

## **CMS DATA FORMS**

## California Children's Services Caseload Summary Form

County: SISKIYOU COUNTY / YREKA

Fiscal Year: 2023-2024

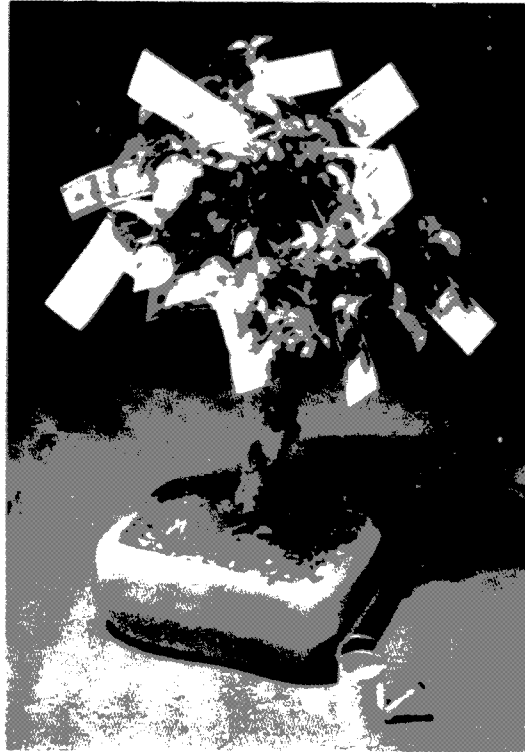
		A	B				
CCS Caseload 0 to 21 Years	20-21 Actual Caseload	% of Grand Total	21-22 Actual Caseload	% of Grand Total	22-23 Actual Caseload	% of Grand Total	
<b>MEDI-CAL</b>							
1	Average of Total Open (Active) Medi- Cal Children	184	80%	187	83%	200	84%
2	Potential Case Medi-Cal	0	--	0	-	0	-
3	<b>TOTAL MEDI-CAL (Row 1 + Row 2)</b>	184	80%	187	83%	200	84%
<b>NON MEDI-CAL</b>							
<b>OTLIPC</b>							
4	Average of Total Open (Active) OTLIPC	29	13%	24	11%	21	9%
5	Potential Cases OTLIPC	0	--	0	-	0	-
6	<b>Total OTLIPC (Row 4 + Row 5)</b>	29	13%	24	11%	21	9%
<b>Straight CCS</b>							
7	Average of Total Open (Active) Straight CCS Children	18	8%	14	6%	16	7%
8	Potential Cases Straight CCS Children	0	--	0	-	0	-
9	<b>Total Straight CCS (Row 7 + Row 8)</b>	18	8%	14	6%	16	7%
10	<b>TOTAL NON MEDI- CAL (Row 6 + Row 9)</b>	47	20%	38	20%	37	15%
11	<b>GRAND TOTAL</b>						
11	<b>(Row 3 + Row 10)</b>	231	100%	225	100%	237	100%

### CHDP Program Referral Data

Complete this form using the Instructions found on page 4-8 through 4-10.

County/City: SISKIYOU / YREKA	Data from FY 20-21		Data from FY 21-22		Data from 22-23	
<b>Basic Informing and CHDP Referrals</b>						
1 Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	Not Provided By Human Services		Not Provided By Human Services		Not Provided By Human Services	
2 Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a Number of CalWORKs cases/recipients	22	28	3	3	2	2
b Number of Foster Care cases/recipients	36	36	44	44	51	51
c Number of Medi-Cal only cases/recipients	32	47	7	7	8	8

County/City: SISKIYOU / YREKA	FY 20-21	FY21-22	FY 22-23
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	40	53	55
b. Medical and/or dental services with scheduling and/or transportation	39	50	53
c. Information only (optional)	25	1	0
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	0	0	55
<b>Results of Assistance</b>			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0



**INTER / INTRA AGENCY  
AGREEMENTS  
AND  
MEMORANDUMS OF UNDERSTANDING**

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2023-2024

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services Branch

**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:

**SISKIYOU COUNTY / YREKA**

**Fiscal Years: 2023-24**

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)
Inter-Agency Agreement for Providing Services to Pupils with Disabilities (CCS) *	IAA	07/01/12 -06/30/14 waiting for new duties from state	10/2012 In process of being updated	Brenda Harris PHN	No
Memorandum of Understanding California Children's Services Program / Partnership HealthPlan of California	MOU	01/01/19 until revised by mutual agreement	11/13/18	Brenda Harris PHN	No
Human Services (CCS) *	MOU	07/01/12 – 06/30/14 waiting for new duties from state	10/2012	Brenda Harris PHN	No
Memorandum of Understanding Child Health and Disability Prevention Program / Partnership HealthPlan of California	MOU	09/01/13 until revised by mutual agreement	09/2013	Brenda Harris PHN	No
Women, Infants, and Children Supplemental Nutrition Program (CHDP) *	MOU	07/01/12 – 06/30/14 waiting for new duties from state	10/2012	Brenda Harris PHN	No
Shasta Head Start, Inc (CHDP) *	IAA	07/01/12 – 06/30/14 waiting for new duties from state	10/2012	Brenda Harris PHN	No
Human Services/Probation (CHDP) *	IAA	07/01/12 – 06/30/14 waiting for new duties from state	10/2012	Brenda Harris PHN	No
HCPCFC (CHDP) *	MOU	07/01/2023 waiting for new duties from state	07/01/2023	Brenda Harris PHN	No

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## MEMORANDUM OF UNDERSTANDING

### BETWEEN HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH DIVISION, SOCIAL SERVICES DIVISION AND PROBATION DEPARTMENT OF SISKIYOU COUNTY

#### HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HPCFC)

**Purpose:** To provide the areas of responsibility for the Public Health Division HPCFC Public Health Nurse (PHN), Social Services Division Child Welfare Services Social Workers and Siskiyou County Probation Officers in the Health Care Program for Children in Foster Care (HPCFC).

