	Health & Human Services Agency	Address:	3057 Briw Rd Placerville CA 95667
Health Officer	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		
Fax:	530 642 0892	E-Mail:	Nancy.williams@edcgov.us
	CHDF	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:	Kim Dawson	Address:	330 Fairlane Placerville CA 95667
Phone:	530 621 5393		
Fax:	530 622 3645	E-Mail:	kim.dawson@edcgov.us
	Director of	Social Servi	ces Agency
Name:	Don Semon	Address:	3057 Briw Rd Placerville CA 95667
Phone:	530 642 6270		
Fax:	530 295 2792	E-Mail:	don.semon@edcgov.us
	Chief	Probation C	Officer
Name:	Brian Richardt	Address:	3974 Durock Rd Suite 205 Shingle Springs CA 95682
Phone:	530 621 5958		
Fax:	530 621 2330	E-Mail:	Brian.richardt@edcgov.us

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

County/City: El Dorado	Fiscal Year: 2020-2021
I certify that the CHDP Program will comply with all applications, Part 2, Chapter 3, Article 6 (commencing with Section 9, Part 3, Chapters 7 and 8 (commencing with Section 14 Section 16970, and any applicable rules or regulations prochapters, and that section. I further certify that this CHDP Services Plan and Fiscal Guidelines Manual, including but Participation. I further certify that this CHDP Program will governing and regulating recipients of funds granted to state the Social Security Act (42 U.S.C. Section 1396 et seq.). Subject to all sanctions or other remedies applicable if this regulations and policies with which it has certified it will contain the security of the	n 124025), Welfare and Institutions Code, Division 000 and 14200), Welfare and Institutions Code omulgated by DHCS pursuant to that Article, those P Program will comply with the Children's Medical t not limited to, Section 9, Federal Financial comply with all federal laws and regulations ates for medical assistance pursuant to Title XIX of I further agree that this CHDP Program may be CHDP Program violates any of the above laws,
Signature of CHDP Director	Date Signed
Signature of Health Officer	Date Signed
Michael Ungeheur MNRN Signature of CHDP Deputy Director	Date Signed
I certify that this plan has been approved by the local gove	erning body.
Signature of Local Governing Body Chairperson	Date

Certification Statement - California Children's Services (CCS)

County/City:	El Dorado County	Fiscal Year:	2020-2021
Part 2, Chapte Institutions Co by DHCS purs Children's Med Federal Finance regulations go XIX of the Soc Maternal and G 701 et seq.). I	e CCS Program will comply with all applicate 3, Article 5, (commencing with Section 1 de (commencing with Sections 14000-142) uant to this article and these Chapters. It dical Services (CMS) Plan and Fiscal Guid Cial Participation. I further certify that this everning and regulating recipients of funds it is security Act (42 U.S.C. Section 1396 e Child Health Services Block Grant pursuar further agree that this CCS Program may ogram violates any of the above laws, regulation of the commence of the commenc	23800) and Chapters 7 and 8 (200), and any applicable rules further certify that this CCS Proceed the Manual, including but a CCS Program will comply with granted to states for medical at seq.) and recipients of fundant to Title V of the Social Security of subject to all sanctions or	of the Welfare and or regulations promulgated ogram will comply with the not limited to, Section 9 in all federal laws and assistance pursuant to Title is allotted to states for the purity Act (42 U.S.C. Section other remedies applicable
Mu	had I machener MN B	NPKN	
Signature of C	CS Administrator	Date Signed	
Signature of H	ealth Officer	Date Signed	
Signature and	Title of Other – Optional	Date Signed	
I certify that thi	s plan has been approved by the local gov	verning body.	
Signature of Lo	ocal Governing Body Chairperson	Date	

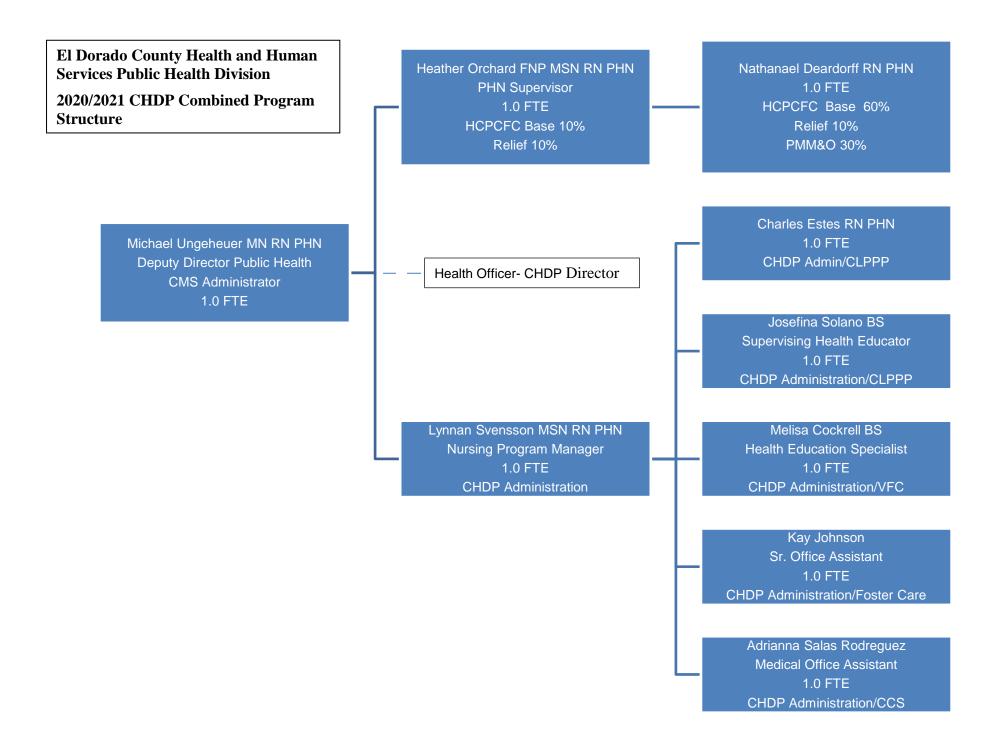
EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH DIVISION

