

Plan and Budget Required Documents Checklist

FY 2021-2022

County/City: Yolo County

Fiscal Year: 2021-2022

| Document | Page Number |
|--|----------------|
| 1. Checklist | 1-2 |
| 2. Agency Information Sheet | 3 |
| 3. Certification Statements | |
| A. Certification Statement (CHDP) – Original and one photocopy | 4-5 |
| B. Certification Statement (CCS) – Original and one photocopy | 6-7 |
| 4. Agency Description | |
| A. Brief Narrative | 8-9 |
| B. Organizational Charts for CCS, CHDP, and HCPCFC | Retain locally |
| C. CCS Staffing Standards Profile | Retain locally |
| D. Incumbent Lists for CHDP, HCPCFC, and CCS | 10-12 |
| E. Civil Service Classification Statements – Include if newly established, proposed, or revised | 13-19 |
| F. Duty Statements – Include if newly established, proposed, or revised | 20-26 |
| 5. Implementation of Performance Measures – Performance Measures for FY 2018-2019 are due November, 2019. | N/A |
| 6. Data Forms | |
| CCS Caseload Summary | 27 |
| CHDP Program Referral Data | 28 |
| 7. Memoranda of Understanding and Interagency Agreements List | |
| A. MOU/IAA List | 29-31 |
| B. New, Renewed, or Revised MOU or IAA | N/A |
| C. CHDP IAA with DSS biennially | Retain locally |
| D. Interdepartmental MOU for HCPCFC biennially | Retain locally |
| 8. Budgets | |
| A. CHDP Administrative Budget (No County/City Match) | 3 pgs total |
| 1. Budget Worksheet | 1 pg |
| 2. Budget Summary | 1 pg |
| 3. Budget Justification Narrative | 1 pg |
| B. CHDP Administrative Budget (County/City Match) - Optional | 3 pgs total |
| 1. Budget Worksheet | 1 pg |
| 2. Budget Summary | 1 pg |
| 3. Budget Justification Narrative | 1 pg |
| C. CHDP-LPP Local Assistance Allocation Budget | 2 pgs total |
| 1. Budget Worksheet | 1 pg |

County/City: Yolo County

Fiscal Year: 2021-2022

| | Document | Page Number |
|-----|---|--------------------|
| | 2. Budget Summary | 1 pg |
| C. | HCPCFC State/Federal Base Budget | 3 pgs total |
| | 1. Budget Worksheet | 1 pg |
| | 2. Budget Summary | 1 pg |
| | 3. Budget Justification Narrative | 1 pg |
| D. | HCPCFC Administrative County-City/Federal Budget | 3 pgs total |
| | 1. Budget Worksheet | 1 pg |
| | 2. Budget Summary | 1 pg |
| | 3. Budget Justification Narrative | 1 pg |
| E. | HCPCFC State/Federal Caseload Relief Budget | 3 pgs total |
| | 1. Budget Worksheet | 1 pg |
| | 2. Budget Summary | 1 pg |
| | 3. Budget Justification Narrative | 1 pg |
| F. | HCPCFC State/Federal PMM&O Budget | 3 pgs total |
| | 1. Budget Worksheet | 1 pg |
| | 2. Budget Summary | 1 pg |
| | 3. Budget Justification Narrative | 1 pg |
| G. | CCS Administrative Budget | 5 pgs total |
| | 1. Budget Worksheet | 1 pg |
| | 2. Budget Summary | 1 pg |
| | 3. Budget Justification Narrative | 1 pg |
| | 4. Medical Therapy Program Budget Worksheet | 2 pgs |
| H.. | Other Forms | |
| | 1. County/City Capital Expenses Justification Form | N/A |
| | 2. County/City Other Expenses Justification Form | N/A |
| 9. | Management of Equipment Purchased with State Funds | |
| | 1. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203) | N/A |
| | 2. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204) | N/A |
| | 3. Property Survey Report Form (STD 152) | N/A |

Agency Information Sheet

County/City:

Yolo County

Fiscal Year: 2021-2022

Official Agency

| | | | |
|----------------|----------------------------------|----------|-----------------------------|
| Name: | Health and Human Services Agency | Address: | 137 N. Cottonwood Street |
| Health Officer | Aimee Sisson, MD, MPH | | Woodland, CA 95695 |
| | | E-Mail: | Aimee.sisson@yolocounty.org |

CMS Director

| | | | |
|--------|-----------------------|----------|-------------------------------------|
| Name: | Aimee Sisson, MD, MPH | Address: | 137 N. Cottonwood Street Suite 2510 |
| Phone: | (530) 666-8765 | | Woodland, CA 95695 |
| Fax: | (530) 666-7447 | E-Mail: | Aimee.sisson@yolocounty.org |

CCS Administrator

| | | | |
|--------|----------------|----------|-------------------------------------|
| Name: | Jaime Ordonez | Address: | 137 N. Cottonwood Street Suite 1201 |
| Phone: | (530) 666-8958 | | Woodland, CA 95695 |
| Fax: | (530) 666-1283 | E-Mail: | Jaime.ordonez@yolocounty.org |

CHDP Director

| | | | |
|--------|-----------------------|----------|-------------------------------------|
| Name: | Aimee Sisson, MD, MPH | Address: | 137 N. Cottonwood Street Suite 2510 |
| Phone: | (530) 666-8765 | | Woodland, CA 95695 |
| Fax: | (530) 666-7447 | E-Mail: | Aimee.sisson@yolocounty.org |

CHDP Deputy Director

| | | | |
|--------|----------------|----------|-------------------------------------|
| Name: | Jaime Ordonez | Address: | 137 N. Cottonwood Street Suite 1201 |
| Phone: | (530) 666-8241 | | Woodland CA, 95695 |
| Fax: | (530) 666-1809 | E-Mail: | Jaime.ordonez@yolocounty.org |

Clerk of the Board of Supervisors or City Council

| | | | |
|--------|----------------|----------|-------------------------------|
| Name: | Julie Dachtler | Address: | 625 Court St. Rm. 204 |
| Phone: | (530) 666-8195 | | Woodland, CA 95695 |
| Fax: | (530) 666-8193 | E-Mail: | Julie.dachtler@yolocounty.org |

Director of Health and Human Services Agency

| | | | |
|--------|----------------|----------|-----------------------------|
| Name: | Karen Larsen | Address: | 25 N. Cottonwood St. |
| Phone: | (530) 666-8651 | | Woodland, CA 95695 |
| Fax: | (530) 666-8294 | E-Mail: | Karen.larsen@yolocounty.org |

Chief Probation Officer

| | | | |
|--------|------------------|----------|---------------------------------|
| Name: | Dan Fruchtenicht | Address: | 2780 E. Gibson Road |
| Phone: | (530) 406-5343 | | Woodland, CA 95776 |
| Fax: | (530) 661-1211 | E-Mail: | Dan.Fruchtenicht@yolocounty.org |

Children's Medical Services Plan and Fiscal Guidelines

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

County/City: Yolo Fiscal Year: 2021-2022

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.



Signature of CHDP Director

11/16/2021

Date Signed



Signature of Director or Health Officer

10/18/2021

Date Signed

Signature and Title of Other – Optional

Date Signed

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

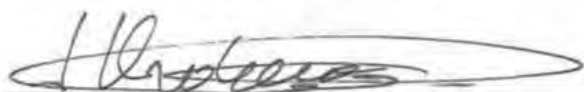
Signature of Local Governing Body Chairperson

Date

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

County/City: Yolo Fiscal Year: 2021-2022

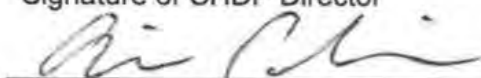
I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.



Signature of CHDP Director

11/16/2021

Date Signed



Signature of Director or Health Officer

10/18/2021

Date Signed

Signature and Title of Other – Optional

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: Yolo Fiscal Year: 2021-2022

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 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

11/16/2021

Date Signed



Signature of Director or Health Officer

10/18/2021

Date Signed

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

Date

CMS Agency Description

On July 1, 2015, Yolo County integrated the Department of Health Services (DHS) and the Department of Employment and Social Services (DESS) to create the Yolo County Health and Human Services Agency (HHSA). Organizationally, the Children's Medical Services (CMS) program is within the Child, Youth and Family Services branch of HHSA.

CMS consists of two different programs: California Children's Services (CCS) and Child Health and Disability Prevention (CHDP). Within CCS, we have the Medical Therapy Program with two units, the main site at Greengate School (285 W. Beamer Street in Woodland) and a satellite site at the Alyce Norman Educational Center (1200 Anna Street in West Sacramento). Within CHDP, we have the Health Care Program for Children and Foster Care (HCPCFC).

California Children's Services Program (CCS)

Yolo County Medi-Cal Managed Care is a Partnership Health Plan of California (PHC). It began providing services and processing claims in Yolo County on March 1, 2001 and continues now with the Whole Child Model (WCM).

During FY 2020-2021, the Yolo County CCS caseload distribution was as follows: 15.99% Medi-Cal TLICP recipients, 77.96% Medi-Cal Title XIX recipients, and 6.05% are not eligible for Medi-Cal Title XIX or Medi-Cal TLICP.

The main and satellite Medical Therapy Units (MTUs) had a total caseload of 115 children: 80 children in the main location and 35 in the satellite location, which is an increase of nine clients over the previous fiscal year. The Medical Therapy Program (MTP) continues to collaborate with the Special Education Local Plan Area (SELPA) and the Local Enforcement Agencies (LEAs) in Yolo County. The MTP SELPA liaison continues to provide orientation for LEA referrals and to attend IEP meetings, as requested, to comply with AB 3632 guidelines and local Interagency Agreements. The MTUs have utilized "MTU Online" to standardize therapy evaluation reports and plans and facilitate State-mandated MTP statistical reports effectively and efficiently.

During this fiscal year (FY 2021-22), we will work with PHC to ensure that CCS continues to provide high-quality health care. Although the COVID-19 pandemic continues to create challenges for the program, the CCS staff will be able to provide needed services.

Child Health and Disability Prevention Program (CHDP)

Yolo County CHDP remains within guidelines of the CHDP staffing matrix based on target population. The CHDP program conducted one new provider orientation and three recertification site visits to clinics that were due to be recertified. We gave three presentations to medical providers, dental providers, and partner agencies during FY 2020-2021, a decrease from FY 2019-2020 due to the COVID-19 pandemic. CHDP continues to provide information to the community on program services via community outreach and social media. During FY 2020-2021, we got a total of 114 Care Coordination follow-up forms, a decrease of 152 forms from FY 2019-2020.

The Yolo County CHDP program collaborates with PHC to provide access to preventive healthcare via a medical home for Medi-Cal eligible children. Yolo County CHDP and PHC have a current Memorandum of Understanding. CHDP and PHC require all providers who care for children on Medi-Cal under the age of 21 to be CHDP providers. CHDP enrolls, orients and monitors providers and works with PHC to see that they follow the CHDP guidelines. CHDP does not case manage children enrolled in PHC but gives assistance to non-Medi-Cal eligible children with certain aid codes and medical issues that are not covered under Medi-Cal Managed Care. Yolo County CHDP provides care coordination for children who have temporary pre-enrollment full-scope Medi-Cal/Gateway and assist these children and their families in acquiring medical coverage either with Medi-Cal or with another form of health insurance.

Health Care Program for Children and Foster Care Program (HCPCFC)

HCPCFC provides health care oversight of the physical, behavioral, psychological evaluations, psychotropic medication, dental, and developmental needs of all Yolo County children in out-of-home placement. Children in foster care/out-of-home placement are being served by PHC. The Public Health Nurse (PHN) working within the HCPCFC program provides health care oversight for these children. The PHNs work with the Social Worker and Probation Office to ensure that children in out-of-home placement receive all needed health care services.

The caseload of HCPCFC for FY 2020-2021 was 485, which is an increase of 43 cases from the prior year. Note that this number does not include non-minor dependents over the age of 18.