**Effective Date:** 7/1/2023 until revised by mutual agreement.

1. Service Provided	HPCFC Public Health Nurse Responsibilities	Child Welfare Services (CWS)/Probation Department Responsibilities
A. Location	PHN will be located in CWS	PHN will be located in CWS.
B. Supervision	<ul style="list-style-type: none"> <li>- PHN will be supervised by the supervising PHN and/or the Director of Public Health Division with input from CWS staff</li> <li>- PHN will identify Health Care Providers in the community</li> <li>- PHN will serve as a resource to facilitate (e.g. assist in scheduling appointments, arranging transportation, etc.) referral to early intervention providers, specialty providers, dentist, mental health providers, California Children Services (CCS) and other community programs</li> <li>- PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county</li> </ul>	<ul style="list-style-type: none"> <li>- Supervising CWS Social Worker/Probation will provide input to the Supervising PHN and/or the Director of Public Health Division</li> <li>- CWS/Probation will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status in a timely manner</li> <li>- CWS/Probation will work with the Substitute Care Provider (SCP) and the PHN to identify an appropriate "Medical Home" for the child.</li> <li>- CWS/Probation will work with PHN to ensure that the children placed out of county have access to health services appropriate to age and health status.</li> </ul>
C. Accessing Resources		

**2. Service Provided**

**HCPCFC Public Health Nurse Responsibilities**

PHN will interpret health care reports for foster families, social workers, probation officers, and other as needed.

PHN, in collaboration with Social Worker/Probation Officer, will develop a health plan for each child expected to remain in foster care.

PHN will work with NCP to ensure that the child's Health and Education Passport (HEP) is updated as needed at least annually.

PHN will assist in obtaining timely comprehensive assessments.

PHN will expedite referrals for medical, dental, behavioral, and mental health services for foster children.

PHN will assist social workers/probation officers in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs including but not limited to Early and Periodic screening, Diagnosis, and Treatment Supplemental services (EPSDT).

PHN will obtain and provide health care documentation when necessary to support the request for health care services for foster children.

**Child Welfare Services (CWS)/Probation Department Responsibilities**

CWS/Probation will collaborate with PHN to develop a health plan which identifies the health care needs and service providers for each child expected to remain in foster care for more than 30 days.

CWS/Probation or designee will incorporate health plan into child's case record.

CWS/Probation will assemble and provide health care documentation to the court when necessary to support the request for health care services.

**A. Health Care Planning and Coordination**



3. Service Provided	HCPCFC Public Health Nurse Responsibilities	Child Welfare Services (CWS)/Probation Department Responsibilities
A. Health Care Planning and Coordination	<p>PHN will collaborate with social worker/probation officer, health care provider when possible and other personnel that necessary in child health care information is available to those persons responsible for providing health care for this child including a copy of the HIP to the SCP</p> <p>PHN will read social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child</p> <p>PHN will collaborate with the social workers for their office and SCP to develop a work plan to keep up with the child's long term health care needs of the child, service needs, and effectiveness of service provided etc.</p> <p>PHN will review child's health plan with social worker/probation officer to make sure all child's needs are met</p>	<p>CWS/Probation will collaborate with the PHN to complete and sign consent for child's HIP visit, placement and provide a copy of HIP to the SCP</p> <p>CWS/Probation will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child</p> <p>CWS/Probation will collaborate with the PHN and SCP to develop a system of tracking and follow up on the child's health care needs of the child care needs, effectiveness of services provided etc.</p> <p>A medical or work plan with the child's health care provider, health care provider and health care provider will be provided into the HIP and on a report</p>
B. Training/Orientation	<p>PHN will participate in developing and providing educational program for health care providers to increase community awareness of and interest in the special health care needs of children in foster care</p> <p>PHN will educate social workers, medical team staff, SCP, health care providers and other staff on the health care needs of children in foster care</p>	<p>CWS/Probation will provide input to the PHN on ways to provide training to staff on health care needs of children in foster care</p> <p>CWS/Probation will collaborate with PHN to educate regarding needs of staff, SCP and others about the health care needs of children in foster care</p> <p>CWS will arrange for staff to receive the Child Welfare Agency by Health Care Needs Medical Services (MCS) by trained personnel in the future</p>

4. Service Provided	HCP/CC Public Health Nurse Responsibilities	Child Welfare Services Agency (CWs)/Probation Department Responsibilities
A. Policy and Procedure Development	<p>PHN will participate in multi-disciplinary meetings for review of health-related issues for foster care.</p>	<p>CW/Probation will include the PHN in foster care meetings and provide consultation to staff on services and consultation on WY-CMS.</p>
B. Transition from Foster Care	<p>PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon re-orientation to the foster care environment.</p> <p>PHN will conduct periodic review of case records for documentation of health care services within CW's database of the department.</p>	<p>CW/Probation will collaborate with PHN to assure children leaving foster care supervision are aware and connected to resources for independent living.</p>
C. Quality Assurance	<p>PHN will work with WY Probation Department to develop plan for evaluating health care services for the children in foster care as a component of the foster care team.</p>	<p>CW/Probation will work with foster care providers to determine the process and impact of the PHN component of the foster care team.</p>
D. Funding	<p>PHN will establish baseline data for evaluating health care services provided to children in foster care.</p> <p>The Health Care Program for Children in Foster Care (the PHC-PCFC) will be funded by the HCP/CC grant at the PHN is supported by the Medicaid. The PHN is required to complete all activities and per the CMS Plan and Local Guidelines. Time studies are due to the supervising PHN by the 1st of the following month.</p>	<p>CW/Probation will collaborate and assist PHN in gathering data.</p> <p>The local services by the WY-CMS will be available for PHN to use for the PHN position for the PHN position is currently shared by the HCP/CC grant.</p>

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN HEALTH AND HUMAN SERVICES AGENCY, PUBLIC HEALTH DIVISION, SOCIAL SERVICES DIVISION AND PROBATION  
DEPARTMENT OF SISKIYOU COUNTY**

**HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPFC)**

This Memorandum of Understanding is in effect 7/1/2023 until revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memorandum of Understanding, Siskiyou County Health and Human Services Agency Public Health Division, Social Services Division and Siskiyou County Probation Department agree to renegotiate the pertinent section within 90 days of receiving new instructions.

