

**Children's Medical Services (CMS)
Branch**

**California Children's Services (CCS)
Health Care Program for Children in Foster
Care (HCPCFC)**

Plan for Fiscal Year 2025-2026

For:

SISKIYOU COUNTY



Plan and Budget Required Documents Checklist

MODIFIED FY 2025-2026

County/City:	SISKIYOU COUNTY / YREKA	Fiscal Year:	25-26
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Plan and Budget Required Documents Checklist

MODIFIED FY 2025-2026

County/City: SISKIYOU COUNTY / YREKA

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Document

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- | | |
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**AGENCY INFORMATION SHEET,
CERTIFICATION
STATEMENT,
AND
AGENCY DESCRIPTION**

Agency Information Sheet

County/City: SISKIYOU COUNTY /YREKA

Fiscal Year: 2025 - 2026

Official Agency

Name:	Siskiyou County	Address:	810 South Main Street
Health Officer	Donald Solus MD		Yreka, CA 96097
Phone:	530/841-2134	Email:	dsolus@co.siskiyou.ca.us

CMS Director (If applicable)

Name:	Shelly Davis MSN BSN PHN CCHP Director Public Health Division	Address:	810 South Main Street
Phone:	530/841-2140		Yreka, CA 96097
Fax:	530/841-4094	E-Mail:	sdavis@co.siskiyou.ca.us

CCS Administrator

Name:	Emily Metz RN BSN PHN	Address:	810 South Main Street
Phone:	530/598-9743		Yreka, CA 96097
Fax:	530/841-4075	E-Mail:	emetz@co.siskiyou.ca.us

Clerk of the Board of Supervisors or City Council

Name:	Laura Bynum	Address:	311 Forth St. Room 201
Phone:	530/842-8084		Yreka, CA 96097
Fax:	530/841-4110	E-Mail:	lbynum@co.siskiyou.ca.us

Director of Social Services Agency

Name:	Trish Barbieri Director of Social Services Division	Address:	818 South Main Street
Phone:	530/841-2750		Yreka, CA 96097
		E-Mail:	tbarbieri@co.siskiyou.ca.us


Chief Probation Officer

Name:	Erin Welch	Address:	805 Juvenile Lane
Phone:	530/841-8896		Yreka, CA 96097
Fax:	530/841-4157	E-Mail:	ewelch@co.siskiyou.ca.us



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

Certification Statement	County/City: Siskiyou	Fiscal Year: 2025-26
<p>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, including the HCPFC Program Manual. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above.</p>		
Shelly Davis, Director Public Health Division	<small>Witnessed by</small>  <small>Shelly Davis, Director Public Health</small> <small>10/16/2025</small>	10/16/2025
HCPFC/County Authorized Representative	Signature	Date
Nancy Ogren, Chair, Siskiyou County Board of Supervisors		
Local Governing Body Chairperson Name,	Signature	Date

State of California - Health and Human Services Agency

Department of Health Services - Children's Medical Services

Certification Statement - California Children's Services (CCS)

County/City: **SISKIYOU COUNTY / YREKA**

Fiscal Year: **2025-2026**

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



09/03/2025

Signature of CCS Administrator-
Emily Metz, RN BSN PHN

Date Signed

DocuSigned by:
Shelly Davis, Director Public Health

10/16/2025

Signature of Director or Health Officer-
Shelly Davis, MSN BSN PHN CCHP
Director of Public Health Division

Date Signed

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson-
Nancy Ogren, Chair
Board of Supervisors
County of Siskiyou

Date Signed

ATTEST: LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

Agency Description

The Siskiyou County California Children's Services (CCS) program and Health Care Program for Children in Foster Care (HCPFC) program are located in the Public Health Division. CCS and Foster Care are under the direction of the Health Officer and the Director of Public Health. Public Health Nurses (PHNs) oversee these programs and work together to cross-refer and coordinate case management. The Public Health Division is part of Health and Human Services Agency.

See the attached diagram for interdepartmental relationship. The Director of the Public Health Division is Shelly Davis MSN, BSN, PHN, CCHP. Donald Solus, MD is the Health Officer who oversees the medical piece of the Children's Medical Services (CMS) Programs.

The CCS Program financially assists income eligible families to access necessary medical care for children with medically eligible conditions. CCS is part of the Whole Child Model in conjunction with Partnership HealthPlan and private insurance to provide case management services for CCS eligible children. The CCS case manager follows up on direct referrals received, including those from Foster Care.

