

CMS DATA FORMS

California Children's Services Caseload Summary Form

County: SISKIYOU COUNTY / YREKA

Fiscal Year: 2024-2025

		A	B				
CCS Caseload 0 to 21 Years		21-22 Actual Caseload	% of Grand Total	22-23 Actual Caseload	% of Grand Total	23-24 Actual Caseload	% of Grand Total
MEDI-CAL							
1	Average of Total Open (Active) Medi- Cal Children	187	83%	200	84%	186	84%
2	Potential Case Medi-Cal	0	--	0	-	0	-
3	TOTAL MEDI-CAL (Row 1 + Row 2)	187	83%	187	83%	186	84%
NON MEDI-CAL							
OTLIP							
4	Average of Total Open (Active) OTLIP	24	11%	21	9%	17	8%
5	Potential Cases OTLIP	0	--	0	-	0	-
6	Total OTLIP (Row 4 + Row 5)	24	11%	21	9%	17	8%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	14	6%	16	7%	18	8%
8	Potential Cases Straight CCS Children	0	--	0	-	0	-
9	Total Straight CCS (Row 7 + Row 8)	14	6%	16	7%	18	8%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	38	20%	37	15%	35	16%
1	GRAND TOTAL						
11	(Row 3 + Row 10)	225	100%	237	100%	221	100%



INTER / INTRA AGENCY AGREEMENTS AND MEMORANDUMS OF UNDERSTANDING

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2024-2025

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

Memoranda of Understanding/Interagency Agreement List

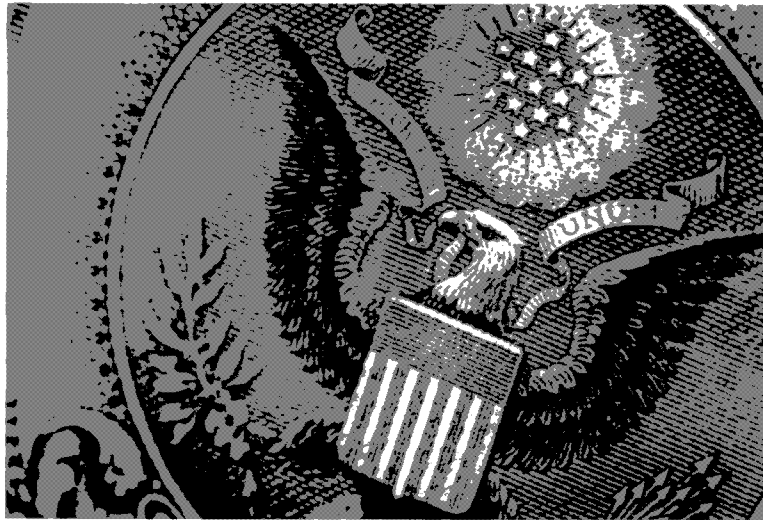
List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City:

SISKIYOU COUNTY / YREKA

Fiscal Years: 2024-25

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 In process of being updated	Brenda Harris PHN	Yes
Memorandum of Understanding California Children's Service Program Monitoring & Oversight/DHCS	MOU		Pending	Brenda Harris PHN Emily Metz PHN	Yes
Child Welfare (HCPFCF)/Partnership Health Plan	MOU		Pending	Shelly Davis MN, BSN, PHN, CCHP Trish Barbieri	Yes



BUDGETS AND JUSTIFICATIONS

FY 2024-2025



Health Care Program for Children in Foster Care

Agency Information		County/City: Siskiyou	Fiscal Year: 2024-25		
Street Address:	810 S Main Street	Health Officer Name:	Aaron Stutz, M/D.		
City:	Yreka	HCPFC Central Email			
Zip Code:	96097	Address:			
Authorized HCPFC Representative		Director of Social Services Agency			
Name, Title:	Brenda Harris, Deputy Director Public Health	Name:	Shelly Davis, Director Public Health		
Phone:	530-841-2124	Phone:	530-841-2140		
Email:	bharris@co.siskiyou.ca.us	Email:	sdavis@co.siskiyou.ca.us		
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:	Laura Bynum	Name:	Mike Coley		
Phone:	530-842-8080	Phone:	530-842-8898		
Email:	lbynum@co.siskiyou.ca.us	Email:	mcoley@co.siskiyou.ca.us		
List All HCPFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Emily Metz	Senior PHN	No	Yes	emetz@co.siskiyou.ca.us
2	Brenda Harris	Deputy Director, Public Health	No	Yes	bharris@co.siskiyou.ca.us
3	Genevieve Eller	Community Outreach Coordinator	No	No	geller@co.siskiyou.ca.us
4					
5					
6					
7					
8					
9					
10					

View additional rows by selecting the "+" to the left.