**SIGNATURES ON FOLLOWING PAGE**

IN WITNESS WHEREOF the below Parties have executed this MOU on the dates set forth below each signatory represents that they have the authority to execute this MOU and to bind the Party on whose behalf their execution is made

COUNTY OF SISKIYOU

Date: 9/21/2023

DocuSigned by:

Ed Valenzuela

~~ED VALENZUELA~~ CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST  
LAURA BYNUM  
Clerk Board of Supervisors

By Wendy Winingham  
Deputy

SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY

Date: 8/2/2023

DocuSigned by:

Dr. Sarah Collard

~~SARAH COLLARD~~ Ph.D. Director  
Health & Human Services Agency

DocuSigned by:

Shelly Davis, Director Public Health

~~SHELLY DAVIS~~  
Shelly Davis MN, BSN, PHN, CCHP  
Director of Public Health Division

8/7/2023

Date

DocuSigned by:

Michael Coley

~~MICHAEL COLEY~~  
Mike Coley Chief Probation Officer

8/7/2023

Date

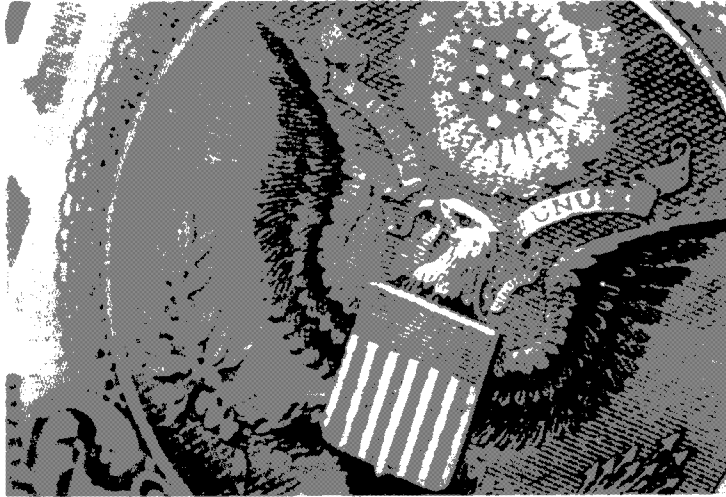
DocuSigned by:

Patricia Barbieri

~~PATRICIA BARBIERI~~  
Trish Barbieri Director of Social Services

8/8/2023

Date



# **BUDGETS AND JUSTIFICATIONS**

**FY 2023-2024**

**Child Health and Disability Prevention Program**

<b>Agency Information</b>		County/City: Siskiyou	Fiscal Year: 2023-2024
Street Address:	810 S Main Street	CHDP Central Email Address:	
City:	Yreka		
Zip Code:	96097		
CHDP Director		CHDP Deputy Director	
Name, Title:	Shelly Davis	Name:	Brenda Harris
Phone:	530-841-2140	Phone:	530-841-2124
Email:	sdavis@co.siskiyou.ca.us	Email:	bharris@co.siskiyou.ca.us
Clerk of the Board of Supervisors		Health Officer	
Name:	Laura Bynum	Name:	Aaron Stutz, M/D.
Phone:	530-842-8080	Phone:	530-605-5046
Email:	lbynum@co.siskiyou.ca.us	Email:	astutz@co.siskiyou.ca.us
List All CHDP Program Staff			
	Name:	Title:	Email:
1	Brenda Harris	Deputy Director Public Health	bharris@co.siskiyou.ca.us
2	Vacant	Senior Public Health Nurse	
3	Taryn Johnson	Community Outreach Coordinator	tjohnson@co.siskiyou.ca.us
4			
5			
6			
7			
8			
9			
10			
<i>View additional rows by selecting the "+" to the left. Additional rows may be added above this line.</i>			

Child Health and Disability Prevention Program

Account		1A	1B	1	4A	4	5A	5	6A	6B	6C
Personnel Expenses		Total FTE	Annual Salary	Total Budget	Employed FTE %	Employed Total	Non-Employed FTE %	FTE Total	Cost-Share %	Total Med. Care Budget	Total Med. Care Budget
1	Brenda Harris (Deputy Director Public Health)	2%	\$119,346	\$2,387	3%	\$71	37%	\$2,316	0%	\$0	\$2,387
2	Vanair (Senior Public Health Nurse)	20%	\$82,749	\$33,100	79%	\$26,309	21%	\$6,791	0%	\$0	\$33,100
3	Taryn Johnson (Community Outreach Coordinator)	15%	\$43,141	\$6,471	0%	\$0	100%	\$6,471	0%	\$0	\$6,471
4	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
5	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
6	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
7	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
8	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
9	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
10	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	\$0
<p>Other Personnel Costs by Accounting Method to the Job</p>											
Total Net Salaries and Wages			\$119,346	\$41,958		\$26,380		\$15,578		\$0	\$41,958
Staff Benefits (Social Security)				\$29,756		\$18,708		\$11,048		\$0	\$29,756
Total Personnel Expenses				\$71,704		\$45,088		\$26,626		\$0	\$71,704
Total Capital Expenses (List in Narrative)				\$2,809		\$0		\$2,809		\$0	\$2,809
Total Expenses (List in Narrative)				\$0		\$0		\$0		\$0	\$0
Total Availability for				\$17,929		\$0		\$17,929		\$0	\$17,929
Federal Specific Use				\$0		\$0		\$0		\$0	\$0
Total Personnel Expenses (List in Narrative)				\$17,929		\$0		\$17,929		\$0	\$17,929
Total Other Expenses (List in Narrative)				\$0		\$45,088		\$0		\$0	\$45,088
Budget Status Total				\$92,457		\$45,088		\$47,369		\$0	\$92,457

I hereby certify that the Child Health and Disability Prevention Program will comply with all applicable provisions of the Health and Safety Code, Title 26, Part 1, Chapter 3, Article 6, concerning workers' compensation, disability, welfare and health benefits. I also certify that the program will comply with Sections 14-103 and 14-303, Welfare and Mothers' Code Section 14-303, and all other applicable rules or regulations promulgated by the Department of Health and Human Services. I further certify that the program will comply with the prepared System of Care plan and Fiscal Guidelines Manual, including all other applicable rules and regulations. I further certify that the Child Health and Disability Prevention Program will comply with all other laws and regulations governing and regulating the receipt of funds granted to the program. I further certify that the program will comply with all other laws and regulations governing and regulating the receipt of funds granted to the program. I further certify that the program will comply with all other laws and regulations governing and regulating the receipt of funds granted to the program.