The Foster Care program works in coordination with CCS, Child Protective Services and Probation to ensure that children in foster care receive their scheduled medical and dental care and provide the necessary medical case management.

Affiliation and integration of CCS and Foster Care within the county structure is described by MOUs between the Public Health Department and Human Services, Probation, and WIC. There is also a significant relationship with the schools through the school nurses, even though a formal MOU has not been established with the schools.

Siskiyou County Description

Siskiyou County is located inland in Northern California adjacent to the Oregon Border. Siskiyou County is about 300 miles north of Sacramento. Siskiyou County extends 70 miles southward from the Oregon border and stretches 120 miles East to West. As the fifth largest county in California by area, Siskiyou County features spectacular natural beauty and scenic cities and towns including Yreka, Mt. Shasta, Weed, Dunsmuir, McCloud, and Tulelake as well as Butte Valley, Scott Valley, Shasta Valley and the Klamath River Corridor. Siskiyou County's population is 42,076 as of the 2020 Decennial Census. Approximately 50% of the County population live in unincorporated areas. The age and sex distribution of the county are: 20.3% under 18 years of age, 4.8% are under 5 years of age and 26.9% are 65 year and over, 50% female, 50% male. (info from United States Census Bureau and Economic Development Department)

The Annual Statistics have remained essentially the same since the 23/24 report, for the population both in population diversity and economically.

85% of the Siskiyou County population is Caucasian, 13.7% Hispanics, 5.3% Native American, 1.7% are African American and 1.9% Asian.

Government is the largest industry in the county with about 25% of the workforce employed by the local, state, and federal government as well as tribal government. Other industry in Siskiyou County includes retail trade, transportation, education, health related services, construction and utilities. Leisure and hospitality also make up a significant portion of employers. Within this industry, most of the jobs were in the food services and drinking places component.

As of July 2025 the unemployment rate for the county was 7.2% according to FRED, the Federal Reserve Bank of St. Louis.

Siskiyou's largest growth industries include; Government, Healthcare, Retail Trade, Accommodations & Food Service and Construction.

Information provided by California Economic Development Department, the United States Census Bureau, and FRED, the Federal Reserve Bank of St. Louis.

Children's Medical Services Plan and Fiscal Guidelines

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

Incumbent List - California Children's Services

For FY 2025 – 26 complete the table below for all personnel listed in the CCS budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

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

County/City: Siskiyou County / Yreka Fiscal Year: 2025 - 26

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Program Administrator	Emily Metz, PHN	25%	No	No
Medical Case Manager	Jennifer Hathaway, LVN III	57%	No	No
Medical Case Manager	Emily Metz, PHN	4%	No	No
Clerical Claims and Support Staff	Jennifer Hathaway, LVN III	38%	No	No
Clerical Claims and Support Staff	Taryn Johnson, COC	10%	No	No

R:\300 Public Health Division\CCS\Fiscal\myp\25-26 MULTI YEAR PLAN (MYP)\PART 2_AGENCY & CO DESCRIPTION, INCUMBANT

Children's Medical Services Plan and Fiscal Guidelines

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

Incumbent List - Health Care Program for Children in Foster Care

For FY 2025-2026, complete the table below for all personnel listed in the Health Care Program for Children in Foster Care HCPCFC Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief Augmentation (Caseload Relief), and applicable Base County-City budgets. Use the same job titles for the incumbent list, budget and the organizational chart. Total percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Some counties may experience difficulty recruiting and hiring a PHN into the role. A Registered Nurse (RN) without a PHN certificate may only be used in the program with documentation justifications, (to the extent feasible) a commitment for the RN to obtain the PHN certificate, and a waiver approved by the ISCD and CDSS. Local program that will need to hire an RN into the role must contact this office immediately to request a waiver form and instruction. Please note, contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

County/City:

SISKIYOU COUNTY / YREKA

Fiscal Year: 2025 - 2026

Job Title	Incumbent Name	FTE % on HCPCFC Admin Budget	FTE % on HCPCFC Base Budget	FTE % on HCPCFC Caseload Relief Budget	FTE % on HCPCFC PMM&O Budget	FTE % in Other Programs (Specify)	FTE% on Base County-City/Federal Budget	Incumbent is PHN Certified (Y/N)
Public Health Nurse	Emily Metz PHN	0	22%	12%	6%	60%	0	Y
Community Outreach Coordinator (COC)	Taryn Johnson, COC	10%	0	0	0	90%	0	Y