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 nursing case management, co-location of public health nursing staff in health care provider, education and public assistance organizations. Augmenting these direct coordinating activities is a strong emphasis on public health training to the community's human services workforce. These collaborations 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 2020-2021

- 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
- Public Health Accreditation



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: 2020-2021				
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	Karin Wade	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: 2	2020- 2021	
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 I/II	Charles Estes	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



County-City Name: | EL DORADO | Fiscal Year: | 2020-2021

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 Narratve), 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 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%
-	Deardorff	Nathanael	PHN I/II	Y	60.00%	30.00%	10.00%		0.00%	1.00%
1			3							

CHDP Program Referral Data FY 20-21

County/City: EL DORADO			17-18	FY 18-19		FY 19-20			
Basic Informing and CHDP Referrals									
1.	Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	5899	10217	4982	10,302	4033	7976		
2.	Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients				
	a. Number of CalWORKs cases/recipients	153	263	103	177	89	152		
1	b. Number of Foster Care cases/recipients	205	241	325	408	235	291		
	c. Number of Medi-Cal only cases/recipients	213	402	126	228	233	407		
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		906		813	8	50		

	b. Medical and/or dental services with scheduling and/or transportation	73	33	16
	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	6	6	0
Resi	ults of Assistance			
5.	Number of recipients actually provided scheduling and/or transportation assistance by program staff	3		0
6.	Number of recipients in "5" who actually received medical and/or dental services	1	0	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: 2020-2021

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 Summary No County/City Match Fiscal Year 2020-2021

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)		Sta	nhanced te/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	The state of	\$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
Budget Grand Total	\$	249,322	14,	\$	249,322	\$	79,271	\$	170,051

Column	1	2	3	4	5
Samuel of Freedo	Tetal Funda	Total CHDP		Enhanced	Nonenhanced
Source of Funds	Total Funds	Budget	Budget	State/Federal	State/Federal
State General Funds	\$0	OLYMPIA AS VIVA A			
Medi-Cal Funds:	\$249,322		\$249,322		
State Funds	\$104,843		\$104,843	\$19,818	\$85,025
Federal Funds (Title XIX)	\$144,479		\$144,479	\$59,453	\$85,025

Michael Ungeheuer RN MN PHN	12/21/20	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date Prepared	Phone Number As above	Email Address As above
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: 20-21

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi- Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses	IIIII			HH				HILL		HH	
Josefina Solano Supervising HEC	38%	\$89,571	\$ 34,037	0.00%	\$0	100.00%	\$34,037	0%	\$0	100%	\$34,03
Charles Estes PHN II	60%	\$79,186		0.00%	\$0	100.00%	\$47,512	80%	\$38,009	20%	\$9.50
Kay Johnson Senior OA	60%	\$42,415		0.00%	SO	100.00%	\$25,449	50%	\$12,725	50%	\$12,72
Adriana Salas-Rodreguez Medical OA	50%	\$44,876		0.00%	SO.	100.00%	\$22,438	5%	\$1,122	95%	\$21,31
		7.7.11	s -	0%	\$0		\$0		\$0		\$
Total Salaries and Wages	IIIII	minimi	\$ 129,436	IIIII	\$0	THIIIIIII.	\$129,436	IIIII	\$51,856	unn	\$77,58
ess Salary Savings	111111		\$0	HHH	\$0		\$0	HILL	\$0	MILLE	
Net Salaries and Wages	41111		S 129,436	m	50		\$129,436	HIII	\$51,856	m	\$77,58
Staff Benefits (Specify %) 50.00%	MILL		\$64,718	m	\$0		\$64,718	IIIII	\$25,928	m	\$38,79
. Total Personnel Expenses	IIIII		\$ 194,153	m	\$ -		\$ 194,153	IIIII	\$ 77,784	TITIL	\$ 116,37
I. Operating Expenses	IIIII		IIIIIIIIIII	Ш	HIIIIIIIII		ШИШИ	TITIE	HIIIIIIIIIII	TITTE	HIIIIIIIIII
fravel	IIIII		\$2,375	mm	\$0		\$2,375	50%	\$1,188	50%	\$1,18
raining	IIIII		\$600	Ш	\$0		\$600	50%	\$300	50%	\$30
Office	IIIII		\$1,500	IIIII	\$0		\$1,500	IIIII	<i>HIIIIIIII</i>	100%	\$1,50
nsurance	IIIII		\$2,055	IIIII	\$0		\$2,055	IIIII		100%	\$2,05
Communication	IIIII		\$100	TITIE	\$0		\$100	IIIII		100%	\$10
	IIIII			THIN			\$0	IIIII		100%	
	dilli			mm		THIIIIII T	\$0	IIIII			
I. Total Operating Expenses	IIIII		\$6,630	ШП	\$0		\$6,630	IIIII	\$1,488	IIIII	\$5,14
II. Capital Expenses	IIIII		mmmm.	THE	<i>HIIIIIII</i>		IIIIIIIIIII	m	IIIIIIIIIIIII	THIN	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	111111	<i>IIIIIIIII</i>		IIIII.		HIHIII		IIIII		TITIE	
	IIIII			IIIII			-	ШШ		m	
	IIIII			IIIII				IIIII		m	
	IIIII			Ш			-	IIIII	MINIMINI II	TITIL	
						<i>IIIIIIIII</i>		IIIII		IIIII	
I. Total Capital Expenses	VIIII.				C. V. IIIZ IIIIZ						
V. Indirect Expenses			mmmm.	ШИ	ШШШ		IIIIIIIIIII				mmmm .
I. Internal (Specify %) 0.00%			\$0	uuu	A. ALLES C. A.		\$0	IIIII			75.574.644.644
2. External (Specify %) A-87 25.00%			\$48,538				\$48,538			ann	\$48,53
V. Total Indirect Expenses	IIIII		\$48,538		\$0		\$48,538	allilli		ullik	\$48,53
V. Other Expenses	IIIII		ШИШИ	um	ШШШ		ШШШ	MIIII		ШШ	ШИШИ
	IIIII			m		HIHIII		ann		uun	
	THIII)			uuu		ШШШ		ann			
	allin			ШШ		dillilli		ШШ		ann	
	anni			ши				IIIII		um	
	allilli	шшшк		uuu		allillilli		MIIII		uuu	
V. Total Other Expenses	MILL			MIII		allillilli		VIIII)		ШШ	
Budget Grand Total	VIIII.		249,322	ann			249,322	VIIII.	79,271	VIIIII.	170,05
Michael Ungeheuer RN MN PHN			12/21/202	0	530 62	1 6129	michael.	ungeheue	r@edcgov.us		
Prepared By (Signature)			Date Prepar	ed	Phone	Number	Email Add				
					As A	bove	As abov	re e			