Incumbent List - Child Health and Disability Prevention Program

For FY 2021-2022, 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 in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

| County/City: | | Yolo | | | Fiscal Year: 2021-2022 | | |
|--|-----------------------|--|---|-----------------|--|---|--|
| Job Title | Incumbent Name | FTE % on CHDP No County/City Match Budget | FTE % on CHDP County/City Match Budget | CHDP-LPP | FTE % in Other Programs (Specify) | Have Job Duties Changed? (Yes or No) | Has Civil Service Classification Changed? (Yes or No) |
| Health Officer | Dr. Aimee Sisson | | | | | No | No |
| CHDP Deputy Director | Jaime Ordonez | 20% | 15% | | 50% CCS, 15% HCPCFC | No | No |
| Senior Public Health Nurse | Sandeep Shahi | 40% | 56.25% | 3.75% | N/A | Yes | No |
| Sr. Community Health Assistant (bilingual) | Vanessa Enriquez | 60% | 40% | | N/A | No | No |
| Office Support Specialist | VACANT | 20% | 14% | | 66% CCS | Yes | N/A |

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services

Incumbent List – Health Care Program for Children in Foster Care

For FY 2021-2022, 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 in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

| County/City: | | Yolo HCPCFC & CHDP Foster Care | | | | Fiscal Year: 2021-2022 | | |
|--|-----------------------|---|--|------------------------|-------------|--|---|--|
| Job Title | Incumbent Name | Base FTE % on HCPCFC Budget | Base FTE % on FC Admin County/City Match Budget | Caseload Relief | PMMO | FTE % in Other Programs (Specify) | Have Job Duties Changed? (Yes or No) | Has Civil Service Classification Changed? (Yes or No) |
| Public Health Nurse – Extra Help | VACANT | | | | 10% | N/A | No | No |
| Public Health Nurse – Extra Help | Patricia Johnson | 17% | 5.5% | 15.5% | 12% | 50% CWS | No | No |
| Public Health Nurse | Erika Hashimoto | 85% | 15% | | | N/A | Yes | No |
| Office Support Specialist – Extra Help | Vacant | | 50% | | | N/A | No | No |
| CMS Manager | Jaime Ordoñez | | | 15% | | 35% CHDP, 50% CCS | No | No |

Incumbent List - California Children’s Services

For FY 2021-2022, 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.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **HF** for Healthy Families; **IHO** for In-Home Operations, and; **RC** for Regional Center.

| County/City: | Yolo | | | | Fiscal Year: 2021-2022 | |
|----------------------------------|------------------------|---------------------------------|---------------------------|--------------------------------------|---|---|
| Job Title | Incumbent Name | FTE % on CCS Admin Budget | FTE % on MTU Budget | FTE % in Other Programs (Specify) | Have Job Duties Changed? (Yes or No) | Has Civil Service Classification Changed? (Yes or No) |
| CCS Administrator | Jaime Ordonez | 50% | | 35% CHDP, 15% HCPCFC | No | No |
| Medical Consulting Specialist | Dr. Mary Ann Limbos | 20% | 25% | 5% HO | No | No |
| Senior Public Health Nurse | Maria Tandoc | 100% | | | Yes | No |
| Children Services Specialist | Patricia Perez | 100% | | | No | No |
| Children Services Specialist | Claudia Lopez | 100% | | | No | No |
| Office Support Specialist | Farhad Rahimi | 66% | | 34% CHDP | Yes | No |

Senior Public Health Nurse

Class Title

Senior Public Health Nurse

Class Code

000342

Salary

\$85,344.69 - \$103,736.88 Annually

Description**Definition**

Senior Public Health Nurse: Under direction, performs public health nursing duties in an assigned area and serves as leader for one or more nurses or office staff; provides direct clinical services to families and patients, and/or is responsible for a special program within the Nursing Division of the Public Health Department.

Distinguishing Characteristics

Positions in this class differ from the class of Public Health Nurse in that an incumbent handles more complex cases, is either in a leadership role or is performing specialized nursing functions.

Essential Functions

The following duties are typical of those performed by the incumbent in this classification; however, other duties may also be required.

- Monitors health status to identify and solve community health problems; diagnoses and investigates health problems and health hazards in the community; develops policies and plans that support individual and community health efforts; enforces laws and regulations that protect health and ensure safety.
- Teaches individuals and groups about disease prevention, health promotion, treatment maintenance, and rehabilitation;
- Coordinates services with private, public and voluntary health and social services within the community;
- Provides case finding, education, referral and follow-up of persons at high risk of complications throughout pregnancy, child rearing, infancy, and childhood;
- Coordinates a special project or program;
- Evaluates health needs of individuals and special population groups, such as the elderly, the culturally, economically or geographically disadvantaged, and those choosing alternate lifestyles;
- Conducts physical assessment of children and adults to assure early detection and referral of deviations from normal;
- Provides case management services of individuals determined to be at risk;
- Directs the activities of personnel assigned to project or program;

- Provides health related services with a high degree of independence and skill, including epidemiologic investigation and control of communicable and chronic diseases.

Some positions may also require the performance of different essential or marginal functions depending upon work location, assignment or shift.

Employment Standards

Education: Possession of a Bachelor of Science Degree in nursing from a program accredited by the National League for Nursing.

Experience: Two years of public health nursing experience comparable to a Public Health Nurse. (Possession of a Master of Science Degree in Nursing or Master's Degree in a health-related field may be substituted for one year of the required Public Health Nurse experience).

License Requirement: Possession of a valid license to practice as a Registered Nurse in the State of California and possession of a valid California State Public Health Nursing certificate.

Some positions in this classification may require incumbents to possess and maintain a valid California driver's license, Class C or higher, to carry out job related duties. Individuals who do not meet this requirement due to a physical or mental disability may request a reasonable accommodation.

Incumbents in these classes are required to obtain, within six (6) weeks of hire, and maintain a current Basic Life Support Course Completion Card issued by the American Heart Association, or equivalent.

Knowledge & Ability

Knowledge of: Principles and practices of public health nursing; Federal, State, and local laws and regulations governing public health and nursing practices; the work of other social and health agencies and functions of other professions as related to public health nursing, socio-economic and cultural factors which influence health related behavior of individuals and community health; the core functions of Public Health and the ten essential services.

Ability to: Administer a specialized public health nursing program under minimal supervision; analyze situations accurately and take effective action; evaluate patient's behavior; establish and maintain cooperative relationships with public and private, social and health agencies; identify problems and develop and implement treatment plans for patients; establish and maintain effective working relationships; and demonstrated ability to handle complex cases requiring advanced public health nursing skills in case management and problem solving.

Environmental & Functional Factors

Incumbents will perform work inside of buildings; work in the heat or in the cold; work in confined space; work alone or closely with others; use fingers or both hands; perform work while standing or sitting; must be able to communicate verbally with co-workers and clients; be able to see things up close and hear well.

Medical Class

This class includes administrative or clerical positions requiring light physical effort, which may include frequent lifting of up to ten pounds and occasional lifting of up to twenty-five pounds. Ability to place or retrieve items at below waist level may be required. Considerable moving about may be involved.

Public Health Nurse

Class Title

Public Health Nurse

Class Code

000341

Salary

\$79,555.42 - \$96,699.82 Annually

Description**Definition**

Under general supervision, provides a full range of Public Health Nursing services including: teaching, health assessment, and counseling services in homes, clinics, schools and community centers in connection with the prevention and control of diseases or adverse health conditions; the promotion of optimum health; and performs other related duties as required.

Distinguishing Characteristics

The classification of Public Health Nurse is the journey and fully qualified professional level of the Public Health Nursing series in which incumbents have demonstrated competence to assume broad responsibilities requiring independence and professional judgment in utilizing nursing intervention skills to prevent disease, promote healthful behavior, alleviate conditions adversely affecting the health and safety of individuals, families and the community.

Essential Functions

The following duties are typical of those performed by the incumbent in this classification; however, other duties may also be required. In addition to essential functions identified in the Associate Public Health Nurse class specification, the Public Health Nurse:

- Plans, organizes and provides health related services including: epidemiologic investigation and control of communicable and chronic diseases;
- Provides case finding, education, referral and follow-up of persons at high risk of complications throughout pregnancy, child rearing, infancy, and childhood;
- Performs parent counseling and case management services of children with handicapping conditions;
- Teaches individuals and groups about disease prevention, health promotion, treatment maintenance, and rehabilitation;
- Coordinates services with private, public and voluntary health and social services within the community;
- Provides case management services of individuals determined to be at risk;
- Evaluates health needs of individuals and special population groups, such as the elderly, the culturally, economically or geographically disadvantaged, and those choosing alternate lifestyles;
- Participates in regional consortium for services.
- Some positions may also require the performance of different essential or marginal functions depending upon work location, assignment or shift.

Employment Standards

Education: Possession of a Bachelor of Science Degree in nursing from program accredited by the National League for Nursing; and

Experience: Eighteen months of experience comparable to an Associate Public Health Nurse.

License Requirements:

Possession of a valid license to practice as a Registered Nurse in the State of California and possession of a valid California State Public Health Nursing certificate.

Some positions in this classification may require incumbents to possess and maintain a valid California driver's license, Class C or higher, to carry out job related duties. Individuals who do not meet this requirement due to a physical or mental disability may request a reasonable accommodation.

Incumbents in these classes are required to obtain, within six (6) weeks of hire, and maintain a current Basic Life Support Course Completion Card issued by the American Heart Association, or equivalent.

Knowledge & Ability

Demonstrated Knowledge of: Principles of teaching, learning and interviewing; Federal, State and local laws and regulations governing public health and nursing practice; major health issues; pathophysiology of the major causes of illness; normal growth and development including the aging process; normal and abnormal behavior patterns; the standards of Public Health Nursing, the core Public Health functions and the ten essential services

In Depth Knowledge of: The control and prevention of communicable and chronic disease, maternal, child and adolescent health; prevention of abuse and neglect of children, spouses and the elderly; handicapping conditions and accident prevention.

Ability to: Manage a caseload and identify priorities; identify cultural patterns influencing health practices; apply principles of epidemiology to a wide range of social and health problems; identify deviations from normal development; diagnose health problems requiring nursing intervention; communicate effectively with physicians and other health team members.

Environmental & Functional Factors

Incumbents will perform work inside of buildings; work in the heat or in the cold; work in confined space; work alone or closely with others; use fingers or both hands; perform work while standing or sitting; must be able to communicate verbally with co-workers and clients; be able to see things up close and hear well.

Medical Class

This class includes administrative or clerical positions requiring light physical effort, which may include frequent lifting of up to ten pounds and occasional lifting of up to twenty-five pounds. Ability to place or retrieve items at below waist level may be required. Considerable moving about may be involved.

Revised Date

Last Revised: 5/1/2006

Office Support Specialist

Class Title

Office Support Specialist

Class Code

000518

Salary

\$43,344.70 - \$52,685.98 Annually

Description**Definition**

Under direction performs and oversees the administrative and accounting clerical functions in a department, division, or branch office; interprets policy and administrative regulations; may perform a combination of clerical payroll, accounting and human resources related duties; performs other related duties as may be required.

Distinguishing Characteristics

This is a non-supervisory clerical classification responsible for performing a variety of difficult and complex clerical tasks with a high degree of skill and independence of judgement. Incumbents are distinguished from other non-supervisory clerical classes in that they are responsible for the routine non-supervisory oversight of the clerical administration in a department, division or branch office with minimum supervision. They may be required to interpret departmental policy, assist in development of rules and regulations, and prepare and process payroll, personnel forms, other documents and reports. Incumbents may also perform lead functions.

Essential Functions

Depending on assignment, duties may include but are not limited to the following:

- Interviews office visitors and refers individuals to proper source of information; receives and screens callers, forwards to appropriate individuals inquires from the public; evaluates described problems and responds to questions regarding departmental services or official notices sent by the department; provides the public and interested individuals with general procedural and/or specific program information; may take messages and schedule appointments.
- Provides clerical support to unit administration functions by processing time sheets, payroll/personnel transactions, claims and purchase order/requisitions; may receive monies; maintains workload statistics, and other records, takes and prepares meeting notes and minutes; assists in report and budget request preparation, researching, and compiling information; establishes and documents clerical operational and work methods procedures.
- Types, takes dictation, and/or transcribes a variety of documents and forms that may require independent assembly of information, independent judgement and interpretation; consults with documents originator on format, content distribution and preparation priority; selects and/or designs appropriate typing format; proofs and corrects copy;

makes, collates and binds copies of documents produced; distributes documents; composes routine correspondence and develops form letters.