DUTY STATEMENTS



SISKIYOU COUNTY

Health and Human Services Agency Public Health Division

810 South Main Street
Yreka, CA 96097
(530) 841-2134 / Fax (530) 841-4094

DONALD E. SOLUS, MD

Public Health Officer

SHELLY DAVIS, MSN MN-L RN PHN CCHP

Director, Public Health Division

Director of Correctional Health Services

Emily Metz, PHN

CCS Program Administration 25% FTE

CCS Medical Case Management 4% FTE

Duty Statement 29% FTE

The CCS Program Administrator, Public Health Nurse (PHN) is classified as Skilled Professional Medical Personnel (SPMP). Under the supervision of the Director of Public Health Division, responsibilities include overall management of the CCS program in accordance with State and Federal regulations. The Program Administrator performs a variety of public health nursing duties focused on the concepts of prevention, treatment, education, and rehabilitation. The PHN is expected to exercise independent and professional judgment in dealing with the complex needs and programs administered at the county level and a working familiarity of health care resources in the community. In addition to the Siskiyou County Senior Public Health Nurse job description, duties shall include:

1. Referral of potential clients: Medi-Cal, Partnership Health Plan recipients and income-eligible recipients. Outreach shall be conducted through all available avenues. (Time 25% Program Administration)
2. Assists in determination of CCS client eligibility for referral to other specific health department programs; initiates case management plans to coordinate patient care; reviews medical reports and utilizes other pertinent information to determine need for additional medical/nursing services and any necessary follow-up services; ensures referral to appropriate community resources; assists clients in obtaining appropriate referrals and services for conditions not directly related to their CCS eligibility. (Time 50% Medical Case Management)
3. Liaison and coordination with community agencies (Regional Centers, Education, Department of Social Services, Providers, Hospitals, Vendors) relating to the needs of CCS clients. (Time 50% Medical Case Management)
4. Provides skilled professional medical expertise in developing and conducting training on program eligibility requirements and benefits for providers serving the patient population to ensure appropriate referral and follow-up; provides program information to providers and assists in recruitment of new providers in order to meet the needs of the patient population; acts as a consultant to community groups and participates in health planning and educational training sessions. (Time 25% Program Administration)
5. Personnel management, including preparation of annual CMS Plan, implementation of policies and regulations, direction of the LVN and Public Health Community Outreach Coordinator regarding medical case management activities. (Time 25% Program Administration)
6. Participate in the CCS meetings, trainings, and processes regarding the WCM and MCP. (Time 25% Program Administration)



SISKIYOU COUNTY

Health and Human Services Agency

Public Health Division

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DONALD E. SOLUS, MD

Public Health Officer

SHELLY DAVIS, MSN MN-L RN PHN CCHP

Director, Public Health Division

Director of Correctional Health Services

Jennifer Hathaway, LVN III
CCS Medical Case Manager 57%
CCS Clerical Claims and Support Staff 38%
Duty Statement 95% FTE

Under the direction of the CCS Program Manager, Public Health Nurse, the LVN performs a variety of general office work. The LVN will provide clerical support for the Skilled Professional Medical personnel (SPMP). In addition to the Siskiyou County LVN job description, duties shall include:

1. Case finding of potential clients: Medi-Cal and income-eligible recipients. Outreach shall be conducted through all available avenues. Also determination of financial and residential eligibility through conducting interviews of applicant/client and the family. Interagency coordination and appropriate community resource referrals to: CPS, Far Northern Regional Center, WIC and other medical specialties, etc. (Time 12%)
2. Provide orientation to the applicant/client and the family to the CCS program including such areas as need for prior authorization, referrals to other financial agencies; Medi-Cal, SSI, GHPP, etc. Provides direct family contact to assess family compliance, provides technical assistance to the family relating to the Child's CCS eligible medical condition, assistance with the child/family accessing medical care and coordination with community based and out-of-county services. (Time 30%)
3. Maintain a date-file tracking system to insure timely response and follow-up on applications to the programs, family's compliance with financial/residential interview appointments, obtain needed/required medical reports. (Time 10%)
4. Answers and screens incoming calls from providers and families and refers to appropriate SPMP; schedules appointments for professional staff; greets clients and the general public; provides general program information to callers and walk-ins. (Time 7%)
5. Typing, including letters drafted by SPMP to families and providers of services; budgets and invoices; general program correspondence and documents. Also assists with preparation of annual CCS Plan. (Time 5%)
6. Participates in patient care conferences, team conferences, and IFSP/IEP conferences in relation to complex medical cases--organization and coordination of Medical Therapy Conference participants and vendors. (Time 2%)
7. Photocopies medical reports, bills, and various other correspondences for SPMP; maintains filing system for case records. Processes incoming mail (date stamps, sorts, and distributes to appropriate staff); prepares and sends outgoing mail. (Time 7%)
8. Assists with medical case management duties including: initiates case management plans to coordinate patient care, medical record review to determine follow-up needs of the client and coordination with parents and providers to ensure the follow-up care occurs. Also ensures referrals are made to appropriate community resources. (Time 17%)
9. Attends meetings as appropriate; performs other duties as assigned. (Time 5%)
10. Paid time off, i.e., vacation, breaks, sick time, etc. (Time 5%)