Brenda Harris  
 Signature  
 Date: 05/17/23  
 Title: Summary Tables - sheet of the

**Child Health and Disability Prevention Program**

<b>Base Budget Narrative</b>	County/City Name Siskiyou	Fiscal Year 2023-2024
------------------------------	------------------------------	--------------------------

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses  
**Total Salaries and Benefits costs are projected at \$71,714 for 23/24.**  
 Salaries of \$41,958 reflect Senior Public Health Nurse @ .40 FTE, Deputy Director (PHN) @ .02 FTE, and Community Outreach Coordinator position @ .15 FTE. Benefit rate is approximately 71.92% of Salaries and includes: FICA, employee medical, retirement and unemployment insurance.  
 II. Operating Expenses Identify and Explain All Operating Expense Line Items  
**Travel costs \$2000:** mileage billed to state at established IRS mileage rates as followed by County. In County Travel: Home Visits, Community Outreach. Out of County Travel: CMS Quarterly Meetings, Seminars, Workshops, Lodging and Meals.  
**Office Supplies \$809** Purchase of basic office supplies, equipment less than \$500, and educational materials. Repairs and necessary maintenance of equipment purchased by CHDP, i.e. copier.  
 III. Capital Expenses Identify and Explain All Capital Expense Line Items  
 None Anticipated

IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items  
 25% Established by County per LHD-CDPH ICR Fiscal Guidelines  
 Internal  
 External  
 V. Other Expenses Identify and Explain All Other Expense Line Items  
 None Anticipated

I certify that the Child Health & Disability Prevention Program (CHDP) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the CHDP will comply with all rules promulgated by PHIC's pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this CHDP may be subject to sanctions or other remedies if this CHDP violates any of the above.

Brenda Harris  
 Authorized CHDP Signer Name, Title  
  
 Signature  
 8/17/23  
 Date





**Child Health and Disability Prevention Program**

<b>County/City Federal Match (Optional) Budget Budget Narrative</b>		County/City Name: Siskiyou	Fiscal Year: 2023-2024
Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal			
External			
V. Other Expenses Identify and Explain All Other Expense Line Items			
I certify that the Child Health & Disability Prevention Program (CHDP) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the CHDP will comply with all rules promulgated by DHS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this CHDP may be subject to sanctions or other remedies if this			
Brenda Harris		<i>Brenda Harris</i>	8/17/23
Authorized CHDP Signor Name, Title		Signature	Date

**Child Health and Disability Prevention Program**

Funding Source	Budget Summary				County Code	Fiscal Year	Activity Code	Amount
	Total Budget	Unencumbered	Non-Encumbered	Total CDDP Budget				
I. Program Initiative	\$71,714	\$45,088	\$26,626	\$71,714	Siskiyou	2017-2018	\$0	\$0
Total Personnel Expenses	\$2,809	\$0	\$2,809	\$2,809			\$0	\$0
Total Operating Expenses	\$0	\$0	\$0	\$0			\$0	\$0
Total Capital Expenses	\$17,929	\$0	\$17,929	\$17,929			\$0	\$0
Total Other Expenses	\$0	\$0	\$0	\$0			\$0	\$0
Budget Grand Total	\$92,452	\$45,088	\$47,364	\$92,452			\$0	\$0
II. Source of Funds	Total Funds	Unencumbered	Non-Encumbered	Total CDDP Budget	Total Funds		Total Encumbered	Non-Encumbered
State General Funds	\$0	\$0	\$0	\$0			\$0	\$0
Medi-Cal Fund	\$0	\$0	\$0	\$0			\$0	\$0
Medi-Cal Grants Funds	\$34,954	\$31,722.00	\$2,682.00	\$34,954			\$0	\$0
Federal Funds Title XIX	\$57,498	\$33,816.00	\$2,362.00	\$57,498			\$0	\$0
Budget Grand Total	\$92,452	\$45,088.00	\$47,364.00	\$92,452			\$0	\$0

*[Handwritten Signature]*  
 Director

*[Handwritten Signature]*  
 Director

**Health Care Program for Children in Foster Care**

Agency Information		County/City:	Fiscal Year:	
Street Address:	810 S Main Street	Siskiyou	2023-2024	
City:	Yreka	Health Officer Name:	Aaron Stutz, M/D.	
Zip Code:	96097	HPCFC Central Email Address:		
Authorized HPCFC Representative				
Name, Title:	Brenda Harris, Deputy Director	Director of Social Services Agency		
Phone:	530-841-2124	Name:	Shelly Davis, Director Public Health	
Email:	bharris@co.siskiyou.ca.us	Phone:	530-841-2140	
Clerk of the Board of Supervisors				
Name:	Laura Bynum	Chief Probation Officer		
Phone:	530-842-8080	Name:	Mike Coley	
Email:	lbynum@co.siskiyou.ca.us	Phone:	530-842-8898	
List All HPCFC Program Staff				
Name:	Title:	Support Staff	PHN	Email:
Linda Roseland	Senior PHN	No	Yes	lroseland@co.siskiyou.ca.us
Taryn Johnson	Community Outreach Coordinator	Yes	No	tjohnson@co.siskiyou.ca.us
View additional rows by selecting the "+" to the left.				

Health Care Program for Children in Foster Care

Base Budget Worksheet

County/City Name		Fiscal Year									
Siskiyou		2023-2024									
#	Name	Title	Senior PHN	DSS PHN	Total Base Salary	Annual Salary	Total Budget	Enhanced FTE %	Enhanced FTE Total	Non-Enhanced FTE %	Non-Enhanced FTE Total
1	Linda Rosland	Community Care			23%	\$62,749	\$19,122	95%	\$18,766	5%	\$956
2	Taryn Johnson	Community Care			0%	\$43,141	\$0	0%	\$0	100%	\$0
3					0%	\$0	\$0	0%	\$0	100%	\$0
4					0%	\$0	\$0	0%	\$0	100%	\$0
5					0%	\$0	\$0	0%	\$0	100%	\$0
6					0%	\$0	\$0	0%	\$0	100%	\$0
7					0%	\$0	\$0	0%	\$0	100%	\$0
8					0%	\$0	\$0	0%	\$0	100%	\$0
9					0%	\$0	\$0	0%	\$0	100%	\$0
10					0%	\$0	\$0	0%	\$0	100%	\$0

Enter additional rows by adding the # in the left margin

Total Net Salaries and Wages	\$19,122	\$18,766
Star Benefits (Specify %)	76%	\$725
Total Personnel Expenses	\$14,503	\$1,687
Total Operating Expenses (List in Narrative)	\$33,625	\$0
Total Capital Expenses (List in Narrative)	\$0	\$0
Total Other Expenses (List in Narrative)	\$8,406	\$8,406
Total Expenses (List in Narrative)	\$8,406	\$8,406
Budget Grand Total	\$42,031	\$31,944

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal, and state and local regulations, including all federal laws and regulations, governing payments of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 USC Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHS pursuant to these authorities, and that all listed agencies adhere to program goals, scope and activity requirements. I further agree that the HCPCFC manager is subject to suspension or other penalties if the HCPCFC violates any of the above - (1) BCF, (2) Health Care for Foster Children, and their Direct Support Staff. By signing this worksheet, the listed individual (List Service Caseload Manager, Duty Statement, and all budgeted activities) adhere to HCPCFC program scope and report the cost of their public health care as defined by California Code of Regulations Section 1305, or directly supporting staff as defined by Code of Federal Regulations Section 432.2.