Health Care Program for Children in Foster Care

Base Budget Worksheet										County/City Name Siskiyou		Fiscal Year 2024-25						
Column					1A		1B		1		2A		2		3A		3	
Personnel Expenses					Total Base FTE %		Annual Salary		Total Budget		Enhanced FTE %		Enhanced Total		Non- Enhanced FTE %		Non- Enhanced Total	
#	Name	Title	PHN	DSS	PHN													
1	Emily Metz	Senior PHN		No	Yes	25%	\$86,614	\$21,451	90%	\$19,306	10%	\$2,145						
2	Brenda Harris	Deputy Director, Public Health		No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0						
3	Genevieve Eller	Community Outreach Coordinator		No	No	0%	\$0	\$0	0%	\$0	100%	\$0						
4	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
5	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
6	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
7	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
8	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
9	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
10	0	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0						
View additional rows by selecting the + to the left.																		
Total Net Salaries and Wages																		
Staff Benefits (Specify %)																		
Total Personnel Expenses																		
I Total Operating Expenses (List in Narrative)																		
II Total Capital Expenses (List in Narrative)																		
IV Indirect Expenses (List in Narrative)																		
1. Internal (Specify %)																		
2. External (Specify %)																		
IV Total Indirect Expenses (List in Narrative)																		
V Total Other Expenses (List in Narrative)																		
Budget Grand Total																		

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, 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
Authorized HCPFC Signor Name, Title
 Date: 11/22/24



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name: Siskiyou	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$32,972 for FY 24/25. Salaries reflect a Public Health Nurse at .25 FTE. Benefits rate is approximately 53.71% 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			
Internal:	25% Established by County per LHD-CDPH ICR Fiscal Guidelines		
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 (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above.

Brenda Harris, Deputy Director Public Health Division

Authorized HCPFC Signor Name, Title

Signature

11/22/24

Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name: Siskiyou		Fiscal Year: 2024-25				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non Enhanced FTE %	Non Enhanced Total
#	Name	Title	DSS	PHN							
1	Emily Metz	Senior PHN	No	Yes	7%	\$86,614	\$5,950	90%	\$5,356	10%	\$594
2	Brenda Harris	Deputy Director, Public Health	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Genevieve Eller	Community Outreach Coordinator	No	No	0%	\$0	\$0	0%	\$0	100%	\$0
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the + to the left											
Total Net Salaries and Wages							\$5,950		\$5,356		\$594
Staff Benefits (Specify %)			54%				\$3,196		\$2,877		\$319
I. Total Personnel Expenses							\$9,146		\$8,233		\$913
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1. Internal (Specify %)			25%				\$2,287				\$2,287
2. External (Specify %)			0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$2,287				\$2,287
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$11,433		\$8,233		\$3,200

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, 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
Authorized HCPFC Signor Name, Title


Signature

11/22/24
Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: Siskiyou	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$32,972 for FY 24/25. Salaries reflect a Public Health Nurse at .07 FTE. Benefits rate is approximately 53.71% 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			
Internal:	25% Established by County per LHD-CDPH ICR Fiscal Guidelines		
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 (HPCFC) 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 HPCFC 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 HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above