BUDGET JUSTIFICATION NARRATIVE CHDP ADMINISTRATION STATE/FEDERAL **EL DORADO COUNTY** FISCAL YEAR 20-21

PERSONNEL COST

Total salaries \$129,436 **Total Benefits** \$64,718

Total Personnel Expenses \$194,153

No change

Supervising HIth Education Cood

No change

Public Health Nurse II

No change

Sr Office Assistant

Travel

No change Medical Office Assistant

OPERATING EXPENSES

Office Supplies and Services

Total operating Costs

Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. \$2,375

Mileage reimbursement @ 0.575 per mile

with annual adjustment

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

\$1,500

program specific

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

Third party telecommunication cost for long Communications \$100

distance telephone service

\$6,630

CAPITAL EXPENSES **Total Capital Expenses** \$0

INDIRECT EXPENSES

Internal @ \$0

Consistent with approved A-87 on file External @ 25% \$48,538

Total Indirect Expenses \$48,538

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$249,322

CHDP Administrative Budget

Summary

County/City Match

Fiscal Year: 2020-2021 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		
Budget Grand Total	\$183,642	\$38,509	\$145,132		

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	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Signature)	Date prepared	Phone Number	Email Address
Michael Ungeheuer	12/21/2020	As above	As above
CHDP Deputy Director	/ Date	Phone Number	Email Address
(Signature)			

CHDP Administrative Budget Worksheet County/City Match Fiscal Year: 2020-2021

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							
fi S-I S UEC	Willin .			HIIII			
osefina Solano Supervising HEC Charles Estes PHN II	62%		\$55,534 \$31,674	0% 80%		100%	
Melissa Cockrell Hith Prgrm Specialist	20%		\$10,200	0%			
Melissa Gockieli Filtii Figilii Opecialist	2070	φ31,002	\$10,200	0 70	\$0	100%	\$10,20
otal Salaries and Wages	IIIII		\$97,409	IIIIII	\$25,340	IIIIII	\$72.06
ess Salary Savings			\$0	IIIII	\$0	IIIIII	\$
let Salaries and Wages			\$97,409		\$25,340	IIIIII	\$72,06
Staff Benefits (Specify %) 50.00%			\$48,704		\$12,670		\$36,03
. Total Personnel Expenses	HILL		\$146,113	ШИ	\$38,009	HHH	\$108,10
I. Operating Expenses	HHH			50%		1111111	
ravel raining	HHH		\$500 \$500		\$250 \$250	50%	
raining	HHH		φ300	illin.	ili ili mananana	3070	923
	HHH			HHH		3	
	IIIII			HHH			
			× 3				
	MILL			MIIII			
	IIIII						
L Tatal Occuption Evenance	HIII		64 000	HIII		mm	050
I. Total Operating Expenses II. Capital Expenses	HHH		\$1,000	HHH	\$500	HHH	\$50
ii. Capitai Expenses	HHH		\$0	HHH		HHH	\$
	HHH		\$0	HHH		HHH	\$
	HHH		\$0	HHH		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$
			\$0	MILL			\$
			\$0			IIIIIX	\$
I. Total Capital Expenses	IIIII		\$0	ШИ	\$0	ШИ	\$
V. Indirect Expenses	HIII		illillillillillillillillillillillillill	HIIII			
1. Internal (Specify %) 0.00% 2. External (Specify %) A-87 25.00%	HHH		\$0	HHH		HHH	\$ \$20.50
V. Total Indirect Expenses	HHH		\$36,528 \$36,528	HHH		HHH	\$36,52 \$36,52
V. Other Expenses	HHH		Millianni.	HHH			
	111111		\$0	HHH		HHH	\$
	IIIII		\$0			MILLER	\$
			\$0			IIIIIX	\$
	MIIII		\$0	IIIII		IIIIII	\$
/ T-t-l Other Francisco	HIII		\$0	HHH		HHH	\$ \$
V. Total Other Expenses Budget Grand Total	AHH		\$0 \$183,642	HHH	MINIMUM 11111111111111111111111111111111111	HHH	\$ \$
Budget Grand Total	unn	Million III	\$103,042	Allilli	\$38,509	Allilli	\$145,13
Michael Ungheuer RN MN PHN			12/21/2020		E20 624 6420	miches	Lungahauas@adagau
Prepared By (Signature)			Date Prepared		530 621 6129 Phone Number	michae	l.ungeheuer@edcgov.us
1 221 : 1.1							Email Address
Muchael Ungehe	uel		12/21/2	020	As Above		As above
CHPD Deputy Director (Signature)			Data		Phone Number		Email Address