Brenda Harris, Deputy Director, Public Health Division

Approved: HCPCFC Manager Name: \_\_\_\_\_ Date: 5/17/23

Budget Summary Table can be found in the Summary Table sheet of the

**Health Care Program for Children in Foster Care**

<b>Base Budget Narrative</b>	County/City Name	Fiscal Year
	Siskiyou	2023-2024

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses

**Total Salaries and Benefits costs are budgeted at \$33,625 for FY 23/24. Salaries reflect a Senior Public Health Nurse at .23 FTE. Benefits rate is approximately 75-84% of salaries and includes FICA, employee medical, retirement and unemployment insurance**

II. Operating Expenses Identify and Explain All Operating Expense Line Items

**None Budgeted**

III. Capital Expenses Identify and Explain All Capital Expense Line Items

**None Budgeted**

IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items

**25% Established by County per LHD-CDPH ICR Fiscal Guidelines**

Internal

External

V. Other Expenses Identify and Explain All Other Expense Line Items

**None Anticipated**

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

**Brenda Harris, Deputy Director Public Health Division**

Authorized HCPCFC Signor Name Title

*Brenda Harris*  
Signature

*3/17/24*  
Date

**Health Care Program for Children in Foster Care**

**Psychotropic Medication Monitoring & Oversight Budget Worksheet**

Column	A			B			C		D		E	
	Personal Expenses		Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Finances Total	Non-Enhanced FTE %	Non-Enhanced Total	Fiscal Year 2023-2024	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS PHN	Yes	No	Yes	No	Total	Total	Fiscal Year	Fiscal Year	Fiscal Year
1	Linda Rosemond	Senior PHN	No	Yes		\$82,749		\$6,658	\$5,992	2023-2024	2023-2024	2023-2024
2	Taryn Johnson	Community OI	Yes	No		\$43,141		\$0	\$0	2023-2024	2023-2024	2023-2024
3						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
4						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
5						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
6						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
7						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
8						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
9						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
10						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
11						\$0		\$0	\$0	2023-2024	2023-2024	2023-2024
Use additional rows by reflecting the following in the Staff												
Total Net Salaries and Wages:				\$6,658								
Staff Benefits - See Sec. 5:				76% \$5,049								
Total Personnel Expenses:				\$11,707								
Total Operating Expenses (List in Narrative)				\$0								
Total Capital Expenses (List in Narrative)				\$0								
Total Expenses (List in Narrative)				\$2,927								
Imprudent Base Pay %:				25% \$0								
Excess Specialty Pay:				0% \$0								
Total Project Expenses (List in Narrative)				\$2,927								
Total Other Expenses (List in Narrative)				\$0								
<b>Budget Grand Total:</b>				<b>\$14,634</b>								
				<b>\$4,098</b>								

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including federal, state and regulatory governing the permit/contract 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 certify that the HCPCFC will comply with all applicable state and federal regulations. I agree that this program is subject to various federal remedies if this HCPCFC violates any of the above HCPCFC starting conditions. I agree that the HCPCFC will adhere to HCPCFC program rules and meet the definition of public health services as defined by California Code of Regulations section 40500.0005. Directly Supporting Staff are defined by Code of Federal Regulations Section 485.400.

*[Signature]*  
 Brenda Harris, Deputy Director, Public Health Division  
 Date: 5/11/23  
 Budget Worksheet Table Title: HCPCFC Budget Worksheet Tables, 5/11/23

**Health Care Program for Children in Foster Care**

Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name	Fiscal Year
	Siskiyou	2023-2024

**I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses**  
**Total Salaries and Benefits costs are budgeted at \$11,707 for FY 23/24. Salaries reflect a Senior Public Health Nurse at .08 FTE. Benefits rate is approximately 75.84% of salaries and includes FICA, employee medical, retirement and unemployment insurance.**

**ii. Operating Expenses Identify and Explain All Operating Expense Line Items**  
**None Budgeted**

**iii. Capital Expenses Identify and Explain All Capital Expense Line Items**  
**None Budgeted**

**iv. Indirect Expenses Identify and Explain All Indirect Expense Line Items**  
**25% Established by County per LHD-CDPH ICR Fiscal Guidelines**

**v. Other Expenses Identify and Explain All Other Expense Line Items**  
**None Anticipated**

certify that the Health Care Program for Children in Foster Care (HCPCF) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). Further, certify that the HCPCF will comply with all rules promulgated by DHCS pursuant to these authorities, and that all related expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCF may be subject to sanctions or other remedies if this HCPCF violates any of the above.

**Brenda Harris, Deputy Director, Public Health Division**  
 Author and HCPCF Signer Name Title  
  
 Signature  
 Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet

Category	FA	FB	FC	FD	FE	FF	FG	GH	HI	Total Budget	Community Name	FA	FB	FC	FD	FE	FF	FG	HI	Total	Fiscal Year																						
Community Name	Foster Care		Available Salary	Total Budget	Foster Care FTE %	Community Name	Foster Care		Available Salary	Total Budget	Foster Care FTE %	Community Name	Foster Care		Available Salary	Total Budget	Foster Care FTE %	Community Name	Foster Care		Available Salary	Total Budget	Foster Care FTE %																				
1. Linda Rowland Senior PHN	No	Yes	10%	\$8,749	\$8,795	100%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
2. Taryn Johnson Community Care	No	Yes	10%	\$4,314	\$4,314	100%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
3. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
4. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
5. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
6. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
7. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
8. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
9. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
10. 0	0	0	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	Siskiyou	0%	\$0	\$0	0%	\$0	0%																				
Total Additional Cases by Category (Total Staff)																						100%																					
Total FTE FTE %																						100%																					
Total Direct Support Staff FTE %																						100%																					
Total Non-Salary and Benefits																						\$7,532																					
Staff Benefits (Net of 66%)																						\$8,207																					
Total Personnel Expenses																						\$80,219																					
Total Operating Expenses (See Narrative)																						\$1,000																					
Total Capital Expenses (See Narrative)																						\$0																					
Subtotal Expenses (Total Narrative)																						\$81,219																					
Foster Care Salary %																						25%																					
Foster Care %																						0%																					
Total Operating Expenses (Total Narrative)																						\$5,180																					
Total Operating Expenses (Total Narrative)																						\$5,180																					
Total Capital Expenses (Total Narrative)																						\$0																					
Budget Grand Total																						\$26,899																					
Budget Total																						\$13,575																					

