

CMS DATA FORMS

California Children's Services Caseload Summary Form

County: SISKIYOU COUNTY / YREKA Fiscal Year: 2024-2025

		A	В				
	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
			MED	I-CAL		1	
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 M	EDI-CAL		<u> </u>	<u> </u>
			ОТ	LICP			
4	Average of Total Open (Active) OTLICP	24	11%	21	9%	17	8%
5	Potential Cases OTLICP	0		0	-	0	-
6	Total OTLICP (Row 4 + Row 5)	24	11%	21	9%	17	8%
			Straig	ht 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

SISKIYOU COUNTY / YREKA

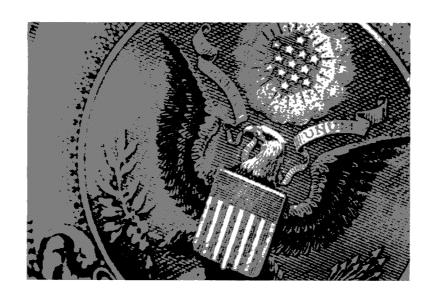
County/City:

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.

• • • • • • • • • • • • • • • • • • •					
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 (HCPCFC)/Partnership Health Plan	MOU		Pending	Shelly Davis MN, BSN, PHN, CCHP Trish Barbieri	Yes

Fiscal Years: 2024-25



BUDGETS AND JUSTIFICATIONS FY 2024-2025





Agenc	y Information	County/City:		Fiscal Year:
ng		Siskiyou		2024-25
Street Address:	810 S Main Street	Health	Officer Name:	Aaron Stutz, M/D.
City:	Yreka	HCPCFC	Central Email	
Zip Code:	96097		Address:	
Authorized H	HCPCFC Representative	Dir	ector of Social	Services Agency
Name, Title:	Brenda Harris, Deputy Director Publi			Shelly Davis, Director Publ
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 Proba	
	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 HCPCFC Pro	gram Staff		
A 1		Support	-	
Name:	Title:	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
5				
5				
7				,
8				
9				
10				
View additional rows by selecti	ng <u>the "+" to the left.</u>			



	Bace Budge	Rudost Worksheet	heet				County/City Name	lame	Fiscal Year.	
							Siskiyon		2024-25	
.olum				1.4	18		2.A	2	3.4	er.
. Personnel Expenses				Total Base			Enhanced	Enhanced	Non	Non
# Name	THE	550	NHG	FTE %	Annual Salary Total Budget	lotal Budget	FTE %	lotal	Enhanced FTE	Enhanced
1 Emily Wetz	Senior PHN	Š	Yes	25%	\$86,614	\$21,451	%06	\$19,306	10%	\$2,145
1	Deputy Director, Public He	No	Yes	%0	\$0	0\$	%0	\$0	100%	\$0
3 Genevieve Effer	Community Outreach Coo	No	oN N	%0	\$0	\$0	%0	0\$	100%	0\$
4 0	0	0	0	9%0	80	\$0	%0	\$0	100%	0\$
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0 6	0	0	0	0%	\$0	0\$	%0	0\$	100%	\$00
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View additional rows by selecting the + 10 the left.	ng the + to the left.				A rest construction of the second sec					words and the trademan and property and the same and the
Total Net Salaries and Wages		An a straight man and the manufold man		A war was a summarise and a state of the sta		\$21,451		\$19,306		\$2.145
Staff Benefits (Specify %)		53.71%	82	And the state of t		\$11,521	And the second s	\$10,369		\$1,152
Total Personnel Expenses				4. vel mille and amount communication of the factor of a defection	The same in the same industrial and the same in the sa	\$32,972	The section of the se	\$29,675	e manuscripturas de la companya del la companya de	\$3.297
Total Operating Expenses (List in Narrative)	ist in Narrative)			And the second s	The second section of the second seco	0\$		\$0		0\$
Il Total Capital Expenses (List in Narrative)	in Narrative)					\$0				0\$
IV. indirect Expenses (List in Narrative)	arra(ive)					A SE SO CONTRACTOR - SPORTS OF THE CONTRACTOR -	the address of the the debates assume the property of the contract of	enteres or representational description of the formation	And the same of th	
1. Internal Specify %)		25%	9			\$8,243		AND THE PERSON NAMED AND PARTY AND PARTY AND PARTY AND PARTY AND PARTY AND PARTY.	And the state of t	\$8.243
2. External 'Specify %)		%0				0\$	and the same and t			\$0
1V Total Indirect Expenses (List in Narrative)	t in Narrative)					\$8,243		And the state of t		\$8,243
V Total Other Expenses (List in Nairative)	n Narrative)				The state of the s	\$0				\$0
				Budge	Budget Grand Total	\$41,215	planters are superprised and a superprised and a specific for the superprised and a sp	\$29,675		\$11.540