Date

Phone Number

Email Address

CHPD Deputy Director (Signature)

BUDGET JUSTIFICATION NARRATIVE CHDP ADMINISTRATION COUNTY MATCH **EL DORADO COUNTY** FISCAL YEAR 20-21

PERSO	

Total salaries \$97,409 **Total Benefits** \$48,704

Total Personnel Expenses \$146,113

No change Supervising HIth Education Cood

No change Health Program Specialist

No change Public Health Nurse II

OPERATING EXPENSES

Includes per diem, private vehicle mileage,

commercial auto rental, air travel, etc. Mileage reimbursement @0.575 per mile with

\$500 Travel annual adjustment

Registration/tuition fees for SPMP and support staff for continuing education \$500 Training

program specific

Maintenance of ongoing operation cost

related to stationary, postage, subscriptions, Office Supplies and Services \$0 office equip, minor equip, software license,

mail service, central duplication

\$0 Insurance

Equipment \$0

Building Maintenance \$0

\$0 Communication

Total Operating Costs \$1,000

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

External @ 25% Consistent with approved A-87 on file. \$36,528

Total Indirect Expenses \$36,528

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$183,642

Identify State/Federal Funding Source:		BASE					
County-City Name: EL DORADO		Fiscal Year:	2020 - 2021				
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	\$112,407	\$92,244	\$20,163				
II Total Operating Expenses	\$1,200	\$600	\$600				
III Total Capital Expenses							
IV Total Indirect Expenses	\$11,241		\$11,241				
V Total Other Expenses							
Budget Grand Total	\$124,848	\$92,844	\$32,004				
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)				
E	(F = G + H)	G	H /				
State Funds	\$39,213	\$23,211	\$16,002				
Federal Funds (Title XIX)	\$85,635	\$69,633	\$16,002				
Budget Grand Total	\$124,848	\$92,844	\$32,004				
Michael Ungeheuer RN MN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us				
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address				
Michael Chachewer	12/21/20	ZO as above	as above				
CHDP Director Or Deputy Director (Print & Sign	Date	Phone Number	E-mail Address				



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care State/Federal Budget Worksheet



County-City Name:	ITI DODADO				F. 19	10000 0004				
	EL DORADO				Fiscal Year:	2020 - 2021				
	Column			1A	1B	1	2A	2	3A	3
Category/Line Item					Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non- Enhanced State/Federa (50/50)
. Personnel Expenses						<i>IIIIIIIII</i>	IIIIIII.	<i>IIIIIIIIII</i>	IIIIII	IIIIIIII
# Last	First	Title	PHN (Y/N)							
1 Orchard	Heather	Supervising PHN	Υ	10.00%	\$104,592	\$10,459.20	50.00%	\$5,230	50.00%	
2 Deardorff	Nathanael	PHN I/II	Y	60.00%	\$79,186			\$46,086	3.00%	\$1,4
3 Johnson	Kay	Sr Office Assistant	N	40.00%	\$42,415			\$10,180	40.00%	\$6,7
4			-		\$0 \$0			\$0 \$0	100.00%	
6	+		+		\$0			\$0	100.00%	
7					\$0			\$0	100.00%	
8					\$0	\$0.00		\$0	100.00%	
9					\$0	\$0.00		\$0	100.00%	
10					\$0			\$0	100.00%	
1					\$0			\$0	100.00%	
2					\$0	\$0.00		\$0	100.00%	
3					\$0	\$0.00		\$0	100.00%	
4					\$0	\$0.00		\$0	100.00%	
5					\$0	\$0.00		\$0	100.00%	
16					\$0	\$0.00		\$0	100.00%	
17					\$0	\$0.00		\$0	100.00%	
8					\$0	\$0.00		\$0	100.00%	
20			1		\$0	\$0.00		\$0	100.00%	
Total Number of PHI	J Staff		2	IIIIIII	\$0	\$0.00	mmm	\$0	100.00%	mmm
Total FTE PHN Staff				0.70%			73.50%		26.50%	
otal Salaries and Wage				dillilli		\$74,937	HIIIII	\$61,496	HIIII	\$13,4
ess Salary Savings						\$0		\$0		
let Salaries and Wages						\$74,937		\$61,496		\$13,4
taff Benefits (Specify %			50.00%			\$37,469	IIIIIII	\$30,748		\$6,7
Total Personnel Expe						\$112,407		\$92,244		\$20,1
. Operating Expenses										
1 Travel			\$600			\$600	50.00%	\$300	50.00%	\$3
	Water -		\$600			\$600		\$300	50.00%	\$3
2 Training	enses					\$1,200		\$600		\$6
2 Training , Total Operating Expe				VIIIIII						
2 Training Total Operating Exp. Capital Expenses	•			444444			HHHH			
2 Training . Total Operating Exp. I. Capital Expenses I. Total Capital Expense	ses									
2 Training Total Operating Exp. Capital Expenses Total Capital Expenses Indirect Expenses	ses		10.00%			\$11.241				\$11.2
2 Training Total Operating Exp. Capital Expenses Total Capital Expenses Indirect Expenses Internal (Specify %)	ses		10.00%			\$11,241				\$11,2
2 Training Total Operating Expl. Capital Expenses Total Capital Expenses Total Capital Expenses Indirect Expenses Internal (Specify %) External			10.00%							IIIIIIII
2 Training Total Operating Expl. Capital Expenses Total Capital Expenses Total Capital Expenses Internal (Specify %) External Total Indirect Expenses			10.00%			\$11,241 \$11,241				IIIIIIII
2 Training . Total Operating Exp. I. Capital Expenses I. Total Capital Expense	ises		10.00%							\$11,24 \$11,24