- Initiates, receives and processes documents and information; determines routing of information and correspondence; establishes and maintains general filing, confidential files, payroll and personnel records, cross reference, and other specialize manual and/or automated record-keeping systems; compiles a variety of data and other information for special and periodic studies; purges files; posts information to records and files, and conducts file search to locate misplaced documents.
- May be in charge of confidential information and maintains the confidentiality of such information.
- Maintains office equipment and related; does requests and follows up on building maintenance and custodial services; operates and performs routine preventative maintenance on office machines including data/word processors, copiers, etc.
- Upholds the Values of Yolo County; participates and supports teamwork, builds and maintains positive working relationships with co-workers and the public; may lead the work of other clerical support personnel.

Employment Standards

Education: Successful completion of high school or GED certificate; **AND**

Experience: Three years of increasingly responsible office clerical experience.

Typing Speed: Ability to type no less than 35 words per minute.

Background Requirements

Incumbents in this class may have access to Federal Tax Information and are subject to confidentiality and safeguarding requirements of Internal Revenue Code 6103(p)(4). As such, an individual selected for this position is subject to a thorough background investigation as stipulated in Section 5.1.1 of Internal Revenue Service Publication 1075, which includes the following:

1. Review of Federal Bureau of Investigation (FBI) fingerprint results;
2. Check of local law enforcement agencies where the subject has lived, worked and/or attended school within the last five (5) years and, if applicable, of the appropriate agency for any identified arrests; and
3. Verification of an employee's eligibility to work in the United States.

Background investigations are conducted upon hire and every ten (10) years of employment thereafter.

License Requirements:

Some positions in this classification may require incumbents to possess and maintain a valid California driver's license, Class C or higher, to carry out job related duties. Individuals who do not meet this requirement due to a physical or mental disability may request a reasonable accommodation.

Knowledge & Ability

Knowledge of: General office procedures and practices; forms, records and terminology used; rules, regulations and operating procedures; public information and contact techniques; availability and nature of services provided; record-keeping and filing systems; methods of recording, researching and compiling information; general clerical and technical resource materials and information sources; document preparation, duplication and distribution techniques; administrative procedures affecting inventory, purchasing, accounting and personnel/payroll transactions.

Ability to: Apply knowledge of clerical operational and technical procedures; type minimum 35 word per minute; communicate effectively with people of diverse backgrounds; demonstrate tact and diplomacy; proofread and/or edit for errors in spelling, grammar and punctuation; research regulations and technical reference materials; type and prepare final forms; sort alphabetically, chronologically and numerically; use and maintain office machines; develop and implement clerical work procedures; collect and analyze data and make appropriate recommendations; organize and prioritize work assignments; maintain confidentiality of information.

Environmental & Functional Factors

Incumbents in this class are generally expected to work inside buildings; to work either alone or closely with others; to drive a car; lift and carry objects weighing up to 15 pounds; move about and have use of fingers and both hands; communicate verbally with co-workers and the public; be able to decipher color coded films, forms, and computer instructions; hear well.

Medical Class

This class includes administrative or clerical positions requiring light physical effort, which may include frequent lifting of up to ten pounds and occasional lifting of up to twenty-five pounds. Ability to place or retrieve items at below waist level may be required. Considerable moving about may be involved.

DUTY STATEMENT
YOLO COUNTY
CHDP Program
Public Health Nurse
1.0 FTE
Sandeep Shahi

% JOB DUTY

Under the direction of the CHDP Deputy Director and in support of the CHDP Program, this position will perform a variety of public health nursing duties focused on the concepts of prevention and treatment.

- 15% 1. Administrative Medical Case Management.
Review published program medical eligibility criteria to determine medical eligibility and ensure timely and appropriate medical follow-up
- 28% 2. SPMP Intra/Interagency Coordination, Collaboration, and Administration
Collaborate with physician groups, health department staff (e.g., public health nurses), CHDP, WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services
In counties with managed care plans, assist plans/providers in developing strategies to increase appropriate utilization of medical services for their enrollees
Provide CHDP program and CHDP Gateway consultation and technical assistance to the medical provider network, and other health care service providers
Interpret the medical aspects of CHDP, including the CHDP Health Assessment Guidelines, to recruit and maintain medically qualified providers
Recruit providers of dental services for the CHDP target population
- 28% 3.SPMP Training.
Develop, conduct, and/or participate in provider in-services and/or workshops and state-conducted medical training sessions/meetings
Attend professional education programs relevant to the role of the medical professional and/or medical administration of the program
- 15% 4. SPMP Program Planning and Policy Development
Review medical literature and research articles to apply up-to-date knowledge in the delivery of care services.
Develop medical strategies needed to incorporate CHDP preventive services into ongoing medical and dental care
- 5% 5. Quality Management by Skilled Professional Medical Personnel
Develop and utilize medical criteria to review claims, reporting forms, and individual medical charts for the purpose of determining appropriateness of medical care
Conduct site reviews and chart audits to ensure quality exam according to periodicity, calibrated equipment, and appropriately-stored vaccines

Ensure that providers caring for children have implemented the follow up to diagnosis and treatment or case management processes stipulated in their provider agreement

Review data reports on provider specific assessments of children Address issues with provider

2% 6. Program Specific Administration.

Participate in multi-year planning to develop goals, objectives, activities, and evaluation tools in order to measure outcomes

Review CHDP and CHDP Gateway data, and analyze and utilize in program-related needs assessments, program planning, and evaluation

Assist in the development and review of program standards, regulations, policies, procedures, health-related educational materials

Develop, maintain, and analyze management information systems

Review literature and research articles to apply up-to-date knowledge of health care services

Analyze and/or review program related legislation

Formulate and apply program administrative policies

Prepare program-related reports, documents, and correspondence

Maintain current list of CHDP medical and dental providers

Develop and distribute program specific information including manuals and brochures

7% 7. Other Activities.

Participate in health promotion activities for agency employees

Provide related services to other State programs, private insurance, the patient, or the county health department

100%

DUTY STATEMENT
YOLO COUNTY CCS
Senior Public Health Nurse, 1.0 FTE
Maria Tandoc

PUBLIC HEALTH NURSE: Under the direction of the CCS Administrator, the CCS Public Health Nurse is responsible for the following activities:

Non Enhanced

- 8% 1. Provide orientation to the CCS client and their family to the CCS program.
- 2. Participate in CCS administrative program and department meetings and other administrative activities necessary for the CCS program operation.
- 2% 3. Prepare correspondence and reports, attend appropriate educational meetings and conferences to maintain experience and knowledge of nursing and health care management, perform other duties as required.

Enhanced

- 4. 30% Development and initiation of a Pro-active Case Management Plan to assist clients in gaining access to needed medical, social, physical, and education services related to the child's CCS medical condition.
- 5. 30% Collaborate with providers providing services to CCS-eligible children including participation in or arrange for Team Conferences that would provide multidisciplinary planning and coordination of services for the medical providers and other agencies involved in the child's care.
3% Participate in Patient Care Conference at medical facilities to improve client access to care.
- 7. 13% Periodic chart review of diagnostic cases for determination of medical eligibility.
- 8. 3% Actively participate as liaisons with Early Start, Head Start, Alta Regional Center, Yolo County Office of Education, Child Welfare Services relating to the needs of CCS clients.
1% Participate in state-conducted training sessions/meetings.
- 10. 7% Provide ongoing technical assistance and consultation to medical care providers to ensure prompt and efficient authorization of services by the CCS program.
- 11. 1% Identify the need for EPSDT supplemental services and refer through the Regional Office or the Medi-Cal Field Office.
- 12. 1% Assist in the planning, development, implementation of training programs for providers and community agencies relating to the CCS program's medical and nursing policies and procedures, relationship and coordination of care between the Medi-Cal program and CCS.
- 13. 1% Provide ongoing technical consultation to providers and other agencies in this area.

DUTY STATEMENT
YOLO COUNTY
HPCFC Program
Public Health Nurse
1.0 FTE
Erika Hashimoto

% JOB DUTY

Ensure that children in foster care are assessed, treated, and have access to health providers.

- | | | |
|-----|-----|--|
| 5% | 1. | Communicate with social workers, foster parents, and health providers about the child's health status. |
| 10% | 2. | Obtain, review medical records, including immunizations and dental records to assess and coordinate care of children. |
| 30% | 3. | Document in the child's CMS/CWS (HEP) and CAIR. |
| 20% | 4. | Assist the social workers to obtain documentation from the physicians, dentists and other medical professionals for psychotropic medications and general anesthesia and to give documentation to the social worker to get the required forms signed by the judge so the child can receive treatment, testing, or psychotropic medications. |
| 2% | 5. | Serve as a consult to social workers and others by explaining medical terminology, health conditions, and the health needs of the children. |
| 2% | 6. | Interpret children's health conditions and educate those caring for them. |
| 5% | 7. | Share knowledge of medical providers and community resources. |
| 2% | 8. | Call eligibility specialists with questions concerning child's health insurance and assist to avoid barriers to care and inform SCPs, SWs, and health providers. |
| 7% | 9. | Coordinate and monitor medical, dental care and specialist care of the children with complex medical conditions. |
| 2% | 10. | Expedite referrals to needed developmental evaluations, early interventions, specialists, therapists, and other health services. |
| 2% | 11. | Help children receive timely and appropriate needed treatment. |
| 10% | 12. | General administration: read email, review literature and research articles. Draft, analyze and review reports, documents, correspondence, and legislation. |
| 3% | 13. | Attend staff meetings of Foster Care and HPCFC regional and state meetings. |

100%

DUTY STATEMENT
YOLO COUNTY
CCS Program
OFFICE SUPPORT SPECIALIST
.34 FTE
Farhad Rahimi

% JOB DUTY

- 15% 1. Serve as primary contact person for providers and families requesting information or clarification of CCS policies and procedures. The includes assessing clients' medical charts to confirm information and/or providers additional information from the chart narratives.
- 4% 2. Research and respond to inquiries from providers and families regarding authorizations. Where appropriate, forward those requests to the PHN.
- 7% 3. Process all incoming medical reports. Date stamps identify CCS client and enter into CMS NET. Copy reports for shared clients and courier to MTU.
- 4% 4. Process all incoming requests. Date stamp, identify CCS client, and enter into CMS NET.
- 2% 5. Receive and process all incoming requests for medical reports. Identify and copy from clients chart the appropriate information, document in narrative as "disclosure" and forward to requester.
- 8% 6. Log all new referrals to CCS. Assign to appropriate ES. Track New Referral Log and update necessary information when available.
- 1% 7. Copy medical charts and create MTU charts.
- 1% 8. File all signed/returned ROI's.
- 1% 9. Oversee and maintain master CC filing including all Numbered Letters, Notices and "This Computes".
- 6% 10. Maintain archive of closed CCS and MTU charts. Identify and Destroy per applicable relation laws.
- 3% 11. Process all incoming mail. Date stamp, sort, and distribute as Appropriate.
- 2% 12. Process all outgoing mail.
- 2% 13. Maintain office equipment and when is necessary initiates requests for equipment, IT, or building maintenance
- 4% 14. Maintain inventory of CCS and MTU office supplies and order General supplies when necessary. Process request from staff for specials items.
- 1% 15. Compile statistics and information necessary for annual Performance Measures.
- 2% 16. Receive and document monthly survey letters.

- 5% 17. Run monthly report identifying clients due for annuals review. Request reports when necessary and track receipt of same. Pull charts and forward to CCS medical consultant for review. Track timely completion of annual reviews.
- 1% 18. Request medical reports as directed.
- 2% 19. Collect and mail face sheets of closed clients to Partnership Health Plan.
- 2% 20. Create Master List on monthly basis.
- 1% 21. Use complex database software to develop ongoing CCS reports to use for Various auditing and informational purposes.