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 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 Leetify 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 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 HCPCFC requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health 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 Regulations Section 432.2

Brenda Harris, Deputy Director Public Health Division

Authorized HCPCFC Signor Name, Title

Date Date



Brenda Harris, Deputy Director Public Health Division

Authorized HCPCFC Signor Name, Title

Health Care Program for Children in Foster Care

	Pace Budget Marratine	County/City Name:	Fiscal Year:
	Base Budget Narrative	Siskiyou	2024-25
I. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	4
Total Salarie	s and Benefits costs are budgeted at \$32,972 for FY 24/25. Salaries	reflect a Public Healt	h Nurse at .25 FTE.
Benefits rate	is approximately 53.71% of salaries and includes FICA, employee med	dical, retirement and	unemployment
insurance.			
II. Operating	Expenses Identify and Explain All Operating Expense Line Items		Holisch and a reason gas a garden construction and a construction of the construction
None Budget	ed		
III. Capital Exp	penses Identify and Explain All Capital Expense Line Items		
None Budget	ed		
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:	25% Established by County per LHD-CDPH ICR Fiscal Guidelines		
External:			
	nses Identify and Explain All Other Expense Line Items		
None Anticipa	ated		
and state law states for me that the HCP	the Health Care Program for Children in Foster Care (HCPCFC) will cover and regulations, including all federal laws and regulations governing dical assistance pursuant to Title XIX of the Social Security Act (42 U.S. CFC will comply with all rules promulgated by DHCS pursuant to these param goals, scope, and activity requirements. I further agree that this	ng recipients of feder S.C. Section 1396 et s le authorities, and tha s HCPCFC may be sul	ral funds granted to seq.). I further certify at all listed expenses

Signature



		ropic Medication Monitoring & Ov	ersight I	Budget \	Worksheet		00 4 164 165 (Marie Marie Mari	County/City f Siskiyou	Name.	Fiscal Year 2024-25	
Col	unn				1A	18	1	2A	2	3A	3
I. Pe	ersonnel Expenses				Total Base	Annual		Enhanced	Enhanced	Non	Non
И	Name	Title	DSS	PHN	FTE %	Salary	Total Budget	FTE %	Total	Enhanced FTE %	Enhanced Total
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
-	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
DTTT TOTAL CO.	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
hannelel	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9		0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10		0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
N-11-14-10	v additional rows by selecting the 🕠 to th	e left		Monthald sto occurrency page						millioner sette er versichtung und happyngangan hang	-
	al Net Salaries and Wages		process a second to be required to				\$5,950		\$ 5,356		\$594
	f Benefits (Specify %)	The state of the s	54	1%			\$3,196		\$2,877		\$319
*****	tal Personnel Expenses	The state of the s			N-101-17 (* 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	H	\$9,146	***************************************	\$8 ,233		\$ 913
	otal Operating Expenses (List in Narrative)		******				\$0		\$0		\$0
	otal Capital Expenses (List in Narrative)						\$0				\$0
	ndirect Expenses (List in Narrative)	A september 1 and							Makada sa sa sa sa ka kada makama kakan panjaman nyagingkan yangganggan nya		
-	Internal (Specify %) External (Specify %)		25	*****			\$2,287				\$2,287
			0'	%			\$0	Province (A. C.	Marin Marin Marin Area area area area area area area area		\$0
	otal Indirect Expenses (List in Narrative)						\$2,287			and and a state of the transfer or transfe	\$2,287
V. [1	otal 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 (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 HCPCEC violates any of the above. HCPCEC 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 HCPCFC 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 HCPCFC Signor Name, Title

Poster Date Date



CALIFORNIA DEPARTMENT OF **HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