/ Date

Phone Number

E-mail Address

CHDP Director or Deputy Director (Print & Sign)

BUDGET JUSTIFICATION NARRATIVE HCPCFC - Base **EL DORADO COUNTY** FISCAL YEAR 20-21

PERSONNEL COST

Total salaries \$74,937 **Total Benefits** \$37,469

Total Personnel Expenses \$112,407

No change Supervising PHN

Public Health Nurse II No change Sr Office Assistant No change

OPERATING EXPENSES

Travel

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

\$600

reimbursement @ \$.575 per mile with annual

adjustment

Registration/tuition fees for SPMP for continuing Training \$600

education program specific

1,200 **Total operating Costs** \$

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 10% \$11,241 Cost allocation plan applied to net wages

External \$0

Total Indirect Expenses 11,241

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$ 124,848

Identify State/Federal Fund	ling Source:			PMM&O
County-City Name: El	DORADO		Fiscal Year:	2020-2021
Category/Lin	e Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
Α		(B = C + D)	C	D
I Total Personnel Expen	ses	\$35,636	\$34,566	\$1,070
II Total Operating Expens	ses	\$0	\$0	\$0
III Total Capital Expenses				
IV Total Indirect Expenses	S	\$3,564		\$3,564
V Total Other Expenses				
Budget Grand Total		\$39,200	\$34,566	\$4,634
Source of F	unds	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
Budget Grand Total		\$39,200	\$34,566	\$4,634
Michael Ungeheuer MN RN	PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Pri	nt & Sign)	Date	Phone Number	E-mail Address
Muchael 1	nacheun	12/21/202	as above	as above
CHDP Director Or Deputy D	Diréctor (Print & Sig	n) Date	Phone Number	E-mail Address



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care State/Federal **Budget Worksheet**



lde	ntify State/Federal	Funding Source:				PMM&O					
Co	unty-City Name:	EL DORADO				Fiscal Year:	2020 - 2021				
		Column			1A	1B	1	2A	2	3A	3
		Category/Line			% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non- Enhanced State/Federal (50/50)
I. P	ersonnel Expenses				IIIIIII	IIIIIIIIII	IIIIIIIIII	IIIIIII		HIIII	HIIIIIIII
#	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	100.00%	\$0
4						\$0			\$0	100.00%	\$0
5						\$0			\$0	100.00%	\$0
6						\$0			\$0		\$0
7						\$0			\$0		\$0
8						\$0				100.00%	\$0
9						\$0	\$0.00		\$0		\$0
10 11				-		\$0 \$0			\$0		\$0
12			+	_		\$0	\$0.00 \$0.00		\$0 \$0	100.00% 100.00%	\$0 \$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0			\$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 PHI			1							
	Total FTE PHN Staff				0.30%			97.00%		3.00%	
	al Salaries and Wage	es					\$23,756		\$23,044		\$713
	s Salary Savings						\$0		\$0		\$0
	Salaries and Wages If Benefits (Specify %		1	50.00%			\$23,756		\$23,044		\$713
	otal Personnel Expe			50.00%			\$11,878 \$35,636		\$11,522 \$34,566		\$357
	perating Expenses						\$33,030		\$34,300		\$1,070
	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
	Training			\$0			\$0	0.00%	\$0		\$0
_	otal Operating Exp	enses	-		HHHH		\$0		SO.	VIIIIII	
	Capital Expenses						THININI THE				\$0
	Total Capital Expens	ses									
	ndirect Expenses										
	Internal (Specify %)			10.00%			\$3,564				\$3,564
	External										
	Total Indirect Exper	nses					\$3,564				\$3,564
_	Other Expenses										
	otal Other Expense	es									
Bud	Iget Grand Total						\$39,200		\$34,566		\$4,634
Mich	hael Ungeheuer RN	MN PHN HHSA Public	Health Deputy Director			12/21/2020	530 621 6	5129	michael.un	geheuer@	edcgov.us
			(Print & Sign)			Date	Phone Nu			mail Addres	
	(m	1011	1			12/21/-	7424				
	- Popular	au (mg	e herry			10/01/0	as abou			as above	
	(HUP Director Or Dept	ity Director (Print & Sign)		Date /	Phone Nu	mber	E-	mail Addres	S