66%

**DUTY STATEMENT
YOLO COUNTY
CHDP Program
OFFICE SUPPORT SPECIALIST
.34 FTE
Farhad Rahimi**

% JOB DUTY

- 15% 1. Program Information Management: Log all staff monthly reports of follow-ups completed into the program-tracking database, run monthly CALWINPROD report, input data into quarterly reporting spreadsheet and mail out quarterly report to the State CMS Branch, run monthly Gateway Reports and distribute, and compile statistics and information necessary for Annual Plan and Performance Measures.

- 2% 2. Process and sort all incoming and outgoing mail, date stamping and Sorting PM357's, and care coordination forms.

- 1% 3. Respond to telephone inquires from providers and families regarding Program services. Where appropriate, forward those requests to program staff.

- 8% 4. Maintain inventory of CHDP office supplies and order as needed.

- 2% 5. Copy and assemble handouts for scheduled in-services.

- 2% 6. Coordinate meeting schedules, write meeting minutes, sign-in sheet, and agendas.

- 4% 7. Prepare, format, and create documents as needed to support CHDP program and staff.

34%

California Children's Services Caseload Summary Form

County: Yolo

Fiscal Year: 2021-2022

| | | A | B | A | B | A | B |
|-------------------------------|---|------------------------|-----------------------------|------------------------|---|------------------------|---------------|
| CCS Caseload 0 to 21 Years | 18-19 Actual Caseload | % of Grand Total | 19-20 Actual Caseload | % of Grand Total | 20-21 Estimated Caseload based on first three quarters | % of Grand Total | |
| MEDI-CAL | | | | | | | |
| 1 | Average of Total Open (Active) Medi-Cal Children | 619 | 76.04% | 576 | 76.49% | 580 | 77.96 |
| 2 | Potential Case Medi-Cal | 0 | 0% | 0 | 0% | 0 | 0% |
| 3 | TOTAL MEDI-CAL (Row 1 + Row 2) | 619 | 76.04% | 576 | 76.49% | 580 | 77.96% |
| NON MEDI-CAL | | | | | | | |
| Healthy Families/TLICP | | | | | | | |
| 4 | Average of Total Open (Active) Healthy Families/TLICP | 139 | 17.08% | 119 | 15.80% | 119 | 15.99% |
| 5 | Potential Cases Healthy Families/TLICP | 0 | 0% | 0 | 0% | 0 | 0% |
| 6 | Total Healthy Families/TLICP (Row 4 + Row 5) | 139 | 17.08% | 119 | 15.80% | 119 | 15.99% |
| Straight CCS | | | | | | | |
| 7 | Average of Total Open (Active) Straight CCS Children | 56 | 6.88% | 58 | 7.70% | 45 | 6.05% |
| 8 | Potential Cases Straight CCS Children | 0 | 0% | 0 | 0% | 0 | 0% |
| 9 | Total Straight CCS (Row 7 + Row 8) | 56 | 6.88% | 58 | 7.70% | 45 | 6.05% |
| 10 | TOTAL NON MEDI-CAL (Row 6 + Row 9) | 195 | 23.96% | 177 | 23.5% | 164 | 22.04% |
| GRAND TOTAL | | | | | | | |
| 11 | (Row 3 + Row 10) | 814 | 100% | 753 | 100% | 744 | 100% |

CHDP Program Referral Data

| County/City: Yolo | FY 18-19 | | FY 19-20 | | FY 20-21 | |
|--|----------|------------|----------|------------|-------------|-------------|
| Basic Informing and CHDP Referrals | | | | | | |
| 1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services | 1828 | | 1980 | | 1593 | |
| 2. Total number of cases and recipients in "1" requesting CHDP services | Cases | Recipients | Cases | Recipients | Cases | Recipients |
| a. Number of CalWORKs cases/recipients | 668 | 1629 | 618 | 1665 | 518 | 1356 |
| b. Number of Foster Care cases/recipients | 378 | 1095 | 442 | 1185 | 485 | 1145 |
| c. Number of Medi-Cal only cases/recipients | 314 | 371 | 328 | 390 | 253 | 333 |
| 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 | 597 | | 671 | | 493 | |
| b. Medical and/or dental services with scheduling and/or transportation | 1494 | | 2220 | | 1943 | |
| c. Information only (optional) | 1976 | | 3058 | | 2470 | |
| 4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter | 313 | | 144 | | 110 | |
| Results of Assistance | | | | | | |
| 5. Number of recipients actually provided scheduling and/or transportation assistance by program staff | 28 | | 17 | | 20 | |
| 6. Number of recipients in "5" who actually received medical and/or dental services | 19 | | 14 | | 16 | |

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: Yolo

Fiscal Year: 2021-2022

| 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) |
|---|--------------------------|----------------------------|------------------------------------|---|--------------------------------------|
| Agreement # 13 NF02 Health and Human Services Agency/Probation/CHDP | IAA | 7-1-2015 to N/A | 7-1-2017 | Karen Larsen, HHSA Director Ron Chapman, MD, MPH, Chief Medical Officer Brent Cardall, Chief Probation Officer, Yolo County Probation | No |
| Agreement # 13 NF01 Interagency agreement between County of Yolo Health and Human Services Agency, and Probation Department, Health Care Program for Children in Foster Care | IAA | 7/1/2015 to N/A | 7-13-2017 | Karen Larsen, HHSA Director Ron Chapman, MD, MPH, Chief Medical Officer Brent Cardall, Chief Probation Officer, Yolo County Probation | No |

County/City: Yolo

Fiscal Year: 2021-2022

| 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) |
|--|--------------------------|----------------------------|------------------------------------|--|--------------------------------------|
| Yolo County CHDP and Yolo County Office of Education Head Start and Early Head Start | IAA | 7-1-2015 to N/A | 7-7-2017 | Ron Chapman, MD, MPH Karen Larsen, HHSA Director Jaime Ordonez, CHDP Deputy Director Diane Cirolini, Associate Superintendent of Administrative Services, YCOE Gail Nadal, Director, YCOE Head Start/Early Head Start Gustavo Melgoza, Health Manager, YCOE Head Start/Early Head Start | No |
| Yolo County Health and Human Services Agency/ CHDP/Partnership Health Plan of California | MOU | January 1 2012 – N/A | 1-1-2012 | Jill Cook Christian Sandrock MD Jan Babb Jack Horn Robert Moore MD Peggy Hoover | No |

| 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) |
|---|--------------------------|----------------------------|------------------------------------|---|--------------------------------------|
| Yolo County CHDP and Yolo County Children's Alliance (YCCA) | MOU | 7-1-2017 to 6-30-2019 | 8-31-2017 | Jeneba Lahai, Health Program Coordinator Katie Villegas, Executive Director Jaime Ordonez, CHDP Deputy Director Karen Larsen, HHSA Director | No |
| Health and Human Services Agency CMS/Partnership Health Plan of California | MOU | 1-1-2019 to N/A | 7-1-2018 | Karen Larsen, HHSA Director Jennie Pettet, M.S., CYF Branch Director Jaime Ordonez, CCS Administrator Liz Gibboney, Chief Executive Officer Robert Moore, MD, MPH, Chief Medical Officer Peggy Hoover, RN Director Health Services | No |
| Agreement # CCS/SELPA | IAA | 7-1-2011 to 6-30-2014 | 10-03-2012 | Jill Cook Jaime Ordonez Diane Cirolini Camille Giometti-May | No |

CHDP Administrative Budget Worksheet for FY 2021-2022
No County Match
State and State/Federal
YOLO COUNTY

| 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 | | | | | | | | | | | |
| 1. CHDP Deputy Director/Ordonez | 20% | \$ 112,798 | \$22,559 | 0.00% | \$0 | 100.00% | \$22,559 | 0.00% | \$0 | 100% | \$22,559 |
| 2. SR. PHN/Vacant/Shahi | 40% | \$ 96,344 | \$38,538 | 0.00% | \$0 | 100.00% | \$38,538 | 85.00% | \$32,757 | 15.00% | \$5,781 |
| 3. SR CHA/Enriquez | 54% | \$ 65,583 | \$35,415 | 0.00% | \$0 | 100.00% | \$35,415 | 0.00% | \$0 | 100% | \$35,415 |
| 4. Office Support Specialist/Velazquez/Rahimi | 20% | \$ 47,315 | \$9,463 | 0.00% | \$0 | 100.00% | \$9,463 | 0.00% | \$0 | 100% | \$9,463 |
| FTE | 134% | | | | | | | | | | |
| Total Salaries and Wages | | | \$105,975 | | \$0 | | \$105,975 | | \$32,757 | | \$73,218 |
| Less Salary Savings | | | | | | | | | | | |
| Net Salaries and Wages | | | \$105,975 | | \$0 | | \$105,975 | | \$32,757 | | \$73,218 |
| Staff Benefits 74.26% | | | \$78,694 | | \$0 | | \$78,694 | | \$24,324 | | \$54,370 |
| I. Total Personnel Expenses | | | \$184,669 | | \$0 | | \$184,669 | | \$57,081 | | \$127,588 |
| II. Operating Expenses | | | | | | | | | | | |
| 1. Travel | | | \$ 200 | | \$0 | | \$ 200 | | \$0 | | \$200 |
| 2. Training | | | \$ 800 | | \$0 | | \$ 800 | | \$0 | | \$800 |
| 3. Office Expense | | | \$ 1,100 | | \$0 | | \$ 1,100 | | | | \$1,100 |
| 4. Information Technology | | | \$ 200 | | \$0 | | \$ 200 | | | | \$200 |
| II. Total Operating Expenses | | | \$ 2,300 | | \$ - | | \$ 2,300 | | \$ - | | \$ 2,300 |
| III. Capital Expenses | | | | | | | | | | | |
| 1. | | | \$0 | | \$0 | | \$0 | | | | \$0 |
| II. Total Capital Expenses | | | \$0 | | \$0 | | \$0 | | | | \$0 |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1. Internal (Specify %) | 25.00% | | \$46,167 | | \$0 | | \$ 46,167 | | | | \$46,167 |
| 2. External (Specify %) | | | \$0 | | \$0 | | \$ - | | | | \$0 |
| | | | \$46,167 | | \$0 | | \$ 46,167 | | | | \$46,167 |
| V. Other Expenses | | | | | | | | | | | |
| 1. | | | \$0 | | \$0 | | \$0 | | | | \$0 |
| V. Total Other Expenses | | | \$0 | | \$0 | | \$0 | | | | \$0 |
| Budget Grand Total | | | \$233,136 | | \$0 | | \$233,136 | | \$57,081 | | \$176,055 |

Angelika Eberlein
 Prepared by Angelika Eberlein

10/05/21 (530) 666-8590
 Date Prepared Phone Number

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 Email Address

Jaime Ordonez
 Jaime Ordonez, CHDP Deputy Director

10/29/21 (530) 666-8958
 Date Phone Number

jaime.ordonez@yolocounty.org
 Email Address

**CHDP Administrative Budget Summary for FY 2021-2022
No County/City Match
YOLO COUNTY**

| 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 | \$184,669 | \$0 | \$184,669 | \$57,081 | \$127,588 |
| II. Total Operating Expenses | \$2,300 | \$0 | \$2,300 | \$0 | \$2,300 |
| III. Total Capital Expenses | \$0 | \$0 | \$0 | | \$0 |
| IV. Total Indirect Expenses | \$46,167 | \$0 | \$46,167 | | \$46,167 |
| V. Total Other Expenses | \$0 | | \$0 | | \$0 |
| Budget Grand Total | \$233,136 | \$0 | \$233,136 | \$57,081 | \$176,055 |

| 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 | \$0 | | | |
| Medi-Cal Funds: | \$233,136 | | \$233,136 | | |
| State | \$102,298 | | \$102,298 | \$14,270 | \$88,028 |
| Federal (Title XIX) | \$130,838 | | \$130,838 | \$42,811 | \$88,027 |



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10/05/21

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Jaime Ordonez, CHDP Deputy Director

10/20/21

Date

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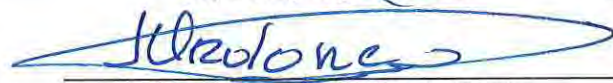
Email Address