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Psychot	ropic Medication Monitoring & Oversight	Budget Narrative	County/City Name:	Fiscal Year:
		ger italiante	Siskiyou	2024-25
I. Personnel I	xpenses Identify and Explain Any Changes in	Personnel/Personnel I	Expenses	
Total Salarie	s and Benefits costs are budgeted at \$32,972	2 for FY 24/25. Salarie	s reflect a Public Healt	th Nurse at .07 FTE.
Benefits rate	is approximately 53.71% of salaries and include	des FICA, employee m	edical, retirement and	unemployment
insurance.				. ,
		4		
	Expenses Identify and Explain All Operating E	xpense Line Items		***************************************
None Budget	red			
III. Capital Ex	penses Identify and Explain All Capital Expense	a line Items	4	
None Budget		r rust stein?		
IV Indirect Ex	penses Identify and Explain All Indirect Expen	se Line Items		
	25% Established by County per LHD-CDPH IC	R Fiscal Guidelines		
Internal:				
				The state of the s
External:				
External.				
V. Other Expe	L Enses Identify and Explain All Other Expense Li	ne Items		
None Anticip		114.11.0	· · · · · · · · · · · · · · · · · · ·	
I certify that	the Health Care Program for Children in Foste	r Care (HCPCFC) will r	omply with all applica	hle state and federal
and state lav	ws and regulations, including all federal laws a	and regulations govern	ning recipients of fede	ral funds granted to
states for me	dical assistance pursuant to Title XIX of the So	ocial Security Act (42 t	JSC Section 1396 et	sea.) I further certify
that the HCP	CFC will comply with all rules promulgated by	DHCS pursuant to the	ese authorities, and th	at all listed evnenses
adhere to pro	ogram goals, scope, and activity requirements	. I further agree that the	his HCPCFC may be su	hiert to sanctions or
•	other remedies if this HCI			-j (0 Joinending 0)
Brenda Harris	, Deputy Director Public Health Division	B Onl	II.	120/04
	CPCFC Signor Name, Title	Signature	1	1 0 - 1 0 4
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		Caceload Relief Budget Workshoot	Works	hoor				County/City Name	Name	Fiscal Year	
	may require representation that have assumptions can up dely play							Siskiyou		2024-25	
Column	C. B. C.				A.	18		A'.	2	3.4	-
l : Pers	Personnel Expenses				Total Base	Annual		Emhanced		Non Enhanced	S S
≥ ≥	Name		DSS	SH?	£11. %	Salary	Total Budget	F11.%	Enhanced Total	FTE %	Enthanicod Total
-	Emily Metz	Senior PHN	S	Yes	13%	\$86,614	\$10,938	%06	\$9,844	10%	\$1,094
an	Brenda Harris	Deputy Director, Public Health	Š.	Yes	Š	\$0	\$	%0	80	100%	\$
~.	3 Genevieve Eller	Community Outreach Coordinator	oN.	oN	0%	\$0	S	*0	os.	100%	\$0
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Totali	Total PHN FTE %				13%		olde from tradescharacted by grant materials to all the diffuldament or reserves or more to an exercise	%05	***************************************	***************************************	
fotall	Total Direct Support Staff FTE %	en e			%		The same of the sa	ž			
Totalf	Total Net Salaries and Wages					And the state of t	\$10.938	Annual - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$9.844		\$1.094
Staff B	Staff Benefits (Specify %)	en e	3	54%		A the first of the control of the first of t	\$5,875		\$5.287		\$5.88
Tota	Total Personnel Expenses	American en		2000			\$16.813	Andreas de des des esses esses esses esses esses es estado	\$15.131		\$1,682
Il Tota	1) Total Operating Expenses (List in Narrative)	rative:	PP-V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				\$0		\$0		0\$
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IV. Ind	V. Indirect Expenses (List in Varrative)					-		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	e manumente per tradución de tradeción de contracto de co		
-	Internal (Specify %)	To delicate the second	25	25%			\$4,203				\$4 203
<u>ښ</u>	External (Specify %)		٥	0%			\$0				0\$
IV. Tot	IV. Total Indirect Expenses (List in Narrative)	tive)			The state of the s		\$4,203		Bildiel de Johnsternens unsvergegen en et dat et en den de la company		\$4.203
V Tot.	V. Total Other Expenses (List in Narrative)						\$0	A			o s
	a tabba dimba di umanaya maya ya gayaya. Yana sabadatan ya da da a di ya didi dibayafayanfa yana na ma a ya na bada wa a a a a	те не потенения в поставления в поста			Budget (Budget Grand Total	\$21,016		\$15,131	AND THE PROPERTY AND THE PARTY	\$5,885

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. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the Leerthy 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 Isted individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California governing recipients of federal funds granted to states for medical assistance pursuant to Tule XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) I further certify that the HCPCFC will Code of Regulations Section 130% or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2

Brenda Harris Deputy Director Public Health Division Authorized HCPCFC Signor Name Title

Bree Cath 11122 124





	Coroland Dalinf Budget Nametina	County/City Name:	Fiscal Year:
5 1 1 1 1 1 1 1 1 1 1 1	Caseload Relief Budget Narrative	Siskiyou	2024-25
I. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel	Expenses	
Total Salarie	s and Benefits costs are budgeted at \$32,972 for FY 24/25. Salarie	s reflect a Public Healt	h Nurse at .13 FTE.
Benefits rate	is approximately 53.71% of salaries and includes FICA, employee m	edical, retirement and	unemployment
insurance.			
II. Operating	Expenses Identify and Explain All Operating Expense Line Items		
None Budget	ed		
III. Capital Exp	penses Identify and Explain All Capital Expense Line Items		***************************************
None Budget	ed		
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
	25% Established by County per LHD-CDPH ICR Fiscal Guidelines	Principal Control Cont	
internal:			
External:			
CKIEIIIdi.			
V. Other Expe	nses Identify and Explain All Other Expense Line Items		
None Anticipa		4	
			:

	the Health Care Program for Children in Foster Care (HCPCFC) will o		
	ws and regulations, including all federal laws and regulations govern		
states for me	edical assistance pursuant to Title XIX of the Social Security Act (42)	U.S.C. Section 1396 et :	ieq.). 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