BUDGET JUSTIFICATION NARRATIVE

HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget EL DORADO COUNTY FISCAL YEAR 2020-2021

DEC	200	INIA	=1 (COST	•
r = r	130	DALAL	\	,031	

Total salaries \$23,756 Total Benefits \$11,878

Total Personnel Expenses \$35,636

PHN II No change

OPERATING EXPENSES

Travel \$0

Training \$0

Total operating Costs \$0

CAPITAL EXPENSES

Total Capital Expenses \$0

INDIRECT EXPENSES

Internal @ 10% \$3,564 Capped by State

External \$0

Total Indirect Expenses \$3,564

OTHER EXPENSES

Total Other Expenses \$0

BUDGET GRAND TOTAL \$39,200

Identify State/Federal Funding Source:			CASELOAD RELIEF
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)	C	D
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			
Budget Grand Total	\$31,326	\$19,867	\$11,459
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	Н
State Funds	\$10,695	\$4,966	\$5,729
Federal Funds (Title XIX)	\$20,631	\$14,901	\$5,730
Budget Grand Total	\$31,326	\$19,867	\$11,459
Michael Ungeheuer RN MN PHN	12/21/2020	530 621 6129	michael.ungeheuer@edcgov.us
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
Michael Charles	N 12/21/	2.02.0 as above	as above
CHDP Director Or Deputy Director (Print & Sign		Phone Number	E-mail Address



Department of Health Care Services Integrated Systems of Care Division Health Care Program for Children in Foster Care State/Federal Budget Worksheet



1A % FTE 10.00% 10.00%	1B Annual Salary \$104,592 \$79,186 \$0 \$0		2A % FTE 50.00% 97.00%	2 Enhanced State/Federal (25/75) \$5,230 \$7,681	3A % FTE 50.00%	3 Non- Enhanced State/Feder (50/50)
% FTE	Annual Salary \$104,592 \$79,186	Total Budget \$10,459.20 \$7,918.60 \$0.00	% FTE	Enhanced State/Federal (25/75) \$5,230	% FTE	Non- Enhanced State/Feder (50/50)
% FTE	Annual Salary \$104,592 \$79,186	\$10,459.20 \$7,918.60 \$0.00	% FTE	State/Federal (25/75) \$5,230	% FTE	Enhanced State/Feder (50/50)
10.00%	\$79,186 \$0	\$7,918.60 \$0.00				
10.00%	\$79,186 \$0	\$7,918.60 \$0.00				
	\$79,186 \$0	\$7,918.60 \$0.00				
10.00%	\$0	\$0.00	97.00%	\$7.681		\$5,2
				40 1000	3.00%	\$2
	\$0			\$0		
				\$0		
_	\$0			\$0		
	\$0			\$0		
	\$0	\$0.00		\$0	100.00%	
-						
+						
1						
	\$0					
		\$0.00				
	\$0	\$0.00		\$0	100.00%	
	\$0	\$0.00			100.00%	
-	\$0	\$0.00		\$0	100.00%	
2			70.500			
0.20%		£10 270	73.50%	£12.011	26.50%	\$5,4
				\$12,911		\$5,4
		4.0		\$12 911		\$5,4
						\$2,7
HHHH						\$8,2
		William				MINIMINE.
dillilli .		\$500	50.00%	\$250	50.00%	\$2
0 <i>////////////////////////////////////</i>						
		\$500	50.00%	\$250		
		\$500 \$1,000	50.00%	\$250 \$500		
			50.00%			
			50.00%			
0		\$1,000	50.00%			\$5
			50.00%			\$5
0		\$1,000 \$2,757	50.00%			\$5 \$2,75
0		\$1,000	50.00%			\$50 \$2,75
0		\$1,000 \$2,757	50.00%			\$2! \$5! \$2,7!
	2 0.20%	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$0 \$0.00 \$0 \$0.00	\$0 \$0.00 \$0 \$0.00 \$0.	\$0 \$0.00 \$0.00 \$0 \$0 \$0.00 \$0	\$0 \$0.00 \$0.00 \$0 100.00% \$0 \$0.00 \$0 \$0.00 \$0 100.00% \$0 \$0.00 \$0 \$0.00 \$0 100.00% \$0 \$0.00 \$0 \$0.00 \$0 \$0.00 \$0 \$0.00% \$0 \$0.00 \$0 \$0.00% \$0 \$0.00 \$0 \$0.00% \$0 \$0.00 \$0 \$0.00% \$0 \$0.00

Date /

Phone Number

E-mail Address

CHDP Director Or Deputy Director (Print & Sign)

BUDGET JUSTIFICATION NARRATIVE

HCPCFC Caseload Relief EL DORADO COUNTY FISCAL YEAR 20-21

PERSONNEL COSTS

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

Total Personnel Costs \$27,569

Supervising PHN No Change

No Change PHN I-II

OPERATING EXPENSES

Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage Travel \$500 reimbursement @ \$.575 per mile with annual adjustment