Brenda Harris, Deputy Director Public Health Division

Authorized HPCFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet										County/City Name Siskiyou	Fiscal Year 2024-25
Column:				1A	1B	1	Enhanced FTE %	2	3A	3	
I Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
#	Name	Title	PHN	DSS	PHN						
1	Emily Metz	Senior PHN		No	Yes						
2	Brenda Harris	Deputy Director, Public Health		No	Yes						
3	Genevieve Eller	Community Outreach Coordinator		No	No						
4	0	0		0	0						
5	0	0		0	0						
6	0	0		0	0						
7	0	0		0	0						
8	0	0		0	0						
9	0	0		0	0						
10	0	0		0	0						
View additional rows by selecting the icon to the left											
Total PHN FTE %						13%					
Total Direct Support Staff FTE %						0%					
Total Net Salaries and Wages								\$9,844		\$1,094	
Total Benefits (Specify %)						54%		\$5,287		\$588	
I Total Personnel Expenses								\$15,131		\$1,682	
II Total Operating Expenses (List in Narrative)								\$0		\$0	
III Total Capital Expenses (List in Narrative)								\$0		\$0	
IV Indirect Expenses (List in Narrative)											
1 Internal (Specify %)						25%					
2 External (Specify %)						0%		\$4,203		\$4,203	
IV Total Indirect Expenses (List in Narrative)								\$0		\$0	
V Total Other Expenses (List in Narrative)								\$15,131		\$5,885	
Budget Grand Total								\$21,016		\$5,885	

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, 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
Authorized HCPFC Signatory Name Title
Signature Date 11/22/24



Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name: Siskiyou	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$32,972 for FY 24/25. Salaries reflect a Public Health Nurse at .13 FTE. Benefits rate is approximately 53.71% 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			
Internal:	25% Established by County per LHD-CDPH ICR Fiscal Guidelines		
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 (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above

Brenda Harris, Deputy Director Public Health Division

Authorized HCPFC Signor Name, Title

B. Harris

Signature

11/22/24

Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet						County/City Name Siskiyou		Fiscal Year 2024-25			
Column					1A	1B	1	2A	2	3A	3
I Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non Enhanced FTE %	Non Enhanced Total
#	Name	Title	DSS	PHN							
1	Emily Metz	Senior PHN	No	Yes	0%	\$0	\$0			0%	\$0
2	Brenda Harris	Deputy Director, Public Health	No	Yes	25%	\$137,111	\$34,278			25%	\$34,278
3	Genevieve Eller	Community Outreach Coordinator	No	No	25%	\$48,666	\$12,167			25%	\$12,167
4	0	0	0	0	0%	\$0	\$0			0%	\$0
5	0	0	0	0	0%	\$0	\$0			0%	\$0
6	0	0	0	0	0%	\$0	\$0			0%	\$0
7	0	0	0	0	0%	\$0	\$0			0%	\$0
8	0	0	0	0	0%	\$0	\$0			0%	\$0
9	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
View additional rows by selecting the "+" to the left											
Total Net Salaries and Wages							\$46,444				\$46,444
Staff Benefits (Specify %)			71%				\$33,197				\$33,197
I Total Personnel Expenses							\$79,641				\$79,641
II Total Operating Expenses (List in Narrative)							\$14,000				\$14,000
III Total Capital Expenses (List in Narrative)							\$0				\$0
IV Indirect Expenses (List in Narrative)											
1 Internal (Specify %)			25%				\$19,910				\$19,910
2 External (Specify %)			0%				\$0				\$0
IV Total Indirect Expenses (List in Narrative)							\$19,910				\$19,910
V Total Other Expenses (List in Narrative)							\$172,735				\$172,735
Budget Grand Total							\$286,286		\$0		\$286,286

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Brenda Harris, Deputy Director Public Health Division
Authorized HCPFC Signor Name, Title


Signature

11/22/24
Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Siskiyou	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
25% FTE Deputy Director for Supervision 25% FTE Community Outreach Coordinator for Administrative Support			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
2 Desktop Computers with monitors x \$2500 = \$5000. Office Furniture \$2000 Office Supplies \$5000. Travel \$2000.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
None Anticipated			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	25% Established by County per LHD-CDPH ICR Fiscal Guidelines		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			
Unallocated Funds \$172,735			