Authorized HCPCFC Signor Name, Title



Column	Administrative Budget We	orkshee					County/City N Siskiyou	lame	Fiscal Year 2024-25	
CHAND				1A	18	1	2A	2	3A	3
1 Personnel Expenses	er titt alle alle kommen opproppingen er titt och skalaga hera unterskrikkelnad dalle konde hone e en en en en	hat and it spin t with the hope property and property and the		Total Base	Annual	Total Budget	Enhanced	Enhanced	Non Enhanced	Non- Enhanced
# Name Title	ę.	DSS	PHN	FTE %	Salary	tha budget	FTE %	Total	FTE %	Total
The same of the sa	nior PHN	No	Yes	0%	\$0	\$0	1		0%	\$0
	puty Director, Public Health	No	Yes	25%	\$137,111	\$34,278			25%	\$34,278
	mmunity 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		Hilliah dikinakan kalenda valenmahan manaana asagg	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
View additional rows by selecting the "+" to the left	1		dest totales and a second							ah Addundari sahasaan sisad Bisada Basadayay ayayayayay ya asiya.
Total Net Salaries and Wages	municipal de Management and American and Ame					\$46,444				\$46,444
Staff Benefits (Specify %)		71	%			\$33,197				\$33,197
Total Personnel Expenses		******				\$79,641				\$79,641
II Total Operating Expenses (List in Narrative)	er - consequence and a consequence of the consequen	14 17 17 Bridgen				\$14,000		-		\$14,000
III Total Capital Expenses (List in Narrative) IV Indirect Expenses (List in Narrative)	$- \frac{1}{2} \left(\frac{1}{2}$					\$0				\$0
1 Internal (Specify %)		25	0/	~~		Addition				
2. External (Specify %)		09	1			\$19,910				\$19,910
IV. Total Indirect Expenses (List in Narrative)	**		70		PRINCIPAL CONTRACTOR AND	\$0				\$0
V Total Other Expenses (List in Narrative)	The second secon			~~~		\$19,910				\$19,910
· come counce exhauses frist in tautumph	The state of the s		1			\$172,735				\$172,735
ETTETETTSTEERINGENAMERANDEN (P. P. P		ndr. et. ee + Grittelmaanskappe	-	Budget	Grand Total	\$286,286		\$0	1	\$286,286

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. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support.

Brenda Harris, Deputy Director Public Health Division

Authorized HCPCFC Signor Name, Title

Signature

Date



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Administrative Designat Normative	County/City Nan	ne: Fiscal Year.
	Administrative Budget Narrative	Siskiyou	2024-25
Personnel I	Expenses Identify and Explain Any Changes in Pe	rsonnel/Personnel Expenses	
25% FTE De	eputy Director for Supervision		
25% FTE Co	ommunity Outreach Coordinator for Administrativ	e Support	
II Operating	Expenses Identify and Explain All Operating Expe	ense Line Items	
2 Desktop C	omputers with monitors x \$2500 = \$5000. Office	Furniture \$2000 Office Supplies \$5	000. Travel \$2000.
III. Capital Ex	penses Identify and Explain All Capital Expense L	ine Items	
None Anticip			
IV Indirect F	xpenses Identify and Explain All Indirect Expense	Line Items	Market 200 December 1997
	25% Established by County per LHD-CDPH ICR		
Internal:			
External:			
enterria.			
	penses Identify and Explain All Other Expense Lin	e Items	
Unallocated	Funds \$172.735		
Logitify that	t the Health Care Program for Children in Foster	Care (HCPCEC) will comply with all ap	plicable state and federa
and state la	aws and regulations, including all federal laws an	d regulations governing recipients of	federal funds granted to
states for m	nedical assistance pursuant to Title XIX of the Soc	ial Security Act (42 U.S.C. Section 139	6 et seg.). I further certif
that the HC	PCFC will comply with all rules promulgated by I	DHCS pursuant to these authorities, ar	nd that all listed expense
adhere to p	program goals, scope, and activity requirements.	further agree that this HCPCFC may b	pe subject to sanctions o
	other remedies if this HCP	CEC violates any of the above	. \ \
	ris, Deputy Director Public Health Division	Bolat	Me[20/1
Authorized	HCPCFC Signor Name, Title	Signature	Date