Registration/tuition fees for SPMP for continuing Training \$500

education program specific

Total Operating Expenses \$1,000

CAPITAL EXPENSES \$0 \$0 **Total Capital Expenses**

INDIRECT EXPENSES

Internal @ 10% \$2,757 Capped by State

External \$0

Total Indirect Expenses \$2,757

OTHER EXPENSES \$0

Total Other Expenses \$0

BUDGET GRAND TOTAL \$31,326 State of California – Health and Human Services Agency Revised 2/11/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	50	7.65%
OTLICP - Total Cases of Open (Active) OTLICP Children	105	16,06%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (<u>non</u> -OTLICP) Children	499	76,30%
TOTAL CCS CASELOAD	654	100%

CCS Administrative Budget Summary

Fiscal Year:	2020-2021	
County:	EL DORADO	

	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 (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	382,290	29,227	61,377	291,686	91,136	200,550
II. Total Operating Expense	8,325	637	1,335	6,353	286	6,067
III. Total Capital Expense	0	0		0		. 0
IV. Total Indirect Expense	95,573	7,307	15,344	72,922		72,922
V. Total Other Expense	6,000	459	963	4,578		4,578
Budget Grand Total	492,188	37,630	79,019	375,539	91,422	284,117

	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
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)
Straight CCS						
State	18,815	18,815				
County	18,815	18,815				
OTLICP						
State	9,285		9,285			
County	9,285		9,285			
Federal (Title XXI)	60,449		60,449			
Medi-Cal			2			
State	164,915			164,915	22,856	142,059
Federal (Title XIX)	210,624			210,624	68,566	142,058

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

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	50	7.65%
OTLICP - Total Cases of Open (Active) OTLICP Children	105	16.06%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	499	76.30%
TOTAL CCS CASELOAD	654	100%

CCS Administrative Budget Worksheet

Fiscal Year:	2020-2021	
County:	EL DORADO	

					Strai	ight CCS	Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column		1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item		% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (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)
Staff Benefits (Specify %)	50.00%			127,430	7.65%	9,742	16.06%	20,459	76.30%	97,229	¥5.55	30,379		66,850
I. Total Personnel Expense				382,290	7.65%	29,227	16.06%	61,377	76.30%	291,686	1 2000	91,136		200,550
II. Operating Expense			1	7							1000		1	
1. Travel			100011	600	7.65%	46	16.06%	96	76.30%	458	31.24%	143	68.76%	315
2. Training				600	7.65%	46	16.06%	96	76.30%	458	31.24%	143	68.76%	315
3. Communication				300	7.65%	23	16.06%	48	76.30%	229		120000	100.00%	229
4. Insurance				2,625	7.65%	201	16.06%	421	76.30%	2,003	1000		100.00%	2,003
5. Office and Duplicating			7	4,200	7.65%	321	16.06%	674	76.30%	3,205	1000		100.00%	3,205
6.			100		7.65%	0	16.06%	0	76,30%	0	18		100.00%	0
7.					7.65%	0	16.06%	0	76.30%	0			100.00%	0
II. Total Operating Expense				8,325		637		1,335		6,353		286	1 1000	6,067
III. Capital Expense			7110.31								100			
1.		PESS (I			7.65%	0	16.06%	0	76.30%	0				0
2.					7.65%	0	16.06%	0	76.30%	0				0
3.					7.65%	0	16.06%	0	76.30%	0	1 -			0
III. Total Capital Expense			The same	0	Total I	0		0		0		De la colonia		0
IV. Indirect Expense			12000					THE RESERVE	TE EL	- B	100.0			
Indirect Cost Rate	25.00%	100	1000	95,573	7.65%	7,307	16.06%	15,344	76.30%	72,922			100.00%	72,922
			LIN 18	0	7.65%	0	16.06%	0	76.30%	0	1.000		100.00%	0
IV. Total Indirect Expense			11000	95,573		7,307		15,344		72,922			1000	72,922
V. Other Expense								3.00			1			
Maintenance & Transportation				6,000	7.65%	459	16.06%	963	76.30%	4,578		Tona Co	100.00%	4,578
2.					7.65%	0	16.06%	0	76.30%	0			100.00%	0
3.			0.550.63		7.65%	0	16.06%	0	76.30%	0			100.00%	0
4.					7.65%	0	16.06%	0	76.30%	- 0			100.00%	0
5.		800 B III			7.65%	0	16.06%	0	76.30%	0			100.00%	0
V. Total Other Expense				6,000		459		963		4,578		100000		4,578
Budget Grand Total	19	1		492,188		37,630	17-75	79,019		375,539		91,422		284,117

Mill	Michael Ungeheuer MN RN PHN	12/21/2020	530 621 6129	
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number	
Muchan Unach	PCAR / Michael Ungeheuer MN RN PHN	12/21/2020	As above	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number	

State of California – Health and Human Services Agency Revised 2/10/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	50	7.65%
OTLICP - Total Cases of Open (Active) OTLICP Children	105	16.06%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	499	76.30%
TOTAL CCS CASELOAD	654	100%