I certify that the Health Care Staff for Children in Foster Care (HCFCS) fully complies with all applicable state and federal anti-discrimination laws and regulations, including but not limited to, the California Fair Employment and Housing Act (FEHA), the Equal Opportunity Act (EOA), the Unruh Civil Rights Act (UCRCA), and the Americans with Disabilities Act (ADA). I certify that the HCFCS will comply with all rules promulgated by the State of California, including but not limited to, the State Personnel Rules (SPR), the State Personnel Salary Schedule (SPSS), and the State Personnel Employment Agreement (SPEA). I certify that the HCFCS will comply with all rules promulgated by the State of California, including but not limited to, the State Personnel Rules (SPR), the State Personnel Salary Schedule (SPSS), and the State Personnel Employment Agreement (SPEA). I certify that the HCFCS will comply with all rules promulgated by the State of California, including but not limited to, the State Personnel Rules (SPR), the State Personnel Salary Schedule (SPSS), and the State Personnel Employment Agreement (SPEA).

Approved: [Signature] Deputy Director, Public Health Division  
 Date: 5/11/2024  
 Approved: [Signature] Director Name Title  
 Date: 5/11/2024  
 Budget Summary Subject to be found on the Summary Tables sheet of this

**Health Care Program for Children in Foster Care**

<b>Caseload Relief Budget Narrative</b>		County/City Name	Fiscal Year
		Siskiyou	2023-2024
<p><b>i. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses</b>  <b>Total Salaries and Benefits costs are projected at \$20,719 for FY 23/24. Salaries reflect a Senior Public Health Nurse at 10 FTE and a Community Outreach Coordinator at .10 FTE. Benefits rate is approximately 65.59% of salaries and includes FICA, employee medical, retirement and unemployment insurance.</b></p>			
<p><b>ii. Operating Expenses Identify and Explain All Operating Expense Line Items</b>  <b>Travel Expense \$1000 is mileage billed to state at established IRS mileage rates as followed by County. In County Travel: Home Visits, Community Outreach. Out of County Travel: CMS Quarterly Meetings, Seminars, Workshops, Lodging and Meals.</b></p>			
<p><b>iii. Capital Expenses Identify and Explain All Capital Expense Line Items</b>  <b>None budgeted</b></p>			
<p><b>iv. Indirect Expenses Identify and Explain All Indirect Expense Line Items</b>  <b>25% Established by County per LHD-CDPH ICR Fiscal Guidelines</b></p>			
Internal			
External			
<p><b>v. Other Expenses Identify and Explain All Other Expense Line Items</b>  <b>None Anticipated</b></p>			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

**Brenda Harris, Deputy Director Public Health Division** *B. Harris* 8/1/24  
 Authorized HCPCFC Signer Name, Title Signature Date

Health Care Program for Children in Foster Care

City or County Match (Optional) Budget Worksheet

County	1A		1B	1C	2A		2B	3A	
	Total Salary PLE %	PSS Pay %			Enhanced FTE %	Enhanced Total		Non-Enhanced %	Non-Enhanced Total
1. Name									
2. Linda Roseland Senior PHN	0%	0%	\$0		0%	\$0	100%	\$0	\$0
3. Mary Johnson Community Out	0%	0%	\$0		0%	\$0	100%	\$0	\$0
4. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
5. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
6. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
7. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
8. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
9. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
10. [Blank]	0%	0%	\$0		0%	\$0	100%	\$0	\$0
View additional rows by selecting the "More" link									
Total Fuel, Supplies, and Wages									
MHP Benefits (Specify)									
Total Program Expenses									
Total Operating Expenses (List in Narrative)									
Total Capital Expenses (List in Narrative)									
Total Expenses (List in Narrative)									
Total Specialty Pay									
Total Special Pay									
Total Indirect Expenses (List in Narrative)									
Total Other Expenses (List in Narrative)									
Budget Grand Total						\$0			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and local laws and regulations, including all federal laws and regulations governing the payment of federal funds granted to states for medical care pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396p), Title XXIV (42 U.S.C. Section 1396t), and any other applicable laws. I further certify that the HCPCFC will comply with all rules promulgated by DHS, DHS and its associated entities, and that all HCPCFC expenses adhere to program rules, scope, and activity requirements. I further certify that this HCPCFC may be subject to audit and monitoring by DHS, DHS and its associated entities. I further certify that the HCPCFC staff is limited to Family Health Nurses and the Director's support staff as listed below. I certify that the listed individual in Care Services Class Catalog Data Statement, and all budgeted activity addresses to HCPCFC program scope and budget are in compliance with the Health Care Services Section 1396p, Title XXIV, and the Directly Supportive Staff as defined by the Code of Federal Regulations, Section 431.101, for Directly Supportive Staff as defined

0 *[Signature]* Deputy Director *[Signature]* Date 8/1/24 0 Budget Authority Issues can be found at: [http://www.dhs.gov/budget-authority-issues](#)

**Health Care Program for Children in Foster Care**

<b>City or County Match (Optional) Budget Narrative</b>	County/City Name	Fiscal Year
	Siskiyou	2023-2024

Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses

ii) Operating Expenses Identify and Explain All Operating Expense Line Items

iii) Capital Expenses Identify and Explain All Capital Expense Line Items

iv) Indirect Expenses Identify and Explain All Indirect Expense Line Items

Internal:

External:

v) Other Expenses Identify and Explain All Other Expense Line Items

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHS pursuant to these authorities, and that all stated expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other penalties if this HCPCFC violates any of the above.