CONTRACTOR OF CONTRACTOR OF STREET		4	-	ANTONIA CANAL CANAL CANAL CONTRACTOR	A DESCRIPTION OF THE PROPERTY	-	County/City	Active foresterness	Assemble to 1 companies to 5 defend	CONT. I SERVICE SERVIC		Fish all Year			
		Budget	Budget Summary			y-1	Siskiyou					2024 23			
Funding Sparce		Bane			PMM%		manacamentary additions on a constraint of the state of t	Caseload Relief		Ü	County/City bederal	Je:		Administrative	
A	95.)	-	-	9	a	ec.	-	۵	89	Ų	2	Ø	,	۵
man augitabbane)	Total Budget	Enhanced	Non takanıred	Total Budget	Enlanced	Non-Emhanced	Lotal Budgel	Immed	New Enhanced	lotal Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non Enhanced
1 102 if Prescenned Expenses	\$18.972	\$29,675	29.797	\$9,146	\$8.233	\$16\$	\$16813	\$15,131	\$1.682	93	OX.	9%	\$79,641	to a America a from a same pr	1149.641
II Total Operating Expenses	0,5	\$0	93	9\$	Ç\$	0\$	0\$	Ş	Q.	O\$	Ç,	0\$	\$14,000		\$14,000
fit local capital Expenses	c,		S	\$0		0%	S		95	0%		9,	0%		0%
W Total hetired superves	\$8,243		\$8.243	\$2.267	The state of the s	\$2,287	\$4.203	Annual India Vindencia de Bereproporere per	£ 703	0%		я	\$19.910		\$19,910
V Total Other Expenses	3,		80	0,5	And the state of t	ş	3	A Company and a second contract of the contrac	9	\$0		93	\$172,735		\$172.735
Budget Grand Total	\$41,215	\$29,675	\$11,540	\$11,433	\$8,233	83,200	\$21,016	\$15,131	\$5.88%	uş.	S	93	\$286,286		\$286,286
habe		9	*		و	ı		IJ	-		ت	2	-	ű	-T-
Seather all brooks	Total funds	Enhaned	Non Enhanced	Total Funds	[hhanced	Non Inhanced	Total Funds	banan ba	Non-Enhanced	Testal Fyrest	Enhanced	New Enhanced	Terral Functs	Enhanced	New Enhanced
State & county funds	\$13,189	\$7.419	\$5,770	\$3,658	\$2,058	\$1,600	\$6725	\$1.783	\$2,943	Ş	0%	os.	\$143.143		\$143,143
federal furely (1916 XIX)	\$28.026	\$22.256	\$5,770	\$7.775	\$6.175	\$1,600	\$14,291	\$11,348	S. Paris	O\$	\$0	ş	\$143,143		\$143.143
Rutiget Grand Total	\$41,215	\$29.678	\$11,540	\$11,433	\$8.233	\$3200	\$21,016	\$15.131	\$15,885	03	Ş	ş	\$286,286		\$286,286
Brenda Hams, Deputy Director Public Health Divis	Public Health Divis	Segmenting Date	出めた。	he/ce/III	re/										