**Children's Medical Services
Yolo County
CHDP Administrative No County Match Budget Narrative
Fiscal Year 2021-2022**

| | | |
|--|------------------|---|
| I. Personnel Expenses | | The following reflects changes from the FY 20-21 CHDP Total No County Match budget |
| Salaries: | \$105,975 | |
| Total Benefits: | <u>\$78,694</u> | |
| Total Personnel Expense: | \$184,669 | |
| | | |
| CHDP Deputy Director/Ordonez | | Remains at .20 FTE. Serves as CHDP Deputy Director and provides administrative supervision to CHDP staff |
| Senior PHN/Olsen/Shahi | | Remains at .40 FTE. Remainder to CHDP County Match budget. Provides SPMP services |
| Senior CHA /Enriquez | | Decreased from .60 FTE to .54 FTE. Remainder FTE to CHDP County Match budget. Promotes community awareness exercises, performs outreach and followup activities for CHDP clients |
| Office Support Specialist/Velasquez/Rahimi | | Remains at .20 FTE. Remainder to CHDP County Match and CCS budgets. Provides clerical support. |
| | | |
| II. Operating Expense | | |
| Travel | \$200 | Remains at \$200. Includes meetings and trainings, CHDP share of cost for county vehicles and mileage at State approved rate for private vehicles. Includes air travel and auto rental. |
| Training | \$800 | Decrease from \$934 to \$800 to accommodate training as well as registration for workshops, trainings and continuing ed. |
| Office/General | \$1,100 | Remains at \$1,100. Cost of general and office supplies, postage, expendables, resource books, and printing/copier expenditures. |
| Information Technology | \$200 | Remains at \$200. Majority of IT cost is shifted as Indirect Overhead. Includes software, peripheral equipment, and website management/updates. |
| Total Operating Expense | \$2,300 | |
| III. Indirect Expense | | |
| Internet/External | \$46,167 | Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file. |
| Total Indirect Expense: | \$46,167 | |
| IV. Other Expense | \$0 | None |
| Total Other Expense: | \$0 | |
| | | |
| BUDGET GRAND TOTAL | \$233,136 | |
| *Small variance may result due to rounding | | |

**CHDP Administrative Budget Worksheet for FY 2021-2022
County Match
YOLO COUNTY**

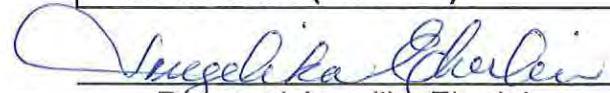
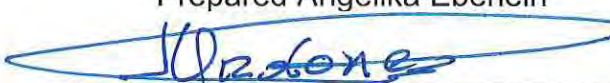
| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|---|----------|---------------|---------------------------------|----------|---------------------------------|----------|------------------------------------|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced County/Federal (25/75) | % or FTE | Nonenhanced County/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. CHDP Deputy Director/Ordonez | 15% | \$ 112,798 | \$16,920 | 0% | \$0 | 100% | \$16,920 |
| 2. SR. PHN/Vacant/Shahi | 56.25% | \$ 96,344 | \$54,194 | 85.00% | \$46,064 | 15% | \$8,129 |
| 3. SR CHA/Enriquez | 46% | \$ 65,583 | \$30,168 | 0% | \$0 | 100% | \$30,168 |
| 4. Office Support Specialist/Velazquez/Rahimi | 14% | \$ 47,315 | \$6,624 | 0% | \$0 | 100% | \$6,624 |
| FTE'S | 131.25% | | | | | | |
| Total Salaries and Wages | | | \$107,905 | | \$46,064 | | \$61,841 |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | | | | | |
| Staff Benefits | 72.35% | | \$78,069 | | \$33,327 | | \$44,742 |
| I. Total Personnel Expenses | | | \$185,974 | | \$79,391 | | \$106,583 |
| II. Operating Expenses | | | | | | | |
| 1. Travel | | | \$250 | | \$107 | | \$143 |
| 2. Training | | | \$100 | | \$43 | | \$57 |
| 3. Office Expense | | | \$1,000 | | | | \$1,000 |
| 4. Information Technology | | | \$500 | | | | \$500 |
| II. Total Operating Expenses | | | \$1,850 | | \$150 | | \$1,700 |
| III. Capital Expenses | | | | | | | |
| 1. | | | \$0 | | | | \$0 |
| III. Total Capital Expenses | | | \$0 | | | | \$0 |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal | 25.00% | | \$46,494 | | | | \$46,494 |
| 2. External | | | \$0 | | | | \$0 |
| IV. Total Indirect Expenses | | | \$46,494 | | | | \$46,494 |
| V. Other Expenses | | | | | | | |
| 1. | | | \$0 | | | | \$0 |
| V. Total Other Expenses | | | \$0 | | | | \$0 |
| Budget Grand Total | | | \$234,318 | | \$79,541 | | \$154,777 |

| | | | |
|---|---------------|----------------|-------------------------------|
|  | 10/05/21 | (530) 666-8590 | angel.eberlein@yolocounty.org |
| Prepared by Angelika Eberlein | Date Prepared | Phone Number | Email Address |
|  | 10/20/21 | (530) 666-8958 | jaime.ordonez@yolocounty.org |
| Jaime Ordonez, CHDP Deputy Director | Date | Phone Number | Email Address |

**CHDP Administrative Budget Summary for FY 2021-2022
County/Federal Match
YOLO COUNTY**

| Column | 1 | 2 | 3 |
|------------------------------|-------------------------|---------------------------------------|--|
| Category/Line Item | Total Budget (2 + 3) | Enhanced County/Federal (25/75) | Nonenhanced County/Federal (50/50) |
| I. Total Personnel Expenses | \$185,974 | \$79,391 | \$106,583 |
| II. Total Operating Expenses | \$1,850 | \$150 | \$1,700 |
| III. Total Capital Expenses | \$0 | | \$0 |
| IV. Total Indirect Expenses | \$46,494 | | \$46,494 |
| V. Total Other Expenses | \$0 | | \$0 |
| Budget Grand Total | \$234,318 | \$79,541 | \$154,777 |

| Column | 1 | 2 | 3 |
|---------------------------|-------------|---------------------------------------|---------------------------------------|
| Source of Funds | Total Funds | Enhanced County/Federal (25/75) | Nonenhanced County/Federal (50/50) |
| County Funds | \$97,274 | \$19,885 | \$77,389 |
| Federal Funds (Title XIX) | \$137,044 | \$59,656 | \$77,388 |

| | | | |
|---|---------------|----------------|-------------------------------|
|  | 10/05/21 | (530) 666-8590 | angel.eberlein@yolocounty.org |
| Prepared Angelika Eberlein | Date prepared | Phone Number | Email Address |
|  | 10/20/21 | (530) 666-8958 | jaime.ordonez@yolocounty.org |
| Jaime Ordonez, CHDP Deputy Director | Date | Phone Number | Email Address |

**Children's Medical Services
Yolo County
CHDP Administrative County Federal Match Budget Narrative
Fiscal Year 2021-2022**

I. Personnel Expense

Total Salaries: \$107,905
 Total Benefits: \$78,069
Total Personnel Expense: \$185,974

**The following reflects changes from the FY 20-21
CHDP County Match budget.**

CHDP Deputy Director/ Ordonez Remains at .15 FTE. Serves as CHDP Deputy Director and provides administrative supervision to CHDP staff.

Senior PHN/Vacant/Shahi Remains at .5625 FTE to provide SPMP services.

Sr. CHA/Enriquez Increased from .40 FTE to .46 FTE. Promotes community awareness exercises, performs outreach and followup activities for CHDP clients.

Office Support Specialist/Velazquez/Rahimi Remains at .14 FTE. Provides clerical support to the CHDP program.

II. Operating Expense

Travel \$250 Remains at \$250. Includes meetings and trainings, CHDP cost for county vehicles as well as mileage at State approved rate for private vehicles. Include air and rental cars.

Training \$100 Remains at \$100. Includes meetings, trainings, and outreach efforts in support of the CHDP program.

Office Expense/General \$1,000 Remains at \$1,000. Cost of general and office supplies, postage, expendables, resource books, and printing.

Information Technology \$500 Remains at \$500. Majority of IT cost is shifted as Indirect Cost. Includes software, peripheral equipment and website management and updates.

Total Operating Expense \$1,850

III. Capital Expense

Total Capital Expense: \$0 None

IV. Indirect Expense

Internal/External \$46,494 Reflects 25% of Total Personnel cost per Indirect Cost Rate formula on file.

Total Indirect Expense: \$46,494

V. Other Expense

Total Other Expense: \$0 None

BUDGET GRAND TOTAL \$234,318

*Small variance may result due to rounding

CHDP-LPP Local Assistance Allocation Budget Worksheet

Fiscal Year: 2021 - 2022

County/City Name: YOLO

| Column | 1 | 2 | |
|--|---------------------------|---------------|-----------------|
| Category/Line Item | % of FTE towards CHDP-LPP | Annual Salary | |
| I. Personnel Expense | | | |
| 1. Shahi, Sandeep/Sr. Public Health Nurse | 3.75% | 96,344.00 | 3,612.90 |
| 2. Employee Name, Position | 0.00% | - | |
| 3. Employee Name, Position | 0.00% | - | |
| 4. Employee Name, Position | 0.00% | - | |
| 6. Employee Name, Position | 0.00% | - | |
| Total Salaries and Wages | 3.75% | 96,344.00 | 3,612.90 |
| Staff Benefits (Specify %) | 64.82% | | 2,342.03 |
| I. Total Personnel Expense | | | 5,954.93 |
| II. Total Travel Expense | | | 100.00 |
| III. Other Expense (Must Separately Itemize all Other Expenses below) | | | |
| 1. Office Expense | | | 120.80 |
| 2. Training Expense | | | 150.00 |
| 3. | | | |
| III. Total Other Expense | | | 270.80 |
| Budget Grand Total | | | 6,325.73 |

Angel Eberlein  10/19/2021 Angel.Eberlein@yolocounty.org
 Prepared By Date Prepared Email Address

 10/20/21 Jaime.Ordonez@yolocounty.org
 CHDP Deputy Director Date Email Address
 (Signature)

YOLO COUNTY

CHDP-LPP Budget Summary

FISCAL YEAR 2021-22

| CATEGORY/LINE ITEM | TOTAL STATE GENERAL FUND/CLPP FUNDS (100% CLPP) | |
|----------------------------|--|-----------------|
| I. TOTAL PERSONNEL EXPENSE | \$ | 5,954.93 |
| II. TOTAL TRAVEL EXPENSE | \$ | 100.00 |
| III. TOTAL OTHER EXPENSE | \$ | 270.80 |
| BUDGET GRAND TOTAL | \$ | 6,325.73 |

| SOURCE OF FUNDS | CHDP-CLPP FUNDS (100% CLPP) | |
|----------------------------------|--------------------------------|-----------------|
| CHDP-LPP FUND GRAND TOTAL | \$ | 6,325.73 |

| | | |
|-------------------|-------------------------------|--------------|
| Angelika Eberlein | angel.eberlein@yolocounty.org | 530-666-8590 |
| Prepared By | Email Address | Phone Number |

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.