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above

Brenda Harris, Deputy Director Public Health Division

Authorized HCPFC Signor Name, Title


Signature

11/22/24
Date



Health Care Program for Children in Foster Care

Budget Summary													
Funding Source		Base				PMMSCO			County/City			Fiscal Year	
A		B	C	D	E	F	G	H	I	J	K	L	M
Category/Line Item		Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses		\$12,972	\$29,675	\$1,297	\$9,146	\$8,233	\$913	\$16,813	\$15,131	\$1,682	\$79,641	\$0	\$79,641
II. Total Operating Expenses		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,000	\$0	\$14,000
III. Total Capital Expenses		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IV. Total Indirect Expenses		\$8,243	\$8,243	\$8,243	\$2,287	\$4,203	\$2,287	\$4,203	\$4,203	\$4,203	\$19,910	\$0	\$19,910
V. Total Other Expenses		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,235	\$0	\$17,235
Budget Grant Total		\$41,215	\$29,675	\$11,540	\$11,433	\$8,233	\$3,200	\$21,016	\$15,131	\$5,885	\$286,286	\$0	\$286,286
F		F	G	H	I	J	K	L	M	N	O	P	Q
Source of Funds		Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds		\$13,189	\$7,419	\$5,770	\$3,658	\$2,038	\$1,600	\$6,725	\$3,783	\$2,943	\$143,143	\$0	\$143,143
Federal Funds (Title XIX)		\$28,026	\$22,256	\$5,770	\$7,775	\$6,175	\$1,600	\$14,291	\$11,348	\$2,943	\$143,143	\$0	\$143,143
Budget Grant Total		\$41,215	\$29,675	\$11,540	\$11,433	\$8,233	\$3,200	\$21,016	\$15,131	\$5,885	\$286,286	\$0	\$286,286

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS		
Total Cases of Open (Active) Straight CCS Children	19	8.26%
OTLICP		
Total Cases of Open (Active) OTLICP Children	19	8.26%
MEDI-CAL		
Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	192	83.48%
TOTAL CCS CASELOAD	230	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2024-25

County: Siskiyou



				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1x2or 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)
I. Personnel Expense													
Program Administration													
1 Brenda Harris, Deputy Director Public Health	3.00%	137,111	4,113	8.26%	340	8.26%	340	83.48%	3,433			100.00%	3,433
2 Emily Metz, Public Health Nurse	23.00%	86,614	19,921	8.26%	1,646	8.26%	1,646	83.48%	16,630			100.00%	16,630
3 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
Subtotal		223,725	24,034		1,986		1,986		20,063				20,063
Medical Case Management													
1 Brenda Harris	0.00%	137,111	0	8.26%	0	8.26%	0	83.48%	0	90.00%	0	10.00%	0
2 Jennifer Hathaway, LVN II	45.00%	79,963	35,983	8.26%	2,973	8.26%	2,973	83.48%	30,038	70.00%	21,027	30.00%	9,011
3 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
6 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
7 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
8 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
Subtotal		217,074	35,983		2,973		2,973		30,038		21,027		9,011
Other Health Care Professionals													
1 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
2 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
1 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
2 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
3 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
Subtotal		0	0		0		0		0				0
Clerical and Claims Support													
1 Jennifer Hathaway, LVN I	50.00%	79,963	39,982	8.26%	3,303	8.26%	3,303	83.48%	33,376	0.00%	0	100.00%	33,376
2 Taryn Johnson, COC	5.00%	45,476	2,274	8.26%	188	8.26%	188	83.48%	1,898	0.00%	0	100.00%	1,898
3 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	8.26%	0	8.26%	0	83.48%	0	0.00%	0	100.00%	0
Subtotal		125,439	42,256		3,491		3,491		35,274		0		35,274

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS Total Cases of Open (Active) Straight CCS Children	19	8.26%
OTLIP Total Cases of Open (Active) OTLIP Children	19	8.26%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children	192	83.48%
TOTAL CCS CASELOAD	230	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2024-25