**Brenda Harris, Deputy Director Public Health Division**

Authorized HCPCFC Signor Name Title

*Brenda Harris*

Signature

12/13/23

Date

**Health Care Program for Children in Foster Care**

Category/Item/Item	Budget Summary					Fiscal Year					Total Budget	Total Budget	Total Budget	Total Budget	Total Budget	Total Budget	
	2023	2024	2025	2026	2027	2023	2024	2025	2026	2027							
Total Program Expenses	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$0	\$0
Total Program Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Program Net Cost	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$0	\$0
Total Program Total	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$0	\$0
Total Program Total	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$3,944	\$0	\$0	\$0	\$0	\$0	\$0

Prepared by: Deputy Director, Health Care Services  
 Date: 8/17/23

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS</b>	14	6.11%
Total Cases of Open (Active) Straight CCS Children		
<b>OTLICP</b>	22	9.64%
Total Cases of Open (Active) O.T.L.I.C.P. Children		
<b>MEDI-CAL</b>	193	84.26%
Total Cases of Open (Active) Medi-Cal (Open O.T.I.C.P.) Children		
<b>TOTAL CCS CASELOAD</b>	<b>229</b>	<b>100%</b>



### CCS Administrative Baseline Budget Summary

Fiscal Year: 2023-24

County: Siskiyou

Category/Line Item	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
I. Total Personnel Expense	50,267	9,187	14,436	26,844	11,823	11,823
II. Total Operating Expense	7,600	159	290	7,91	2,91	2,91
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	3,967	2,297	3,609	3,961	3,961	3,961
V. Total Other Expense	2,500	2,500	0	0	0	0
<b>Budget Grand Total</b>	<b>64,334</b>	<b>14,143</b>	<b>18,335</b>	<b>42,496</b>	<b>18,745</b>	<b>18,745</b>

Source of Funds	Col 1 = Col 2+3+4					
	1	2	3	4	5	6
<b>STRAIGHT CCS</b>						
State	7,071	7,071				
County	7,072	7,072				
<b>OTLICP</b>						
State	3,202					
County	3,202					
Federal (Title XXI)	11,691					
<b>Medi-Cal</b>						
State	77,043					
Federal (Title XIX)	83,453					


  
 Prepared By: Signature: **Nathan Keele**
  
 Prepared By: Printed Name: **Nathan Keele**
  

  
 Prepared By: Signature: **Brenda Harris**
  
 Prepared By: Printed Name: **Brenda Harris**
  
 CCS Administrator (Signature)

Email Address: **nk@hcsd.co.siskiyou.ca.us**
  
 Email Address: **bharris@hcsd.co.siskiyou.ca.us**

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS</b>		
Total Cases of Open (Active) Straight CCS Children	14	6.11%
<b>OTLICP</b>		
Total Cases of Open (Active) OTLICP Children	22	9.61%
<b>MEDI-CAL</b> Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	193	84.28%
<b>TOTAL CCS CASELOAD</b>	<b>229</b>	<b>100%</b>

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2023-24

County: Siskiyou



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 + 2 of 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)
<b>I Personnel Expense</b>													
<b>Program Administration</b>													
1. Branda Harris, Deputy Director, Public Health	2.00%	119,346	2,387	6.11%	148	9.61%	229	84.28%	2,012			100.00%	2,012
2. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
Subtotal		119,346	2,387		148		229		2,012				2,012
<b>Medical Case Management</b>													
1. Branda Harris, Deputy Director, Public Health	2.00%	119,346	2,387	6.11%	148	9.61%	229	84.28%	2,012	50.00%	1,006	50.00%	1,006
2. Jennifer Hathaway, LVN I	95.00%	78,956	76,008	6.11%	4,586	9.61%	7,206	84.28%	63,216	10.00%	6,322	90.00%	56,894
3. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
Subtotal		198,302	77,195		4,732		7,435		65,228		7,328		57,900
<b>Other Health Care Professionals</b>													
1. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
<b>Ancillary Support</b>													
1. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
2. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
Subtotal		0	0		0		0		0		0		0
<b>Clerical and Claims Support</b>													
1. Jennifer Hathaway, LVN I	5.00%	78,956	1,948	6.11%	241	9.61%	179	84.28%	1,121	0.00%	0	100.00%	1,121
2. Taren Johnson, COC	5.00%	43,141	2,157	6.11%	132	9.61%	207	84.28%	1,818	0.00%	0	100.00%	1,818
3. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	6.11%	0	9.61%	0	84.28%	0	0.00%	0	100.00%	0
Subtotal		122,097	6,105		373		386		3,145		0		3,145

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS</b>		
Total Cases of Open (Active) Straight CCS Children	14	6.11%
<b>OTLICP</b>		
Total Cases of Open (Active) OTLICP Children	22	9.61%
<b>MEDI-CAL</b>		
Total Cases of Open (Active) Medi-Cal (Non-OTLICP) Children	193	84.28%
<b>TOTAL CCS CASELOAD</b>	<b>229</b>	<b>100%</b>

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2023-24  
 County: Siskiyou



Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
				4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 + 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)
Total Salaries and Wages			85,687	6.11%	5,251	9.61%	8,251	84.28%	72,385	10.12%	7,328	69.88%	65,057
Staff Benefits (Specify %)	74.96%		64,180	6.11%	3,938	9.61%	6,185	84.28%	54,259		5,493		48,766
<b>I. Total Personnel Expense</b>			150,287	6.11%	9,189	9.61%	14,436	84.28%	126,644		12,821		113,823
<b>II. Operating Expense</b>													
1. Travel			0	6.11%	0	9.61%	0	84.28%	0	10.12%	0	89.88%	0
2. Training			0	6.11%	0	9.61%	0	84.28%	0	10.12%	0	89.88%	0
3. Office Supplies			2,600	6.11%	159	9.61%	250	84.28%	2,191			100.00%	2,191
4				6.11%	0	9.61%	0	84.28%	0			100.00%	0
5				6.11%	0	9.61%	0	84.28%	0			100.00%	0
6				6.11%	0	9.61%	0	84.28%	0			100.00%	0
7				6.11%	0	9.61%	0	84.28%	0			100.00%	0
<b>II. Total Operating Expense</b>			2,600		159		250		2,191		0		2,191
<b>III. Capital Expense</b>													
1				6.11%	0	9.61%	0	84.28%	0				0
2				6.11%	0	9.61%	0	84.28%	0				0
3				6.11%	0	9.61%	0	84.28%	0				0
<b>III. Total Capital Expense</b>			0		0		0		0				0
<b>IV. Indirect Expense</b>													
1. Indirect Cost Rate	25.00%		37,567	6.11%	2,297	9.61%	3,609	84.28%	31,661			100.00%	31,661
			0	6.11%	0	9.61%	0	84.28%	0			100.00%	0
<b>IV. Total Indirect Expense</b>			37,567		2,297		3,609		31,661				31,661
<b>V. Other Expense</b>													
1. Maintenance & Transportation			2,500	6.11%	2,500	9.61%	0	84.28%	0			100.00%	0
2				6.11%	0	9.61%	0	84.28%	0			100.00%	0
3				6.11%	0	9.61%	0	84.28%	0			100.00%	0
4				6.11%	0	9.61%	0	84.28%	0			100.00%	0
5				6.11%	0	9.61%	0	84.28%	0			100.00%	0
<b>V. Total Other Expense</b>			2,500		2,500		0		0				0
<b>Budget Grand Total</b>			192,914		14,143		18,295		160,448		12,821		147,674