10/21/21

| | |
|--------------------------------------|------|
| CHDP /Deputy Director, Jaime Ordonez | Date |
|--------------------------------------|------|



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): BASE

County-City Name: YOLO COUNTY Fiscal Year: 21/22

| 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) |
| I. Personnel Expenses | | | | | | | | | | | |
| # | Last | First | Title | PHN (Y/N) | | | | | | | |
| 1 | HASHIMOTO | ERIKA | Sr.Public Health Nurse | Y | 85.00% | \$96,344 | \$81,892.40 | 80.00% | \$65,514 | 20.00% | \$16,378 |
| 2 | JOHNSON | PATRICIA | Sr.Public Health Nurse | Y | 17.00% | \$105,792 | \$17,984.64 | 90.00% | \$16,186 | 10.00% | \$1,798 |
| 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 | | | | | 1.02% | | | 85.00% | | 15.00% | |
| Total Salaries and Wages | | | | | | | \$99,878 | | \$81,701 | | \$18,177 |
| Less Salary Savings | | | | | | | \$0 | | \$0 | | \$0 |
| Net Salaries and Wages | | | | | | | \$99,878 | | \$81,701 | | \$18,177 |
| Staff Benefits (Specify %) | | | | 63.28% | | | \$63,199 | | \$51,698 | | \$11,502 |
| I. Total Personnel Expenses | | | | | | | \$163,078 | | \$133,399 | | \$29,679 |
| II. Operating Expenses | | | | | | | | | | | |
| 1 | Travel | | | \$250 | | | \$250 | 0.00% | \$0 | 100.00% | \$250 |
| 2 | Training | | | \$450 | | | \$450 | 0.00% | \$0 | 100.00% | \$450 |
| II. Total Operating Expenses | | | | | | | \$700 | | \$0 | | \$700 |
| III. Capital Expenses | | | | | | | | | | | |
| III. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1 | Internal (Specify %) | | | 25.00% | | | \$40,770 | | | | \$40,770 |
| 2 | External | | | | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | \$40,770 | | | | \$40,770 |
| V. Other Expenses | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | | | | | \$204,548 | | \$133,399 | | \$71,149 |

Angel Eberlein 10/8/2021 (530) 666-8590 angel.eberlein@yolocounty.org
Prepared By (Print & Sign) Date Phone Number E-mail Address

Jaime Ordonez 10/20/21 (530) 666-8958 jaime.ordonez@yolocounty.org



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



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

County-City Name: YOLO COUNTY Fiscal Year: 21/22

| 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 | \$163,046 | \$133,374 | \$29,672 |
| II Total Operating Expenses | \$700 | \$0 | \$700 |
| III Total Capital Expenses | | | |
| IV Total Indirect Expenses | \$40,762 | | \$40,762 |
| V Total Other Expenses | | | |
| Budget Grand Total | \$204,508 | \$133,374 | \$71,134 |

| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Non-Enhanced State/Federal (50/50) |
|---------------------------|------------------|--------------------------------|------------------------------------|
| E | (F = G + H) | G | H |
| State Funds | \$68,910 | \$33,343 | \$35,567 |
| Federal Funds (Title XIX) | \$135,598 | \$100,031 | \$35,567 |
| Budget Grand Total | \$204,508 | \$133,374 | \$71,134 |

Angel Eberlein [Signature] 10/08/21 (530) 666-8590 angel.eberlein@yolocounty.org
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Jaime Ordonez [Signature] 10/20/21 (530) 666-8958 jaime.ordonez@yolocounty.org
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

Children's Medical Services
 Yolo County
 HCPCFC State/Fed Match Budget Narrative - BASE
 Fiscal Year 2021-22

I. Personnel Expense

| | |
|---------------------------------|------------------|
| Total Salaries: | \$99,877 |
| Total Benefits: | <u>\$63,169</u> |
| Total Personnel Expense: | \$163,046 |

The following reflects changes from the FY 20-21 CHDP
 No County Match budget

| | |
|-------------------------|---|
| Senior PHN/Vacant/Shahi | Will perform client care coordination. 85% FTE. |
|-------------------------|---|

| | |
|---------------------------|--|
| Senior PHN/Vacant/Johnson | Will perform client care coordination . 17% FTE. |
|---------------------------|--|

II. Operating Expense

| | | |
|--------------------------------|--------------|--|
| Travel | \$250 | Travel to meetings and trainings. HCPCFC costs for County vehicles as well as mileage at State approved rate for private vehicles. Includes air and rental cars. |
| Training | \$450 | Includes meetings, trainings, and outreach efforts in support of the HCPCFC program. |
| Total Operating Expense | \$700 | |

IV. Indirect Expense

| | | |
|-------------------|----------|---|
| Internal/External | \$40,762 | Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file. |
|-------------------|----------|---|

| | |
|--------------------------------|-----------------|
| Total Indirect Expense: | \$40,762 |
|--------------------------------|-----------------|

V. Other Expense

| | | |
|--|-----|------|
| | \$0 | None |
|--|-----|------|

| | |
|-----------------------------|------------|
| Total Other Expense: | \$0 |
|-----------------------------|------------|

| | |
|---------------------------|------------------|
| BUDGET GRAND TOTAL | \$204,508 |
|---------------------------|------------------|

*Small variance may result due to rounding



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



County-City/Federal

County-City Name: YOLO COUNTY Fiscal Year: 21/22 HPCFC COUNTY-FEDERAL

| Column | | | | | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------------------|----------|-----------------------|-----------|--------|---------------|-----------------|--------|--------------------------------------|---------|--|
| Category/Line Item | | | | | % FTE | Annual Salary | Total Budget | % FTE | Enhanced County-City/Federal (25/75) | % FTE | Non-Enhanced County-City/Federal (50/50) |
| I. Personnel Expenses | | | | | | | | | | | |
| # | Last | First | Title | PHN (Y/N) | | | | | | | |
| 1 | HASHIMOTO | ERIKA | Sr.Public Health Nurs | Y | 15.00% | \$96,344 | \$14,451.60 | 80.00% | \$11,561 | 20.00% | \$2,890 |
| 2 | JOHNSON | PATRICIA | Sr.Public Health Nurs | Y | 5.50% | \$105,792 | \$5,818.56 | 90.00% | \$5,237 | 10.00% | \$582 |
| 3 | | | | | | | \$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 | | | | | 0.21% | | | 85.00% | | 15.00% | |
| Total Salaries and Wages | | | | | | | \$20,271 | | \$16,798 | | \$3,473 |
| Less Salary Savings | | | | | | | \$0 | | \$0 | | \$0 |
| Net Salaries and Wages | | | | | | | \$20,271 | | \$16,798 | | \$3,473 |
| Staff Benefits (Specify %) | | | | | 61.26% | | \$12,419 | | \$10,291 | | \$2,128 |
| I. Total Personnel Expenses | | | | | | | \$32,690 | | \$27,089 | | \$5,601 |
| II. Operating Expenses | | | | | | | | | | | |
| 1 | Travel | | | \$250 | | | \$250 | 0.00% | \$0 | 100.00% | \$250 |
| 2 | Training | | | \$250 | | | \$250 | 0.00% | \$0 | 100.00% | \$250 |
| II. Total Operating Expenses | | | | | | | \$500 | | \$0 | | \$500 |
| III. Capital Expenses | | | | | | | | | | | |
| III. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1 | Internal (Specify %) | | | 25.00% | | | \$8,173 | | | | \$8,173 |
| 2 | External | | | | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | \$8,173 | | | | \$8,173 |
| V. Other Expenses | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | | | | | \$41,363 | | \$27,089 | | \$14,274 |

Angel Eberlein 10/15/2021 (530) 666-8590 angel.eberlein@yolocounty.org
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Jaime Ordonez, CHDP Deputy Director 20/20/21 (530) 666-8958 jaime.ordonez@yolocounty.org
 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
 County-City/Federal
 Budget Summary



| | |
|--|---------------------|
| | County-City/Federal |
|--|---------------------|


| | | | |
|-------------------|------|--------------|-------|
| County-City Name: | YOLO | Fiscal Year: | 21/22 |
|-------------------|------|--------------|-------|


| Category/Line Item | Total Invoiced | Enhanced County-City/Federal (25/75) | Non-Enhanced County-City/Federal (50/50) |
|---------------------------------|-----------------|--|--|
| A | (B = C + D) | C | D |
| I Total Personnel Expenses | \$32,690 | \$27,089 | \$5,601 |
| II Total Operating Expenses | \$500 | \$0 | \$500 |
| III Total Capital Expenses | | | |
| IV Total Indirect Expenses | \$8,173 | | \$8,173 |
| V Total Other Expenses | | | |
| Expenditures Grand Total | \$41,363 | \$27,089 | \$14,274 |

| Source of Funds | Total Funds Invoiced | Enhanced County-City/Federal (25/75) | Non-Enhanced County-City/Federal (50/50) |
|---------------------------------|----------------------|--|--|
| E | (F = G + H) | G | H |
| County-City Funds | \$13,909 | \$6,772 | \$7,137 |
| Federal Funds (Title XIX) | \$27,454 | \$20,317 | \$7,137 |
| Expenditures Grand Total | \$41,363 | \$27,089 | \$14,274 |

| | |
|---------------------------|-----------------------------|
| Source County-City Funds: | SOCIAL SERVICES REALIGNMENT |
|---------------------------|-----------------------------|

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1090 to 1096 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.


 Angel Eberlein 10/15/2021 (530) 666-8590 igel.eberlein@yolocounty.c
 Prepared By (Print & Sign) Date Phone Number E-mail Address


 ME Odonez 10/20/21 (530) 666-8958 me.ordonez@yolocounty.c
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

**Children's Medical Services
Yolo County
HCPCFC State/Fed Match Budget Narrative - COUNTY-FED
Fiscal Year 2021-22**

I. Personnel Expense

| | |
|---------------------------------|-----------------|
| Total Salaries: | \$20,271 |
| Total Benefits: | <u>\$12,418</u> |
| Total Personnel Expense: | \$32,689 |

The following reflects changes from the FY 20-21 CHDP
No County Match budget

| | |
|-------------------------|---|
| Senior PHN/Vacant/Shahi | Will perform client care coordination. 85% FTE. |
|-------------------------|---|

| | |
|---------------------------|--|
| Senior PHN/Vacant/Johnson | Will perform client care coordination . 17% FTE. |
|---------------------------|--|

II. Operating Expense

| | | |
|--------------------------------|--------------|--|
| Travel | \$250 | Travel to meetings and trainings. HCPCFC costs for County vehicles as well as mileage at State approved rate for private vehicles. Includes air and rental cars. |
| Training | \$250 | Includes meetings, trainings, and outreach efforts in support of the HCPCFC program. |
| Total Operating Expense | \$500 | |

IV. Indirect Expense

| | | |
|-------------------|---------|---|
| Internal/External | \$8,172 | Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file. |
|-------------------|---------|---|

| | |
|--------------------------------|----------------|
| Total Indirect Expense: | \$8,172 |
|--------------------------------|----------------|

V. Other Expense

| | | |
|--|-----|------|
| | \$0 | None |
|--|-----|------|

| | |
|-----------------------------|------------|
| Total Other Expense: | \$0 |
|-----------------------------|------------|

| | |
|---------------------------|-----------------|
| BUDGET GRAND TOTAL | \$41,361 |
|---------------------------|-----------------|

*Small variance may result due to rounding



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: YOLO COUNTY Fiscal Year: 21/22

| 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) |
| I. Personnel Expenses | | | | | | | | | | | |
| # | Last | First | Title | PHN (Y/N) | | | | | | | |
| 1 | ORDONEZ | JAIME | CHDP Deputy Director | N | 15.00% | \$112,798 | \$16,919.70 | 0.00% | \$0 | 100.00% | \$16,920 |
| 2 | JOHNSON | PATRICIA | Sr.Public Health Nurse | Y | 15.50% | \$105,792 | \$16,397.76 | 90.00% | \$14,758 | 10.00% | \$1,640 |
| 3 | | | | | | | \$0.00 | | \$0 | 100.00% | \$0 |
| 4 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 5 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 6 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 7 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 8 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 9 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 10 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 11 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 12 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 13 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 14 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 15 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 16 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 17 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 18 | S | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 19 | F | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 20 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| Total Number of PHN Staff | | | | 1 | | | | | | | |
| Total FTE PHN Staff | | | | | 0.16% | | | 90.00% | | 10.00% | |
| Total Salaries and Wages | | | | | | | \$33,318 | | \$14,758 | | \$18,560 |
| Less Salary Savings | | | | | | | \$0 | | \$0 | | \$0 |
| Net Salaries and Wages | | | | | | | \$33,318 | | \$14,758 | | \$18,560 |
| Staff Benefits (Specify %) | | | | 56.80% | | | \$18,925 | | \$8,383 | | \$10,543 |
| I. Total Personnel Expenses | | | | | | | \$52,244 | | \$23,141 | | \$29,103 |
| II. Operating Expenses | | | | | | | | | | | |
| 1 | Travel | | | \$250 | | | \$250 | 0.00% | \$0 | 100.00% | \$250 |
| 2 | Training | | | \$450 | | | \$450 | 0.00% | \$0 | 100.00% | \$450 |
| II. Total Operating Expenses | | | | | | | \$700 | | \$0 | | \$700 |
| III. Capital Expenses | | | | | | | | | | | |
| III. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1 | Internal (Specify %) | | | 25.00% | | | \$13,061 | | | | \$13,061 |
| 2 | External | | | | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | \$13,061 | | | | \$13,061 |
| V. Other Expenses | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | | | | | \$66,005 | | \$23,141 | | \$42,864 |

