

Certification Statement - California Children's Services (CCS)

County: Yolo	Fiscal Year: 2024-2025
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

<i>Jaime Ordonez</i>	10.15.2024
Jaime Ordonez CCS Administrator	Date Signed

	10-15-2024
Tony Kildare, LCSW Branch Director	Date Signed

I certify that this plan has been approved by the local governing body.	
Yolo County Board of Supervisor	Date Signed

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	46	6.33%
OTLIPC - Total Cases of Open (Active) OTLIPC Children	104	14.31%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	577	79.37%
TOTAL CCS CASELOAD	727	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2024-25

County: YOLO



Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLIPC)		Medi-Cal (Non-OTLIPC)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	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 (OTLIPC) 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													
Jaime Ordonez, CCS Program Administrator	42.00%	130,261	54,710	6.33%	3,462	14.31%	7,826	79.37%	43,422			100.00%	43,422
Subtotal		130,261	54,710		3,462		7,826		43,422				43,422
Medical Case Management													
Mary Ann Limbos, Physician-Medical Consultant	24.00%	120,070	28,817	6.33%	1,823	14.31%	4,122	79.37%	22,871	100.00%	22,871	0.00%	0
Maria Tandoc, Senior Public Health Nurse	100.00%	120,694	120,694	6.33%	7,637	14.31%	17,266	79.37%	95,792	95.00%	91,002	5.00%	4,790
Subtotal		240,764	149,511		9,460		21,388		118,663		113,873		4,790
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	6.33%	0	14.31%	0	79.37%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
Patricia Perez-Soltero, Children's Services Eligibility Specialist II	100.00%	71,200	71,200	6.33%	4,505	14.31%	10,185	79.37%	56,509			100.00%	56,509
Claudia Lopez, Children's Services Eligibility Specialist II	100.00%	71,200	71,200	6.33%	4,505	14.31%	10,185	79.37%	56,509			100.00%	56,509
Subtotal		142,400	142,400		9,010		20,370		113,018				113,018
Clerical and Claims Support													
Elizabeth Camargo-Jimenez, Office Support Specialist	66.00%	0	54,092	6.33%	3,423	14.31%	7,738	79.37%	42,931	0.00%	0	100.00%	42,931
Subtotal		0	54,092		3,423		7,738		42,931		0		42,931
Total Salaries and Wages			400,713	6.33%	25,355	14.31%	57,323	79.37%	318,034	35.81%	113,873	64.19%	204,161
Staff Benefits (Specify %)	60.61%		242,881	6.33%	15,368	14.31%	34,745	79.37%	192,768		69,021		123,747
I. Total Personnel Expense			643,594	6.33%	40,723	14.31%	92,068	79.37%	510,802		182,894		327,908
II. Operating Expense													
Travel			1,000	6.33%	63	14.31%	143	79.37%	794	35.81%	284	64.19%	510
Training			1,200	6.33%	76	14.31%	172	79.37%	952	35.81%	341	64.19%	611
Office Expense			8,000	6.33%	506	14.31%	1,144	79.37%	6,349			100.00%	6,349
Memberships			2,000	6.33%	127	14.31%	286	79.37%	1,587			100.00%	1,587
General Operating Expense			9,922	6.33%	628	14.31%	1,419	79.37%	7,875			100.00%	7,875
Information Technology			1,000	6.33%	63	14.31%	143	79.37%	794			100.00%	794
II. Total Operating Expense			23,122		1,463		3,307		18,351		625		17,726
III. Capital Expense													
1.				6.33%	0	14.31%	0	79.37%	0				0

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	46	6.33%
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MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	577	79.37%
TOTAL CCS CASELOAD	727	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2024-25

County: YOLO



Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (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)
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate	24.90%		160,255	6.33%	10,140	14.31%	22,925	79.37%	127,190			100.00%	127,190
			0	6.33%	0	14.31%	0	79.37%	0			100.00%	0
IV. Total Indirect Expense			160,255		10,140		22,925		127,190				127,190
V. Other Expense													
1. Maintenance & Transportation			97	6.33%	6	14.31%	14	79.37%	77			100.00%	77
V. Total Other Expense			97		6		14		77				77
Budget Grand Total			827,068		52,332		118,314		656,420		183,519		472,901