*Nathan Keele*  
 Prepared By (Signature)  
*Brenda Harris*  
 CCS Administrator (Signature)

Nathan Keele  
 Prepared By (Printed Name)  
 Brenda Harris  
 CCS Administrator (Printed Name)

11/16/2023  
 Date Prepared  
 11/16/23  
 Date Signed

530.841.2188  
 Phone Number  
 530.841.2124  
 Phone Number



**CALIFORNIA CHILDREN'S SERVICES  
COUNTY SISKIYOU  
BUDGET JUSTIFICATION  
FISCAL YEAR (FY) 2023-2024  
JULY 1, 2023 to June 30, 2024**

**PERSONNEL EXPENSES:**

Total Salaries:	\$85,887	Cost of Salaries.	Amount reflects .004 FTE Public Health Deputy Director with time divided between Administrative duties and Medical case management. There is .1 FTE LVN with .95 FTE Medical Case Management duties and .05 FTE for Clerical Claims Support along with a .05 FTE Community Outreach Coordinator for Clerical/Claims Support.
Total Benefits:	\$64,380	Benefit Costs.	
<b>Total Personnel Expenses:</b>	<b><u>\$150,267</u></b>		

**OPERATING EXPENSES:**

Travel:	0	Mileage billed to state at established IRS mileage rates as followed by County. In County Travel Home Visits, Provider Visits, Community Outreach Out of County Travel CMS Quarterly Meetings Seminars Workshops, Lodging and Meals.
Training	0	Registration for approved seminars and workshops
Office Expense	2,600	Purchase of basic office supplies replacement of office fax machine and computer equipment less than \$500, and educational materials.
<b>Total Operating Expenses:</b>	<b><u>\$2,600</u></b>	

**CAPITAL EXPENSES:** 0 None Anticipated

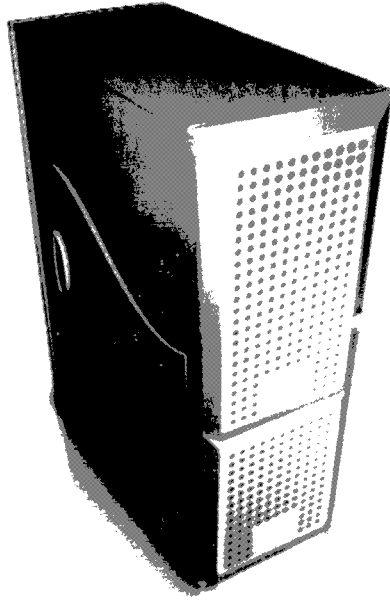
**INDIRECT EXPENSES:**

A Internal Overhead	37,567	25% Established CMS Fiscal Guidelines
B Indirect Costs/External	0	
	<hr/>	
<b>Total Indirect Expenses:</b>	<b><u>37,567</u></b>	

**OTHER EXPENSES:** 2,500 Maintenance and Transportation for CCS clients

	<hr/>
<b>Total Other Expenses:</b>	<b>2,500</b>

**BUDGET GRAND TOTAL \$192,934**



## **MANAGEMENT OF EQUIPMENT PURCHASED WITH STATE FUNDS**

**Exhibit N/A**

**INVENTORY/DISPOSITION OF CDHS-FUNDED EQUIPMENT**

Current Contract Number: 2023-01  
 Previous Contract Number (if applicable): \_\_\_\_\_  
 Contractor's Name: Siskiyou Co. Health & Human Services  
Public Health Division  
 Contractor's Complete Address: 810 S. Main St.  
Yreka, CA 96097  
 Contractor's Contact Person: Brenda Harris PHN  
 Contact's Telephone Number: 530-841-2124

Date Current Contract Expires: 6-30-2024  
 CDHS Program Name: California Children's Services  
 CDHS Program Contract Manager: Asset Mgmt  
 CDHS Program Address: Dept. of Health Care Services  
1501 Capitol Ave.-MS 1405  
 CDHS Program Contract Manager's Telephone Number: 916-650-0150  
 Date of this Report: November 2023

**(THIS IS NOT A BUDGET FORM)**

STATE/CDHS PROPERTY TAG (If motor vehicle, list license number)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDHS ASSET MGMT. USE ONLY CDHS Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number)	OPTIONAL — PROGRAM USE ONLY
	1	DELL LAPTOP WITH DOCKING STATION	\$ 1822.85		4/1/2020	PHD7020-100	
	1	DELL OPTIPLX 5040	\$ 1179.07		5/25/2016	PHD5040-105	
	1	BROTHER PRINTER	\$ 625.48		8/12/22	PHD8900-107	
			\$				
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**INSTRUCTIONS FOR HAS 1204**  
**(Please read carefully.)**

The information on this form will be used by the California Department of Health Services (CDHS) Asset Management (AM) to: (a) conduct an inventory of CDHS equipment and/or property (see definitions A and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDHS funds and used to conduct state business under this contract (See *Health Administrative Manual (HAM)*, Section 2-1060 and Section 9-2310 )

The CDHS Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDHS Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

**Inventory:** List all CDHS tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted HAS 1203s.** "Contractor Equipment Purchased with CDHS Funds." AM will contact the CDHS Program Contract Manager if there are any discrepancies.

**Disposal:** (*Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).*) The HAS 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of, (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDHS Program Contract Manager to arrange for the appropriate disposal/transfer of the items.

1. List the state/CDHS property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of:
  - A. Major Equipment: **(These items were issued green numbered state/CDHS property tags.)**
    - Tangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
    - Intangible item having a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video )
  - B. Minor Equipment/Property:  
Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/CDHS property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers, and switches.
2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDHS Vehicle Services. (See HAM, Section 2-10050 )
3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3 ")
4. The CDHS Program Contract Manager should retain one copy and send the original to: California Department of Health Services, Asset Management, P.O. Box 997413, 1501 Capitol Avenue, Suite 71.2101, MS 1405, Sacramento, CA 95899-7413.
5. Use the version on the CDHS Intranet forms site. The HAS 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 650-0124.