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

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

				Stra	ight CCS		argeted Low Income Program (OTUCP)			Medi-Cal	(Non-OTLICP)		
Column	1 1	2	3	4A	4	SA	5	6A	6	7A	7	84	9
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)
ersonnel Expense													
Program Administration													
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%	
4 Employee Name, Position	0.00%	0	0	8.26%	0	8 26%	0	83.48%	0			100.00%	
5. Employee Name, Position	0.00%	0	0	8 26%	0	8.26%	0	83 48%	0			100 00%	
Subtotal		223,725	24,034		1,986	-	1,986	-	20,063				20,063
Medical Case Management					1								
Brenda Harns	0.00%	137.111	0	8.26%	0	8 26%	0	83 48%	0	90 00%	0	10 00%	(
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%	9,01
3. Employee Name, Position	0.00%	0	0	8.26%	0	8 26%	0	83 48%	0	0.00%	0	100 00%	
4. Employee Name, Position	0.00%	0	0	8 26%	0	8 26%	0	83 48%	0	0.00%	0	100 00%	
5. Employee Name, Position	0.00%		0	8.26%	0	8.26%	1 0	63.48%	0	0.00%	0	100 00%	
6. Employee Name, Position	0.00%	0	0	8.26%	0	8 26%	0	83.48%	0	0.00%	0	100 00%	
7. Employee Name, Position	0.00%	0	0	8 26%	0	8 26%	0	83.48%	0	0.00%	0	100 00%	
	0.00%	0	0	8.26%	0	8 26%	1 0	83 48%	0	0.00%	0	100 00%	
8 Employee Name, Position	0.00%	217,074	35 983	1	2,973		2,973	-	30.038	1	21,027		9,01
Subtotal		217,014	33,833	1		 			1		1		
Other Health Care Ptofessionals	0.00%	0	0	8.26%	0	8 26%	0	83 48%	0	0.00%	0	100 00%	
Employee Name, Position	0.00%	0			0	8.26%	0	83.48%	0	0.00%	0	100.00%	1
2. Employee Name, Position	0.00%	0		1		4	1 0	83.48%	† · · · · · · o	0.00%	0	100.00%	
3. Employee Name, Position	0 00%	0	·	-	0	+	1 0	-	1 0	1	0	1	
Subtotal			-	-	<u> </u>	-	 	-	-		1	 	
Ancillary Support				8 26%	0	8 26%	0	83 48%	0			100 00%	
Employee Name, Position	0.00%	0			0	8.26%	0		0	+	-	100.00%	
2. Employee Name, Position	0.00%	0	4	-	1		0	4	0	-	+	100 00%	
Employee Name, Position	0.00%	0	decide to the common		4	4	0	4	0		 	100 00%	
4 Employee Name, Position	0.00%	0			0	-	- 0		0	-	-	100 00%	
5. Employee Name, Position	0.00%	0	. 🛊		0	8.26%			0		+	1000078	
Subtotal		0	0	-	0	-	<u> </u>	+	-	-	+		
Clerical and Claims Support				1	1		3,303	02.400	33,376	0.00%	n	100 00%	33,37
1 Jennifer Hathaway, LVN -1	50.00%	79,963			3,303		A company of the comp		A CONTRACTOR OF THE PARTY OF TH	4	0	100.00%	1,89
2. Taryn Johnson, COC	5 00%	45,476	_		188	4	188	-	1.898		0	100.00%	1,85
Employee Name, Position	0.00%	0			0		0						
Employee Name, Position	0 00%	C	4	1	0	4 -	0	-4	0		0	+	ļ
5. Employee Name, Position	0.00%	C		-	0	8 26%	0	83.48%	0	-	0	100.00%	+
Subtotal		125,439	42,25€	5	3,491		3,491	.1	35,274	1	0	1	35 27

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-OYLICP) Children	192	83 48%
TOTAL CCS CASELOAD	230	100%

CCS Administrative Budget Worksheet

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	CALIFO	DRNIA	A DEP	ARTM	ENT OF
	HEAL	TH (CARE	E SER	VICES

Fiscal Year: 2024-25

County: Siskiyou

					Stra	ight CCS		argeted Low income s Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column		1	2	3	4A	4	8A	5	6A	6	7A	7	8A	8
Category/Line Item		%FTE	Annual Salary	Total Budget (1 x2or 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			1	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								
1. Travel		***************************************		0	8 26%	0	8.26%	0	83.48%	0	24.63%	C	75.37%	0
2. Training				0	8.26%	0	8.26%	0	83.48%	0	24 63%	0	75.37%	0
3 Office Supplies	and the second s			2 500	8.26%	207	8 26%	207	83 48%	2.087			100.00%	2,087
4.	4		 	1	8.26%	0	8.26%	0	83.48%	0			100.00%	0
5.			-	1	8 26%	0	8 26%	0	83 48%	0			100 00%	0
6.				1	8 26%	0	8.26%	0	83 46%	0			100.00%	0
7	territoria de la compansión de la compan			1	8.26%	0	8.26%	0	83 48%	0			100 00%	D
II. Total Operating Expense	trans - a transmission or a substitute to the			2,500		207		207		2,087		0		2,087
III. Capital Expense	,													
Incommendate to the desirable desirable announcement of a second control of the c	A. A				8.26%	0	8 26%	0	83,48%	0				0
2.				1	8.26%	0	8.26%	0	83 48%	0				0
3					B 26%	0	8.26%	0	83 48%	0	-			0
III. Total Capital Expense				0		0		0		0	-			0
IV. Indirect Expense	NAME AND A STREET OF STREET									L				
Indirect Cost Rate	25.00%			43,476	8.26%	3,591	8.26%	3,591	83.48%	36,293			100.00%	36,293
The state of the s				0	8.26%	0	8 26%	0	83 48%	0			100 00%	0
V Total Indirect Expense	audior is included to remove			43,476		3,591		3,591		36,293	ļ			36,293
V. Other Expense										1				
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	4	0	-		100.00%	0
3				1	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	the second secon	-			8 26%	0	8 26%	0	83 48%	0			100 00%	0
V. Total Other Expense	and a control of the second of the second of			2,500		207		207		2,087		1		2,087
Budget Grand Total	and the second s		T	222,378		18,371		18.371		185,637		35,754		149,883

not shall	Nathan Keele	11:5/2074	530 841 2188
repaired By Stephalt air	A company of the Arm than the common	Trasc Preguesis	CM Single Agoding pain
1 - Administration (Supration)	Brenda Harris Co. Colombia (a. Ponter Name)	11-5/2024 Oato Sajreed	530 8412124 Pointe Number