<i>Deena Timko</i>	Deena Timko, Accountant III	10.8.24	530-902-3690
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number
<i>Jaime Ordóñez</i>	Jaime Ordóñez, CCS Program Administrator	10.8.24	530-666-8958
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	46	6.33%
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TOTAL CCS CASELOAD	727	100%

CCS Administrative Budget Summary

Fiscal Year: 2024-25

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	643,594	40,723	92,068	510,802	182,894	327,908
II. Total Operating Expense	23,122	1,463	3,307	18,351	625	17,726
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	160,255	10,140	22,925	127,190		127,190
V. Total Other Expense	97	6	14	77		77
Budget Grand Total	827,068	52,332	118,314	656,420	183,519	472,901

	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	26,166	26,166				
County	26,166	26,166				
OTLICP						
State	20,705		20,705			
County	20,705		20,705			
Federal (Title XXI)	76,904		76,904			
Medi-Cal						
State	282,331			282,331	45,880	236,451
Federal (Title XIX)	374,089			374,089	137,639	236,450

Deena Timko

Deena Timko, Accountant III

deena.timko@yolocounty.gov

Prepared By (Signature)

Prepared By (Printed Name)

Email Address

Jaime Ordonez

Jaime Ordonez, CCS Program Administrator

jaime.ordonez@yolocounty.gov

CCS Administrator (Signature)

CCS Administrator (Printed Name)

Email Address



**California Children's Services (CCS) Monitoring & Oversight (M&O)
Agency Information**

		County:	Fiscal Year:
		Yolo	2024-25
Street Address:	137 N Cottonwood St.	Central Email Address:	Jaime Ordonez CCS Administrator Email:
City:	Woodland		Jaime.Ordonez@yolocounty.gov
Zip Code:	95695		
Director		Deputy Director	
Name, Title:	Tony Kildare, LCSW Branch	Name:	Julie Dachtler
Phone:	530-908-7384	Phone:	530-666-8195
Email:	Tony.Kildare@yolocounty.gov	Email:	Julie.Dachtler@yolocounty.gov
List All Program Staff (CCS M&O)			
Name:	Position/Classification:	Email:	
Jaime Ordonez	Health Department Program Manager	Jaime.ordonez@yolocounty.gov	
<i>Additional rows may be added above this line.</i>			
Authorized Director: Tony Kildare, LCSW, Branch Director Health and Human Services		Signature and Date: 10-16-2024	



**California Children's Services (CCS) Monitoring & Oversight (M&O)
Budget Worksheet**

			County/City Name:	Fiscal Year:	
			Yolo	2024-25	
I. Personnel Expenses			Total FTE %	Annual Salary	Total Budget
#	Name	Position Classification			
1	Jaime Ordonez	Health Department Program Manager	28.99541%	\$130,261	\$37,770
2	0	0	0%	\$0	\$0
3	0	0	0%	\$0	\$0
4	0	0	0%	\$0	\$0
5	0	0	0%	\$0	\$0
6	0	0	0%	\$0	\$0
7	0	0	0%	\$0	\$0
8	0	0	0%	\$0	\$0
9	0	0	0%	\$0	\$0
10	0	0	0%	\$0	\$0
<i>(insert additional rows above this line as needed)</i>					
Total Support Staff FTE %			29%		
Total Net Salaries and Wages					\$37,770
Staff Benefits (Specify %)		60.4248%			\$22,822
I. Total Personnel Expenses					\$60,592
II. Total Operating Expenses <i>(Provide Details in Narrative)</i>					\$0
III. Total Capital Expenses <i>(Provide Details in Narrative)</i>					\$0
IV. Indirect Expenses <i>(Provide Details in Narrative)</i>					
1.	Internal (Specify %)	0%			\$0
2.	External (Specify %)	0%			\$0
IV. Total Indirect Expenses <i>(Provide Details in Narrative)</i>					\$0
V. Total Other Expenses <i>(Provide Details in Narrative)</i>					\$0
Budget Grand Total					\$60,592