County: Siskiyou



				Straight CCS		Optional Targeted Low Income Children's Program (OTLIP)		Medi-Cal (Non-OTLIP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (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)
Total Salaries and Wages			102,273	8.26%	8,449	8.26%	8,449	83.48%	85,375	24.63%	21,027	75.37%	64,348
Staff Benefits (Specify %)	70.04%		71,629	8.26%	5,917	8.26%	5,917	83.48%	59,795		14,727		45,068
I. Total Personnel Expense			173,902	8.26%	14,366	8.26%	14,366	83.48%	145,170		35,754		109,416
II. Operating Expense													
1. Travel			0	8.26%	0	8.26%	0	83.48%	0	24.63%	0	75.37%	0
2. Training			0	8.26%	0	8.26%	0	83.48%	0	24.63%	0	75.37%	0
3. Office Supplies			2,500	8.26%	207	8.26%	207	83.48%	2,087			100.00%	2,087
4.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
5.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
6.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
7.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
II. Total Operating Expense			2,500		207		207		2,087		0		2,087
III. Capital Expense													
1.				8.26%	0	8.26%	0	83.48%	0				0
2.				8.26%	0	8.26%	0	83.48%	0				0
3.				8.26%	0	8.26%	0	83.48%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate	25.00%		41,476	8.26%	3,591	8.26%	3,591	83.48%	36,293			100.00%	36,293
			0	8.26%	0	8.26%	0	83.48%	0			100.00%	0
IV. Total Indirect Expense			43,476		3,591		3,591		36,293				36,293
V. Other Expense													
1. Maintenance & Transportation			2,500	8.26%	207	8.26%	207	83.48%	2,087			100.00%	2,087
2.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
3.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
4.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
5.				8.26%	0	8.26%	0	83.48%	0			100.00%	0
V. Total Other Expense			2,500		207		207		2,087				2,087
Budget Grand Total			222,378		18,371		18,371		185,637		35,754		149,883

Nathan Keele

Prepared By (Signature)

Brenda Harris

Administrative (Signature)

Nathan Keele

Prepared By (Print Name)

Brenda Harris

Administrative (Print Name)

11/5/2024

Date Prepared

11/5/2024

Date Signed

530.841.2188

Phone Number

530.841.2124

Phone Number

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	19	8.26%
OTLCP - Total Cases of Open (Active) OTLCP Children	19	8.26%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children	192	83.48%
TOTAL CCS CASELOAD	230	100%

CCS Administrative Budget Summary

Fiscal Year: 2024-25

County: Siskiyou

Category/Line Item	Col 1 = Col 2+3+4	Straight CCS 2	OTLCP 3	Medi-Cal (non-OTLCP) 4	Enhanced Medi-Cal State/Federal (25/75) 5	Non-Enhanced Medi-Cal State/Federal (50/50) 6
I. Total Personnel Expense	173,902	14,366	14,366	145,170	35,754	109,416
II. Total Operating Expense	2,500	207	207	2,087	0	2,087
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	43,476	3,591	3,591	36,293	36,293	36,293
V. Total Other Expense	2,500	207	207	2,087	0	2,087
Budget Grand Total	222,378	18,371	18,371	185,637	35,754	149,883

Source of Funds	Col 1 = Col 2+3+4	Straight CCS 2	OTLCP 3	Medi-Cal (non-OTLCP) 4	Enhanced Medi-Cal State/Federal (25/75) 5	Non-Enhanced Medi-Cal State/Federal (50/50) 6
Total Budget	1	2	3	4	5	6
Straight CCS	9,185	9,185				
State						
County	9,186	9,186				
OTLCP						
State	3,215		3,215			
County	3,215		3,215			
Federal (Title XIX)	11,941		11,941			
Medi-Cal						
State	83,881			83,881		74,942
Federal (Title XIX)	101,756			101,756	26,815	74,941

[Signature]
Prepared By: [Name]
[Signature]
CCS Administrator (Printed Name)

Nathan Keefe
Prepared By (Printed Name)
Brenda Harris
CCS Administrator (Printed Name)
Email Address: nkeefe@co.siskiyou.ca.us
Email Address: bharris@co.siskiyou.ca.us



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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

County: Siskiyou		Fiscal Year: 2024-25
Street Address 810 S Main Street		Central Email Address
City Yreka		
Zip Code 96097		
Director		Deputy Director
Name Title Shelly Davis		Name Brenda Harris, Deputy Director Public Health D
Phone 530-841-2140		Phone 530-841-2124
Email sdavis@co.siskiyou.ca.us		Email bharris@co.siskiyou.ca.us
List All Program Staff (CCS M&O)		
Name	Position/Classification	Email
Emily Metz	Public Health Nurse	emetz@co.siskiyou.ca.us
Additional rows may be added above this line.		