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CCS CASELOAD Actual Caseload CCS Cas		CCS Caseload	
ve) Straight CCS Children	19	8.26%	CCS Administr
OTLICP - 19 8.26% Total Cases of Open (Active) OTLICP Children	19	8.26%	Fiscal Year
MEDI-CAL - 192 83 48% Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	192	83.48%	County:
TOTAL CCS CASELOAD 100°		100%	

trative Budget Summary

2024-25		
	1	
Year		
Fiscal		

Siskiyon

	Col 1 w Col 2+3+4	Straight CCS	OTUCP	Medi-Cal (non-		Columns 5 + 6)
Column	1	2	e	4		9
кот поличения поличения для выполня для и поличения пол	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Incomo Children's Program (O'LLCP) County/State/Fed (17.5/17.5/85)	Medi-Cal State/	Enhanced Medi-Cal State/Federal (25/75)	Non-Erhanced Medi~ Cal State/Federal (50/50)
Total Decompe Expense	173,902	14,366	14,366	145,170	35,754	109,416
Total Oneraling Expense	2,500	207	702	2,087	0	2,087
III Total Capital Froense	0	0	0	0		0
IV Total Indirect Evinance	43,476	3,591	3,591	36,293		36,293
V Trial Other Expense	2,500	207	207	2,087		2,087
District Crand Tread	222.378	18,371	18,371	185,637	35,754	149,883

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	Medi-Cal (non-OTLICP). (Column $4 = \text{Columns } 5 + 6$)	Columns 5 + 6)
Column	-	2	9	4	9	9
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (O'TLICP) County/State/Fed (17 5/17.5/65)	plonal Targeled Low ncome Children's Nordycan (OTLCP) Med-Cal State/Federal County/state/Fed (17.5/17.5/65)	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medincal State/Federal (50/50)
Commence of the contract of th						
State	9,185	9,185				
Court	9,186	9,136				
COLOR						
Market - the second of the sec	3,215		3,215			
- AN ARTHUR Agreement and a second secon	3,215		3,215			
Federal (Title XXI)	11,94		11,941			
Medi-Cal					eginegiyyə sinaphaninaninanı voquabanınının ve	And the section of the first few feet flesh flesh and with sections of
Sale	83,881			83,881	8,939	74,942
Federal (Title XIX)	101,756			101,756	26,815	74,941

Nathan Keele Prepared By (Printed Name)

Brenda Harris CCS Administrator (Prinfed Name)

Dharris (Otto, siskidrou, Catus Commission of the commission of the Catus Email Address

nkeele@co siskiyou ca us Email Address



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

Street Address City Tyreka Central Email Address Zip Code 96097 Director Name Title Shelly Davis Phone 530-841-2140 Email: sdavis@co.siskiyou.ca.us List All Program Staff (CCS M&O) Name Position/Classification Emily Metz Public Health Nurse Siskiyou 2024-25 Central Email Address Central Email Address Deputy Director Deputy Director Name Brenda Harris, Deputy Director Public He 530-841-2124 Email: bharris@co.siskiyou.ca.us Email: bharris@co.siskiyou.ca.us Email: Email: emetz@co.siskiyou.ca.us			County:		Fiscal Year:
Central Email Address Zip Code 96097 Director Name Title Shelly Davis Phone 530-841-2140 Email: sdavis@co.siskiyou.ca.us List All Program Staff (CCS M&O) Name Position/Classification Central Email Address Deputy Director Name Brenda Harris, Deputy Director Public He 530-841-2124 Email: bharris@co.siskiyou.ca.us Email.	######################################	********	Siskiyou		2024-25
Zip Code 96097 Director Name Title Shelly Davis Phone 530-841-2140 Email: sdavis@co.siskiyou.ca.us List All Program Staff (CCS M&O) Name Position/Classification Email. Deputy Director Name Brenda Harris, Deputy Director Public He 530-841-2124 Email. bharris@co.siskiyou.ca.us Email.	Street Address	810 S Main Street	Representation		
Director Deputy Director			Cent	tral Email Address	
Name Title Shelly Davis Name Brenda Harris, Deputy Director Public He 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.					
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.					Deputy Director
Email: sdavis@co.siskiyou.ca.us Email: bharris@co.siskiyou.ca.us List All Program Staff (CCS M&O) Name Position/Classification Email.					
List All Program Staff (CCS M&O) Name Position/Classification Email.	Phone	530-841-2140			
Name Position/Classification Email.	Email	sdavis@co.siskiyou.ca.us		Email.	bharris@co.siskiyou.ca.us
Name Conditional Conditions and Conditional Conditional Conditions and Conditional Conditi		List	All Program S	taff (CCS M&O)	
Emily Metz Public Health Nurse emetz@co siskiyou ca us	Name	Position/Classific	ation		Email.
	Emily Metz	Public Health No	urse		emetz@co siskiyou ca us
Additional rows may be added above this line.	Additional rows may be ac	ided above this line.		A A A A A A A A A A A A A A A A A A A	