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 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 Summary



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

County-City Name: **YOLO COUNTY** Fiscal Year: **21/22**

| 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 | \$52,243 | \$23,141 | \$29,102 |
| II Total Operating Expenses | \$700 | \$0 | \$700 |
| III Total Capital Expenses | | | |
| IV Total Indirect Expenses | \$13,061 | | \$13,061 |
| V Total Other Expenses | | | |
| Budget Grand Total | \$66,004 | \$23,141 | \$42,863 |

| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Non-Enhanced State/Federal (50/50) |
|---------------------------|-----------------|--------------------------------|------------------------------------|
| E | (F = G + H) | G | H |
| State Funds | \$27,216 | \$5,785 | \$21,431 |
| Federal Funds (Title XIX) | \$38,788 | \$17,356 | \$21,432 |
| Budget Grand Total | \$66,004 | \$23,141 | \$42,863 |

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

HCPCFC SUMMARY FOR TRANSFER TO FORMS ---CASELOAD RELIEF
Yolo County
State/Federal Budget Narrative
Fiscal Year 2021-22

| | | |
|---------------------------------|-----------------|--|
| I. Personnel Expense | | The following reflects changes from the FY 20-21 CHDP No County Match budget |
| Total Salaries: | \$33,318 | |
| Total Benefits: | <u>\$18,925</u> | |
| Total Personnel Expense: | \$52,243 | |
| | | |
| CHDP Deputy Director/Ordonez | | Remains at .15 FTE. Serves as CHDP Deputy Director and provides administrative supervision to HCPCFC staff. |
| Senior PHN/Johnson | | Increase from .10 FTE to .155 FTE. Will provide client care coordination. |
| | | |
| II. Operating Expense | | |
| Travel | \$250 | Increase from \$200 to \$250. Includes meetings and trainings, HCPCFC share of cost for county vehicles and mileage at State approved rate rate for private vehicles. Includes air travel and auto rental. |
| Training | \$450 | Decrease from \$800 to \$450 to accommodate training as well as registration for workshops, trainings and continuing education. |
| Total Operating Expense | \$700 | |
| | | |
| IV. Indirect Expense | | |
| Internal/External | \$13,061 | Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file. |
| Total Indirect Expense: | \$13,061 | |
| | | |
| V. Other Expense | \$0 | None |
| Total Other Expense: | \$0 | |
| | | |
| BUDGET GRAND TOTAL | \$66,004 | |

*Small variance may result due to rounding



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: YOLO COUNTY Fiscal Year: 21/22

| 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) |
| I. Personnel Expenses | | | | | | | | | | | |
| # | Last | First | Title | PHN (Y/N) | | | | | | | |
| 1 | JOHNSON | PATRICIA | Sr.Public Health Nurse | Y | 12.00% | \$105,792 | \$12,695.04 | 90.00% | \$11,426 | 10.00% | \$1,270 |
| 2 | VACANT | | Sr.Public Health Nurse | Y | 10.00% | \$96,344 | \$9,634.40 | 80.00% | \$7,708 | 20.00% | \$1,927 |
| 3 | | | | | | | \$0.00 | | \$0 | 100.00% | \$0 |
| 4 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 5 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 6 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 7 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 8 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 9 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 10 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 11 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 12 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 13 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 14 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 15 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 16 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 17 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 18 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 19 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| 20 | | | | | | | \$0 | | \$0 | 100.00% | \$0 |
| Total Number of PHN Staff | | | | 2 | | | | | | | |
| Total FTE PHN Staff | | | | | 0.22% | | | 85.00% | | 15.00% | |
| Total Salaries and Wages | | | | | | | \$22,330 | | \$19,134 | | \$3,197 |
| Less Salary Savings | | | | | | | \$0 | | \$0 | | \$0 |
| Net Salaries and Wages | | | | | | | \$22,330 | | \$19,134 | | \$3,197 |
| Staff Benefits (Specify %) | | | | 56.81% | | | \$12,686 | | \$10,870 | | \$1,817 |
| I. Total Personnel Expenses | | | | | | | \$35,018 | | \$30,004 | | \$5,014 |
| II. Operating Expenses | | | | | | | | | | | |
| 1 | Travel | | | \$250 | | | \$250 | 0.00% | \$0 | 100.00% | \$250 |
| 2 | Training | | | \$250 | | | \$250 | 0.00% | \$0 | 100.00% | \$250 |
| II. Total Operating Expenses | | | | | | | \$500 | | \$0 | | \$500 |
| III. Capital Expenses | | | | | | | | | | | |
| III. Total Capital Expenses | | | | | | | | | | | |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1 | Internal (Specify %) | | | 25.00% | | | \$8,755 | | | | \$8,755 |
| 2 | External | | | | | | | | | | |
| IV. Total Indirect Expenses | | | | | | | \$8,755 | | | | \$8,755 |
| V. Other Expenses | | | | | | | | | | | |
| V. Total Other Expenses | | | | | | | | | | | |
| Budget Grand Total | | | | | | | \$44,273 | | \$30,004 | | \$14,269 |

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 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 Summary



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

County-City Name: YOLO COUNTY Fiscal Year: 21/22

| 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 | \$35,018 | \$30,004 | \$5,014 |
| II Total Operating Expenses | \$500 | \$0 | \$500 |
| III Total Capital Expenses | / | / | / |
| IV Total Indirect Expenses | \$8,755 | / | \$8,755 |
| V Total Other Expenses | / | / | / |
| Budget Grand Total | \$44,273 | \$30,004 | \$14,269 |

| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Non-Enhanced State/Federal (50/50) |
|---------------------------|-----------------|--------------------------------|------------------------------------|
| E | (F = G + H) | G | H |
| State Funds | \$14,635 | \$7,501 | \$7,134 |
| Federal Funds (Title XIX) | \$29,638 | \$22,503 | \$7,135 |
| Budget Grand Total | \$44,273 | \$30,004 | \$14,269 |

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

HCPCFC SUMMARY FOR TRANSFER TO FORMS ---PMM&O
Yolo County
State/Federal Budget Narrative
Fiscal Year 2021-22

| | | |
|---------------------------------|-----------------|---|
| I. Personnel Expense | | The following reflects changes from the FY 20-21 HCPCFC PMM&O budget |
| Total Salaries: | \$22,331 | |
| Total Benefits: | <u>\$12,687</u> | |
| Total Personnel Expense: | \$35,018 | |

| | |
|--------------------|---|
| Senior PHN/Johnson | Will perform client care coordination. 12% FTE. |
|--------------------|---|

| | |
|-------------------|---|
| Senior PHN/vacant | Will perform client care coordination. 10% FTE. |
|-------------------|---|

II. Operating Expense

| | | |
|--------|-------|---|
| Travel | \$250 | Remains at \$250. Includes meetings and trainings, HCPCFC share of cost for county vehicles and mileage at State approved rate for private vehicles. Includes air travel and auto rental. |
|--------|-------|---|

| | | |
|----------|-------|--|
| Training | \$250 | Remains at \$250 to accommodate training and registration as well as outreach efforts in support of the HCPCFC program.. |
|----------|-------|--|

| | | |
|--------------------------------|--------------|--|
| Total Operating Expense | \$500 | |
|--------------------------------|--------------|--|

IV. Indirect Expense

| | | |
|-------------------|---------|---|
| Internal/External | \$8,755 | Reflects 25% of Total Personnel costs per Indirect Cost Rate formula on file. |
|-------------------|---------|---|

| | | |
|--------------------------------|----------------|--|
| Total Indirect Expense: | \$8,755 | |
|--------------------------------|----------------|--|

| | | |
|-------------------------|-----|------|
| V. Other Expense | \$0 | None |
|-------------------------|-----|------|

| | | |
|-----------------------------|------------|--|
| Total Other Expense: | \$0 | |
|-----------------------------|------------|--|

| | | |
|---------------------------|-----------------|--|
| BUDGET GRAND TOTAL | \$44,273 | |
|---------------------------|-----------------|--|

*Variance may result due to rounding.

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 45 | 6.05% |
| OTLIP - Total Cases of Open (Active) OTLIP Children | 119 | 15.99% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children | 580 | 77.96% |
| TOTAL CCS CASELOAD | 744 | 100% |

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-22

County: YOLO

| Column | | | | Straight CCS | | Optional Targeted Low Income Children's Program (OTLIP) | | Medi-Cal (Non-OTLIP) | | | | | |
|---|---------|---------------|-----------------------------------|--------------|-----------------------------------|---|---|----------------------|------------------------|----------------|---|--------------------|---|
| | 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 (OTLIP) Co/State/Fed (17.5/17.5/65) | Caseload % | Medi-Cal State/Federal | Enhanced % FTE | Enhanced Medi-Cal State/Federal (25/75) | Non-Enhanced % FTE | Non-Enhanced Medi-Cal State/Federal (50/50) |
| I. Personnel Expense | | | | | | | | | | | | | |
| Program Administration | | | | | | | | | | | | | |
| 1. CCS PROGRAM ADMINISTRATOR/ORDONEZ | 50.00% | 112,798 | 58,399 | 6.05% | 3,411 | 15.99% | 9,021 | 77.96% | 43,967 | | | 100.00% | 43,967 |
| Subtotal | | 112,798 | 58,399 | | 3,411 | | 9,021 | | 43,967 | | | | 43,967 |
| Medical Case Management | | | | | | | | | | | | | |
| 1. PHYSICIAN-MEDICAL CONSULTANT/LIMBOS | 20.00% | 213,412 | 42,682 | 6.05% | 2,582 | 15.99% | 6,827 | 77.96% | 33,273 | 95.00% | 31,610 | 5.00% | 1,663 |
| 2. SENIOR PHN/OLSEN/VACANT | 100.00% | 96,344 | 96,344 | 6.05% | 5,827 | 15.99% | 15,410 | 77.96% | 75,107 | 80.00% | 60,086 | 20.00% | 15,021 |
| Subtotal | | 309,756 | 139,026 | | 8,409 | | 22,237 | | 108,380 | | 91,696 | | 16,684 |
| Other Health Care Professionals | | | | | | | | | | | | | |
| 1. Employee Name, Position | 0.00% | 0 | 0 | 6.05% | 0 | 15.99% | 0 | 77.96% | 0 | 0.00% | 0 | 100.00% | 0 |
| Subtotal | | 0 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 |
| Ancillary Support | | | | | | | | | | | | | |
| 1. CHILDREN'S SVCS ELIG SPEC IMPEREZ-SOLTERO | 100.00% | 61,530 | 61,530 | 6.05% | 3,722 | 15.99% | 9,841 | 77.96% | 47,967 | | | 100.00% | 47,967 |
| 2. CHILDREN'S SVCS ELIG SPEC ILOPEZ | 100.00% | 60,065 | 60,065 | 6.05% | 3,633 | 15.99% | 9,607 | 77.96% | 46,825 | | | 100.00% | 46,825 |
| Subtotal | | 121,595 | 121,595 | | 7,355 | | 19,448 | | 94,792 | | | | 94,792 |
| Clerical and Claims Support | | | | | | | | | | | | | |
| 1. OFFICE SUPPORT SPECIALIST/VELASQUEZ/RAHIMI | 66.00% | 46,280 | 30,545 | 6.05% | 1,847 | 15.99% | 4,886 | 77.96% | 23,812 | 0.00% | 0 | 100.00% | 23,812 |
| Subtotal | | 46,280 | 30,545 | | 1,847 | | 4,886 | | 23,812 | | 0 | | 23,812 |
| Total Salaries and Wages | | | 347,565 | 6.05% | 21,022 | 15.99% | 55,592 | 77.96% | 270,951 | 33.84% | 91,696 | 66.16% | 179,255 |
| Staff Benefits (Specify %) | 67.87% | | 235,891 | 6.05% | 14,268 | 15.99% | 37,730 | 77.96% | 183,893 | | 62,233 | | 121,660 |
| I. Total Personnel Expense | | | 583,456 | 6.05% | 35,290 | 15.99% | 93,322 | 77.96% | 454,844 | | 153,929 | | 300,915 |
| II. Operating Expense | | | | | | | | | | | | | |
| 1. TRAVEL | | | 500 | 6.05% | 30 | 15.99% | 80 | 77.96% | 390 | 33.84% | 132 | 66.16% | 258 |
| 2. TRAINING | | | 500 | 6.05% | 30 | 15.99% | 80 | 77.96% | 390 | 33.84% | 132 | 66.16% | 258 |
| 3. OFFICE EXPENSE | | | 1,500 | 6.05% | 91 | 15.99% | 240 | 77.96% | 1,169 | | | 100.00% | 1,169 |
| 4. MEMBERSHIPS | | | 200 | 6.05% | 12 | 15.99% | 32 | 77.96% | 156 | | | 100.00% | 156 |
| 5. GENERAL OPERATING EXPENSE | | | 500 | 6.05% | 30 | 15.99% | 80 | 77.96% | 390 | | | 100.00% | 390 |
| 6. INFORMATION TECHNOLOGY | | | 200 | 6.05% | 12 | 15.99% | 32 | 77.96% | 156 | | | 100.00% | 156 |
| II. Total Operating Expense | | | 3,400 | | 205 | | 544 | | 2,651 | | 264 | | 2,387 |
| III. Capital Expense | | | | | | | | | | | | | |
| 1. | | | | 6.05% | 0 | 15.99% | 0 | 77.96% | 0 | | | | 0 |
| III. Total Capital Expense | | | 0 | | 0 | | 0 | | 0 | | | | 0 |
| IV. Indirect Expense | | | | | | | | | | | | | |
| 1. Indirect Cost Rate | 0.00% | | 0 | 6.05% | 0 | 15.99% | 0 | 77.96% | 0 | | | 100.00% | 0 |
| 2. External | | | 0 | 6.05% | 0 | 15.99% | 0 | 77.96% | 0 | | | 100.00% | 0 |
| IV. Total Indirect Expense | | | 0 | | 0 | | 0 | | 0 | | | | 0 |
| V. Other Expense | | | | | | | | | | | | | |
| 1. MAINTENANCE & TRANSPORTATION | | | 100 | 6.05% | 6 | 15.99% | 16 | 77.96% | 78 | | | 100.00% | 78 |
| V. Total Other Expense | | | 100 | | 6 | | 16 | | 78 | | | | 78 |
| Budget Grand Total | | 586,956 | 586,956 | | 35,501 | | 93,862 | | 457,573 | | 154,193 | | 303,380 |