CCS Administrative Budget Worksheet

Fiscal Year:	2020-2021	
County:	EL DORADO	

				Straight CCS Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)							
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (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)
I. Personnel Expense	100000		2151	155 5			100000					1	
Program Administration	7-21			I BOOK	11 251					100			
Supervising Public Health Nurse Dana Hardin PHN II	10.00%	101,608	10,161	7.65%	777	16.06%	1,631	76.30%	7,753			100.00%	7,753
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
	0,00%	0	0	7.65%	0	16.06%	0	76.30%	0	1 3 11		100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76,30%	0			100.00%	0
Subtotal	THE STATE OF	101,608	10,161		777		1,631	125.00	7,753				7,753
Medical Case Management	(2)11.114	1000		III C						1 7 79			
PHN II Sabina	80.00%	87,300	69,840	7.65%	5,339	16.06%	11,213	76,30%	53,288	40.00%	21,315	60.00%	31,973
Vacant PHN I/II	80,00%	79,186	63,349	7.65%	4,843	16.06%	10,171	76.30%	48,335	40,00%	19,334	60.00%	29,001
Supervising Public Health Nurse Dana Hardin PHN II	6.00%	101,608	6,096	7.65%	466	16.06%	979	76.30%	4,651	0.00%	0	100.00%	4,651
	0.00%	101,608	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16,06%	0	76,30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16,06%	0	76.30%	0	0.00%	0	100.00%	0
Subtotal	100001111	369,702	139,285		10,648		22,363		106,274		40,649	100,000	65,625
Other Health Care Professionals								1		1	111111		120,000
			0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0	0.00%	0	100.00%	0
	0.00%	0		7.65%	0	16.06%	0	76.30%	0	0.00%	0		0
Subtotal		0	0	1 1 1 1 1	0	7779 533	0	19000	0		0		0
Ancillary Support					-		100000000000000000000000000000000000000						1
Medical Office Assistant Vacant	25.00%	44,876	11,219	7.65%	858	16.06%	1,801	76.30%	8,560			100,00%	8,560
Medical Office Assistant Karin Wade	50.00%	38,480	19,240	7.65%	1,471	16.06%	3,089	76.30%	14,680	1000		100.00%	14,680
Medical Office Assistant Maria Martinez	50.00%	44,495	22,248	7.65%	1,701	16.06%	3,572	76.30%	16,975			100.00%	16,975
4. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100,00%	0
5. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0	76.30%	0			100.00%	0
Subtotal		127,851	52,707		4,030		8,462	11.515.67	40,215				40,215
Clerical and Claims Support			100		100000			100	10,210				10,210
Medical Office Assistant Vaccant	25.00%	44,876	11,219	7.65%	858	16.06%	1,801	76.30%	8,560	50.00%	4,280	50.00%	4,280
Medical Office Assistant Karin Wade	50.00%	38,480	19,240	7.65%	1,471	16.06%	3,089	76.30%	14,680	50.00%	7,340	50.00%	7,340
Medical Office Assistant Maria Martinez	50.00%	44,495	22,248	7.65%	1,701	16,06%	3,572	76.30%	16,975	50.00%	8,488	50.00%	8,487
4. Employee Name, Position	0.00%	0	0	7.65%	0	16.06%	0,072	76.30%	0	0.00%	0,400		0,407
5. Employee Name, Position	0.00%	0	0	7.65%	0	16,06%	0	76.30%	0	0.00%	0	_	0
Subtotal		127,851	52,707		4,030	33,337	8,462	15.5574	40,215		20,108	100.0070	20,107
Total Salaries and Wages		,,,,,,	254,860	7,65%	19,485	16,06%	40,918	76,30%	194,457	31.24%	60.757	68.76%	133,700

BUDGET JUSTIFICATION NARRATIVE CCS ADMINISTRATION **EL DORADO COUNTY** FISCAL YEAR 2020-2021

PERSONNEL COST

Total salaries	\$254,860			
Total Benefits	\$127,430			

382,290 **Total Personnel Expenses**

Supervising PHN Reduced to 10% from 30% proposed as

> allocation insufficient to sustain. State required staffing standards of 7.37 FTE for

tier 3 status not met.

Public Health Nurse II Reduced to 1.66 from 2.60 proposed as

> allocation insufficient to sustain. State required staffing standards of 7.37 FTE for

Tier 3 status not met.

Medical Office Assistance (2.5) No change

OPERATING EXPENSES

Office Supplies and Services

Includes per diem, provate vehicle mileage,

commercial autto rental, air travel etc.

Mileage reimbursement subject to Federal \$600 Travel

rate currently at 0.575 per mile with annual

adjustment.

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

\$4,200

opportunities

Maintenance of ongoing operation cost

related to stationary, postage, subscriptions, office equip, minor equip, software license,

mail service, central duplication, security

system

Telephone 3rd party calls

Communication \$300

Insurance \$2,625 Facility and professional liability insurance

Total operating Costs 8,325

CAPITAL EXPENSES **Total Capital Expenses** 0

INDIRECT EXPENSES

Internal @

In accordance to the A-87 plan on file External @ 25% 104,324

applied by total program FTE.

Total Indirect Expenses	95,573	
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	492,188	

County Classification Title and Salary Table Details

CCS Administrative Budget FY 2020-2021

(To be completed by the county)

•	e cempioned by the c	,
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)	50% 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 2020-21 CDPH County ICR to be applied to Total Personnel Costs) Copy & Open URL Link for ICR FY 2018- 19 https://www.cdph.ca.gov/Programs/CFH/ DMCAH/Pages/Indirect-Cost-Rate.aspx	25% https://www.edcgov.us/Government/Auditor -Controller	
Please provide following web link		
Web link for County Classification Title, Staff Benfits Rate and Salary Table:	https://www.governmentjobs.com/careers/edgov	