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Tony Kildare, LCSW

Authorized Director:

Signature and Date:



California Children Services (CCS) Monitoring & Oversight (M&O) Budget Narrative

		County/City Name:	Fiscal Year:
		Yolo	2024-25
I. Personnel Expenses: <i>Identify Personnel Expenses, specifying roles and M&O activities, time allocations, and costs supporting M&O activities.</i>			
Health Department Program Manager, Jaime Ordonez, will provide management and oversight for programs 28.99541% (29%) of his time while working.			
II. Operating Expenses: <i>Identify and explain all expenses included in the "Operating Expenses" line item of the Budget Worksheet.</i>			
No change--remains at \$0.			
III. Capital Expenses: <i>Identify and explain all expenses included in the in the "Capital Expenses" line item of the Budget Worksheet.</i>			
No change--remains at \$0.			
IV. Indirect Expenses: <i>Identify and explain all expenses included in the "Indirect Expenses" line items (Internal and External) of the Budget Worksheet.</i>			
Internal:	No change--remains at \$0.		
External:	No change--remains at \$0.		
V. Other Expenses: <i>Identify and explain all expenses included in the "Other Expenses" line item of the Budget Worksheet .</i>			
No change--remains at \$0.			

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Tony Kildare, LCSW, Branch Director Health and Human Services

Authorized Director: Tony Kildare, LCSW	Signature:
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California Children Services (CCS) Monitoring & Oversight (M&O) Budget Summary

Table with 2 columns: Category/Line Item, Total Budget. Rows include Total Personnel Expenses (\$60,592), Total Operating Expenses (\$0), Total Capital Expenses (\$0), Total Indirect Expenses (\$0), Total Other Expenses (\$0), and Budget Grand Total (\$60,592).

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request.

Signature box with fields for Authorized Director (Tony Kildare, LCSW) and Signature and Date.

Medical Therapy Program Staffing Determination Tool

Revised 3/6/2024

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2024-25

County: YOLO

Date: 10.8.2024

Total no. of MTUs in county: 1

Total no. of MTU satellites in county: 1

Total no. of children on MTP caseload per CMS Net: 107

Please explain if caseload data is from another source: N/A

Total number of children on waiting list for services, receiving no services: PT 0 OT 0

Total # of children on waiting list, receiving services temporarily through a vendor: PT 0 OT 0

Total # of children on waiting list: PT 0 OT 0

A. MTP Administrative Positions

MTP Administrative Positions*	# County Positions Approved & Filled	# County Positions Approved & Vacant	Total Administrative Positions
Chief Therapist		0.64	0.64
Asst Chief Therapist(s)	0.36		0.36
MTU Supervisors			0.00
MTU Clerks	0.75		0.75
Total Adm Pos:	1.11	0.64	1.75

*Must be State approved positions based on Ch. 4 and caseload reviews - see instructions

** Calculation reflects licensed OT/PT staff needed to meet treatment needs. See instructions. Therapy Assistant/Aide conversions cannot be used to increase the number of therapy staff submitted on the MTP Baseline Budgets. **

B. Calculating FTE's for Treatment Needs**

1	2	3	4	5	6	7	8	9	10
Total weekly prescribed PT hours	Total weekly prescribed OT hours	Total prescribed hours (Col 1+Col 2)	Total hours for consultation* (see below for explanation)	Total treatment hours = prescribed hrs + consult hours (Col 3+4)	Standard hours per week for full-time employee	Total paid break time per week (in hours)	Total weekly work hours available for 1.0 FTE	Expected Tx hrs/wk at 75% direct therapy service (Col 8 x 0.75)	Total treating FTE's needed to staff MTP (Col 5/Col 9)
32.5	31.1	63.60	19.20	82.80	40.0	2.50	37.50	28.13	2.94