Authorized Director Brenda Harris	Signature and Date B. Harris 11/22/24
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California Children's Services (CCS) Monitoring & Oversight (M&O)
Budget Worksheet

			County/City Name	Fiscal Year:
			Siskiyou	2024-25
I. Personnel Expenses			Total FTE %	Annual Salary
#	Name	Position Classification		Total Budget
1	Emily Metz	Public Health Nurse	24%	\$86,614
2	0	0	0%	\$0
3	0	0	0%	\$0
4	0	0	0%	\$0
5	0	0	0%	\$0
6	0	0	0%	\$0
7	0	0	0%	\$0
8	0	0	0%	\$0
9	0	0	0%	\$0
10	0	0	0%	\$0
(insert additional rows above this line as needed)				
Total Support Staff FTE %			24%	
Total Net Salaries and Wages				\$21,085
Staff Benefits (Specify %)			54%	\$11,325
I. Total Personnel Expenses				\$32,410
II. Total Operating Expenses (Provide Details in Narrative)				\$0
III. Total Capital Expenses (Provide Details in Narrative)				\$0
IV. Indirect Expenses (Provide Details in Narrative)				
1	Internal (Specify %)	25%		\$8,102
2	External (Specify %)	0%		\$0
IV. Total Indirect Expenses (Provide Details in Narrative)				\$8,102
V. Total Other Expenses (Provide Details in Narrative)				\$0
Budget Grand Total				\$40,512

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.


Authorized Director:


Signature and Date:

11/22/24

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

		County/City Name:	Fiscal Year:
		Siskiyou	2024-25
I. Personnel Expenses: Identify Personnel Expenses, specifying roles and M&O activities, time allocations, and costs supporting M&O activities.			
24 34% FTE Public Health Nurse. Roles will include writing policy & procedures, attending M&O planning and MOU meetings, setting up reports and learning the CCS Program.			
II. Operating Expenses: Identify and explain all expenses included in the "Operating Expenses" line item of the Budget Worksheet.			
None Anticipated			
III. Capital Expenses: Identify and explain all expenses included in the in the "Capital Expenses" line item of the Budget Worksheet.			
None Anticipated			
IV. Indirect Expenses: Identify and explain all expenses included in the "Indirect Expenses" line items (Internal and External) of the Budget Worksheet.			
Internal:	25% Established by County per LHD-CUPH ICR Fiscal Guidelines		
External:			
V. Other Expenses: Identify and explain all expenses included in the "Other Expenses" line item of the Budget Worksheet.			
None Anticipated			

I certify under penalty of perjury under the laws of the State of California that the foregoing 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.

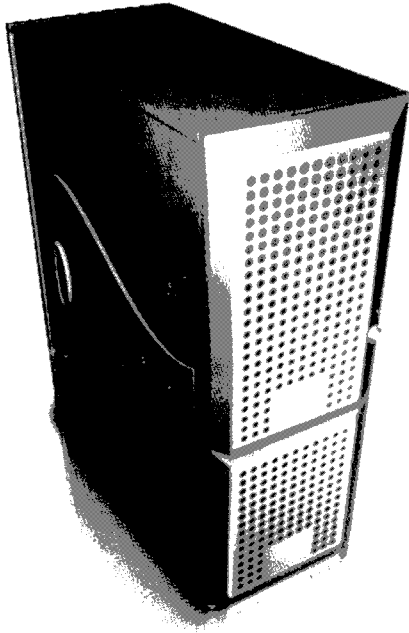
Authorized Director: 	Signature: 
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**California Children Services (CCS) Monitoring & Oversight (M&O)
Budget Summary**

	County Name	Fiscal Year
	Siskiyou	2024-25
Category/Line Item	Total Budget	
I. Total Personnel Expenses	\$32,410	
II. Total Operating Expenses	\$0	
III. Total Capital Expenses	\$0	
IV. Total Indirect Expenses	\$8,102	
V. Total Other Expenses	\$0	
Budget Grand Total	\$40,512	

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.

Authorized Director: <i>Renee Adams</i>	Signature and Date: <i>R. Galt</i> 11/22/24
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MANAGEMENT OF EQUIPMENT PURCHASED WITH STATE FUNDS

INVENTORY/DISPOSITION OF CDHS-FUNDED EQUIPMENT

Date Current Contract Expires: 6-30-2025

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

Date of this Report: November 2023

(THIS IS NOT A BUDGET FORM)

[illegible]