Angelika Eberlein
Prepared By (Signature)
Jaime Ordonez
CCS Administrator (Signature)

Angelika Eberlein
Prepared By (Printed Name)
Jaime Ordonez
CCS Administrator (Printed Name)

10/11/2021
Date Prepared
10/11/2021
Date Signed

530-666-8590
Phone Number
530-666-8958
Phone Number

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 45 | 6.05% |
| OTLICP - Total Cases of Open (Active) OTLICP Children | 119 | 15.99% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children | 580 | 77.96% |
| TOTAL CCS CASELOAD | 744 | 100% |

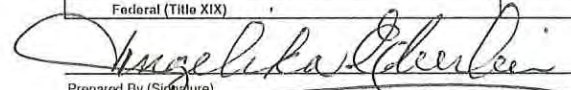

CCS Administrative Baseline Budget Summary

Fiscal Year: 2021-22

County: YOLO

| | Col 1 = Col 2+3+4 | Straight CCS | OTLICP | Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6) | | |
|------------------------------------|-------------------|-----------------------------------|--|--|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 |
| Category/Line Item | Total Budget | Straight CCS County/State (50/50) | Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65) | Medi-Cal State/Federal | Enhanced Medi-Cal State/Federal (25/75) | Non-Enhanced Medi-Cal State/Federal (50/50) |
| I. Total Personnel Expense | 583,456 | 35,290 | 93,322 | 454,844 | 153,929 | 300,915 |
| II. Total Operating Expense | 3,400 | 205 | 544 | 2,651 | 264 | 2,397 |
| III. Total Capital Expense | 0 | 0 | 0 | 0 | | 0 |
| IV. Total Indirect Expense | 0 | 0 | 0 | 0 | | 0 |
| V. Total Other Expense | 100 | 6 | 16 | 78 | | 78 |
| Budget Grand Total | 586,956 | 35,501 | 93,882 | 457,573 | 154,193 | 303,380 |

| | Col 1 = Col 2+3+4 | Straight CCS | OTLICP | Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6) | | |
|---------------------|-------------------|-----------------------------------|--|--|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 |
| Source of Funds | Total Budget | Straight CCS County/State (50/50) | Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65) | Medi-Cal State/Federal | Enhanced Medi-Cal State/Federal (25/75) | Non-Enhanced Medi-Cal State/Federal (50/50) |
| Straight CCS | | | | | | |
| State | 17,750 | 17,750 | | | | |
| County | 17,751 | 17,751 | | | | |
| OTLICP | | | | | | |
| State | 16,429 | | 16,429 | | | |
| County | 16,429 | | 16,429 | | | |
| Federal (Title XXI) | 61,024 | | 61,024 | | | |
| Medi-Cal | | | | | | |
| State | 190,238 | | | 190,238 | 38,548 | 151,690 |
| Federal (Title XIX) | 267,335 | | | 267,335 | 115,645 | 151,690 |


Prepared By (Signature)

CCS Administrator (Signature)

Angelika Eberlein
Prepared By (Printed Name)
Jaime Ordonez
CCS Administrator (Printed Name)

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Yolo County
 CCS Administrative Baseline Budget Worksheet
 Fiscal Year 2021-22

I. Personnel Expense The following reflects changes from the FY 20-21 CCS budget
 Total Salaries: \$347,565
 Total Benefits: \$235,891
 Total Personnel Expense: **\$583,456**

| | | |
|--|--|---|
| CCS Program Administrator / Ordonez | | Remains at .50 FTE. Provides direct administrative supervision of CCS and MTU staff |
| CCS Physician/Limbos | | Remains at .20 FTE. Provides medical consultation to SPMP's and Yolo County CCS clients |
| Senior PHN/Vacant | | Remains at 1.0 FTE. Provides nursing case management to CCS clients. |
| Children's Svcs. Eligibility Specialist II/Perez-Soltero | | Remains at 1.0 FTE. Provides financial and residential eligibility review and management support. |
| Children's Svcs. Eligibility Specialist II/Lopez | | Remains at 1.0 FTE. Provides financial and residential eligibility review and management support. |
| Office Support Specialist/Rahimi | | Remains at .66 FTE. Provides office support services to the CCS program. |

II. Operating Expense

| | | |
|--------------------------------|----------------|--|
| Travel | \$500 | Increased from \$300 to \$500. Travel for staff to attend meetings and trainings in County owned and private vehicles at State approved rate. Includes auto rental and air travel. |
| Training | \$500 | Increased from \$200 to \$500. Registration/tuition fees for attendance at workshops, trainings and continuing education. |
| Office Expense | \$1,500 | Remains at \$1500. Includes general office supplies and tools, expendables, resource books, printing, postage, and copier leasing and maintenance costs. |
| Membership | 200 | Remains at \$200. Includes membership in CRISS Council. |
| General Operating Expense | 500 | Remains at \$500. CCS share for allocated general operating expenditures. |
| Information Technology | \$200 | Remains at \$200. Costs shifted primarily to Indirect Cost Rate formula. Includes software, peripheral equipment, and website expenditures. |
| Total Operating Expense | \$3,400 | |

III. Capital Expense \$0 No change.

Total Capital Expense: **\$0**

IV. Indirect Expense

| | | |
|--------------------------------|------------|---|
| A. Internal | \$0 | Remains at 0% due to lack of funding. Indirect Cost Rate on file. |
| B. External | \$0 | None |
| Total Indirect Expense: | \$0 | |

V. Other Expense

| | | |
|------------------------------|--------------|---|
| Maintenance & Transportation | \$100 | Remains at \$100. Assist clients with CCS authorized lodging, meals and transportation. |
| Total Other Expense: | \$100 | |

BUDGET GRAND TOTAL **\$586,956**

Revised 3/18/19

CCS Medical Therapy Program (MTP) Budget Worksheet


Fiscal Year: 2021-22

County: YOLO

| Column | 1 | 2 | 3 |
|--|---------|---------------|----------------------|
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2) |
| I. COUNTY EMPLOYED MTU STAFF | | | |
| MTP Administrative Positions | | | |
| 1. MEDICAL CONSULTANT/LIMBOS | 25.00% | 213,412 | 53,353 |
| 2. MTU CLERK/PANIAGUA | 100.00% | 54,577 | 54,577 |
| Subtotal | | 267,989 | 107,930 |
| Treatment Staff | | | |
| 1. OCCUPATIONAL THERAPIST/ORTIZ | 100.00% | 143,682 | 143,682 |
| 2. PHYSICAL THERAPIST/MOONEY | 100.00% | 143,682 | 143,682 |
| 3. PHYSICAL THERAPIST/VACANT | 9.50% | 120,000 | 11,400 |
| Subtotal | | 407,364 | 298,764 |
| Total Salaries and Wages | | | 406,694 |
| Staff Benefits (Specify %) | 53.40% | | 217,191 |
| Total Personnel Expenses, County Employed MTU Staff | | | 623,885 |
| Travel Costs | | | 1,000 |
| Internal Indirect Costs (Specify %) | 25.00% | | 155,971 |
| I. TOTAL, COUNTY EMPLOYED MTU STAFF | | | \$ 780,856 |
| II. CONTRACT THERAPISTS | | | |
| Physical and Occupational Therapy Contracts | | | |
| 1. Contractor Name, Position | | | - |
| II. TOTAL, CONTRACT THERAPISTS | | | \$ - |
| III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS | | | |
| MTP Administrative Positions | | | |
| 1. Employee Name, Position | 0.00% | - | - |
| Subtotal | | - | - |
| Treatment Staff | | | |
| 1. Employee Name, Position | 0.00% | - | - |
| 2. Employee Name, Position | 0.00% | - | - |
| Subtotal | | - | - |
| Total Salaries and Wages | | | - |
| Staff Benefits (Specify %) | 0.00% | | - |
| Total Personnel Expenses for SELPA/LEA/IEP Functions | | | - |
| Travel Costs | | | - |
| Indirect Costs (Specify %) | 0.00% | | - |
| III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS | | | \$ - |

| Column | 1 | 2 | 3 |
|------------------------------------|-------|---------------|----------------------|
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2) |
| IV. MTU EXPENDITURES | | | |
| 1. MTU Supply and Equipment Costs | | | |
| a. General Office Expense | | | 1,500 |
| b. Program Supplies | | | 1,500 |
| c. Item 3 | | | - |
| Subtotal | | | 3,000 |
| 2. MTU Conference Costs | | | |
| a. Registration | | | 750 |
| Subtotal | | | 750 |
| 3. Training/Education | | | |
| a. Training/Education | | | 1,500 |
| b. Item 2 | | | - |
| Subtotal | | | 1,500 |
| 4. Miscellaneous MTU Costs | | | |
| a. General Operating Expense | | | 1,538 |
| b. Communication Expense | | | - |
| Subtotal | | | 1,538 |
| IV. TOTAL, MTU EXPENDITURES | | | \$ 6,788 |
| BUDGET GRAND TOTAL | | | \$ 799,136 |

| SOURCE OF FUNDS | | | |
|---|--|-------------------|--|
| MTP (State/County 50/50) (Sections I, II & IV) | | | |
| State General Funds (1) | | \$ 399,568 | |
| County Funds | | \$ 399,568 | |
| MTP (State 100%) (Section III) | | | |
| State General Funds (2) | | \$ - | |
| Total State General Funds (1 + 2) | | \$ 399,568 | |


Prepared by Angelika Eberlein

11/4/2020
Date Prepared


Approved By Jaime Ordonez, CMS Administrator

11/5/2020
Date Approved