PT cases: 83

* Calculated hours for consultation = # PT cases x 0.12 = 9.96

OT cases: 77

* Calculated hours for consultation = # OT cases x 0.12 = 9.24

Total consultation hours (used for Column 4 above) = 19.20

C. Calculating Interagency Liaison and IEP Hours for Treatment FTEs

These numbers should be taken from the timestudies submitted to CMS

Timestudy	Total Interagency Liaison Hours	Total Interagency IEP Hours	Total Interagency hours for timestudy month	Total Interagency Hours for quarter***
Prior year 4 th quarter			-	-
Current year 1 st quarter			-	-
Current year 2 nd quarter			-	-
Current year 3 rd quarter			-	-
Total Annual Interagency Hours			-	-
Weekly average interagency hours for treatment positions				-
Weekly hours available for treatment by one FTE				37.50
Total treatment FTE's needed for SELPA interagency activities				0.00

D. Total MTP Treatment Positions

FTEs needed for prescription treatment hours:	2.94
FTEs needed for IEP and Interagency liaison hours:	0.00
Total MTP Treatment Positions:	2.94

E. MTP Position Summary

Based on the above calculations, the following MTP FTE positions are needed to meet the caseload of the County identified above.

Total MTP Administrative Positions:	1.75
Total MTP Treatment Positions:	2.94
TOTAL MTP FTE POSITIONS:	4.69

Name/Signature of Chief Therapist / Unit Supervisor

Jaime Ordonez
Name/Signature of CCS Administrator

MTP Staffing and Budget Summary

Revised 3/6/24

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6 (C3+C4+C5)	Column 7 (=C8)	Column 8 (=C7)	Column 9	Column 10 (C7+C8+C9)
County Name	FY 2023-24 Total Est. MTP Caseload	Total Budgeted MTP Administrative Positions (FTEs) <i>(Section A)</i>	Total Budgeted MTP Treatment Positions (FTEs) <i>(Section B)</i>	Total Budgeted SELPA Interagency Activities (FTEs) <i>(Section C)</i>	Total Budgeted MTP Positions (FTEs) <i>(Section E)</i>	FY 2023-24 Estimated MTP Funding (County)	FY 2023-24 Estimated MTP Funding (State - No AB3632)	FY 2023-24 Estimated MTP Funding (AB 3632 State Only)	FY 2023-24 Total Estimated MTP Budget
YOLO	107	1.75	2.94	0.00	4.69	\$410,654	\$410,654	\$0	\$821,308

Autocalculates

Autocalculates

Revised 03/6/2024

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year: 2024-25

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			
Physician Supervising Therapist	21.00%	120,070	25,215
Program Manager	4.00%	130,261	5,210
Office Support Specialist	34.00%	54,092	18,391
Subtotal		304,423	48,816
Treatment Staff			
Occupational Therapist	100.00%	163,266	163,266
Physical Therapist	100.00%	163,266	163,266
Therapy Aide II	100.00%	67,139	67,139
Subtotal		393,671	393,671
Total Salaries and Wages			442,487
Staff Benefits (Specify %)	60.6122%		268,201
Total Personnel Expenses, County Employed MTU Staff			710,688
Travel Costs			-
Internal Indirect Costs (Specify %)	14.00%		99,496
I. TOTAL, COUNTY EMPLOYED MTU STAFF			\$ 810,184
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			
Program Manager	0.00%	-	-
Subtotal		-	-
Treatment Staff			
1. Employee Name, Position			-
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			\$ -
IV. MTU EXPENDITURES			

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
1. MTU Supply and Equipment Costs			
General Office Expense			2,000
Program Supplies			3,000
Subtotal			5,000
2. MTU Conference Costs			
Registration			2,000
Subtotal			2,000
3. Training/Education			
Training / Education			2,500
Subtotal			2,500
4. Miscellaneous MTU Costs			
General Operating Expense			1,624
Subtotal			1,624
IV. TOTAL, MTU EXPENDITURES			\$ 11,124
BUDGET GRAND TOTAL			\$ 821,308

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)		\$ 410,654	
County Funds		\$ 410,654	
MTP (State 100%) (Section III)			
State General Funds (2)		\$ -	
Total State General Funds (1 + 2)		\$ 410,654	

Deena Timko, Accountant III *Deena Timko* 10.8.24
Prepared By Date Prepared

Jaime Ordonez *Jaime Ordonez* 04.16.24
Approved By Date Approved