Authorized Director	Signature and Date
Bron La Davis	1 1 1 22 24



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

				County/City Name Siskiyou	Fiscal Year: 2024-25	
I. Personnel Expenses			Total FTE %	Annual Salary	Total Budget	
# Name	Position Classification	1				
1 Emily Me	z Public Health Nurse		24%	\$86,614	\$21,085	
2 0	0		0%	\$0	\$0	
3 0	0		0%	\$0	\$0	
4 0				\$0	\$ 0	
5 0 0			0%	\$0	\$0	
6 0	0		0%	\$0	\$ 0	
7 0	0		0%	\$0	\$0	
8 0	0		0%	\$0	\$0	
9 0	0		0%	\$0	\$ 0	
100	0		0%	\$0	\$0	
	onal rows above this line as neede	ed)				
Total Suppor	t 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	
	xpenses (Provide Details in Narrative					
1 Internal (Specify %) 25%					\$8,102	
2. External (Specify %) 0%				\$0		
	irect Expenses (Provide Details in N	arrative)			\$8,102	
	er Expenses (Provide Details in Narra				\$0	
y ,			В	udget 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



Department of Health Care Services

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

老年五大學		County/City Name: Siskivou	Fiscal Year 2024-25
Personnel	Expenses: Identify Personnel Expenses specifying roles and M&O		
	18O activities		
	Public Health Nurse. Roles will include writing policy & procedures, a tring up reports and learning the CCS Program.	attending M&O plant	ning and MOU
I. Operating	g Expenses: Identify and explain all expenses included in the "Opera	ating Expenses" line i	tem of the Budget
None Anticip	ated		
10170 7 0 10 00 10			
			Security of the security of th
	xpenses: !dentify and explain all experises included in the in the "Ca	apital Expenses" line	rtem of the Budget
Worksheet None Anticip	n of the d		
anne winet	airu		
	Expenses: !dentify and explain all expenses included in the "Indirect the Budget Worksheet."	Expenses" line item:	s (Internal and
nternal;	25% Established by County per LHU-CUPH ICR Fiscal Guidelines		
External:			
	penses: !dentify and explain all expenses included in the "Other Expe	enses" line item of th	e Rudget Worksheet
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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 Hiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to givil and/or criminal penalties under the California False Claims Act (Government Code § 42650) if it fails to comply with the above requirements.

Authorized Director: Signature:			The state of the s	
Authorized Director Signature	1 1 12 1		in manteria	
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State of California—Health and Human Services Agency

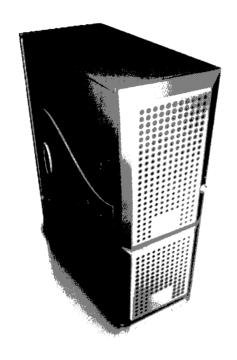
Department of Health Care Services

California Children Servies (CCS) Monitoring & Oversight (M&O) Budget Summary

	County Name Fiscal Year		
Cotogon ding them	Siskiyou	2024-25 Budget	
Category/Line Item	i Otal i	- Juaget	
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. Lunderstand 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:
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MANAGEMENT OF EQUIPMENT PURCHASED WITH STATE FUNDS

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INVENTORY/DISPOSITION OF CDHS-FUNDED EQUIPMENT

Current Contract Number: 2024-01 Date Current Contract Expires: 6-30-2025	
Previous Contract Number (if applicable):	CDHS Program Name: California Children's Services
Contractor's Name: Siskiyou Co. Health & Human Services	CDHS Program Contract Manager: Asset Mgmt
Public Health Division	CDHS Program Address: Dept. of Health Care Services
Contractor's Complete Address: 810 S. Main St.	1501 Capitol AveMS 1405
Yreka, CA 96097	CDHS Program Contract Manager's Telephone Number: 916-650-0150
Contractor's Contact Person: Brenda Harris PHN	Date of this Report: November 2023
Contact's Telephone Number: 530-841-2124	

(THIS IS NOT A BUDGET FORM)

STATE/CDHS PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION Include manufacturer's name, model number, type, size, and/or capacity. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDHS ASSET MGMT. USE ONLY CDHS Document (DISPOSAL) Number	ORIGINAL PURCHASE	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 OPTIPLEX 5040	\$ 1179.07		5/25/2016	PHD5040-105	
	1	BROTHER PRINTER	\$ 625.48		8/12/22	PHD8900-107	
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