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DONALD E. SOLUS, MD

Public Health Officer

SHELLY DAVIS, MSN MN-L RN PHN CCHP

Director, Public Health Division

Director of Correctional Health Services

Taryn Johnson, COC

CCS Clerical Claims and Support Staff

Duty Statement - 10% FTE (100% non-enhanced)

Under the direct supervision of the CCS Program Administrator, performs routine administrative duties related to the CCS program:

1. Assist with the receipt of CCS paperwork from clients along with other administrative duties
2. Collect Registration and Enrollment fees and write receipts
3. Assist CCS Program Administrator with the annual CMS Plan



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DONALD E. SOLUS, MD

Public Health Officer

SHELLY DAVIS, MSN MN-L RN PHN CCHP

Director, Public Health Division

Director of Correctional Health Services

[VACANT]

Health Care Program for Children in Foster Care (HCPCFC Admin -100% Non-Enhanced)

Duty Statement - 25% FTE

Under the direction of Public Health Director and in support of the Foster Care Program, the Foster Care Admin position will perform a variety of nursing duties in support of the HCPCFC PHN focused on the concepts of health care coordination for children in foster care. Guidance and nursing oversight will be provided by this position.

Administrative Duties

1. Provide staff supervision of the HCPCFC PHN.
2. Ensure the HCPCFC PHN is informed of and trained of all aspects of the HCPCFC program.
3. Provide support to the HCPCFC PHN in the duties of the following: monitor and evaluate health care coordination services required by children in foster care and on probation.
4. Take an active role in the budget process.



SISKIYOU COUNTY

Health and Human Services Agency

Public Health Division

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DONALD E. SOLUS, MD

Public Health Officer

SHELLY DAVIS, MSN MN-L RN PHN CCHP

Director, Public Health Division

Director of Correctional Health Services

Emily Metz, PHN

Health Care Program for Children in Foster Care Base (HCPFC Base -100% Enhanced) 22%

Caseload Relief 12%

Psychotropic Medication Monitoring and Oversight (PMM&O 90% Enhanced / 0% Non-Enhanced) 6%

Duty Statement - 40% FTE

Under the direction of the Public Health Director and in support of the Foster Care Program, the HCPFC PHN position will perform a variety of nursing duties focused on the concepts of health care coordination for children in foster care. The PHN is expected to exercise independent, professional judgment in dealing with the complex needs and problems faced by children in foster care, their families and services providers. Additionally, the PHN must have a thorough and detailed knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal participants. Examples of duties and responsibilities are listed below. The PHN will be located in the CPS office. Guidance and nursing oversight will be provided by the Public Health Deputy Director.

Administrative Medical Case Management

1. Provide, monitor and evaluate health care coordination services required by children/youth in foster care, including oversight of psychotropic medications
2. Interpret results of medical and dental exam records for social workers, probation officers, providers or professional staff of another agency
3. Provide education on healthcare-related topics to CPS staff, resource families, and foster children/youth
4. Participate in child and family team (CFT) meetings to offer medical perspective on client health needs and treatment plans
5. Compiles necessary information to complete annual Performance Measures as outlined by DHCS



SISKIYOU COUNTY

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Public Health Officer

SHELLY DAVIS, MSN MN-L RN PHN CCHP

Director, Public Health Division

Director of Correctional Health Services

Taryn Johnson, COC

Health Care Program for Children In Foster Care (HCPCFC) Administration

Duty Statement 10% FTE (100% non-enhanced)

Under the direct supervision of the Foster Care nurse, perform routine administrative duties related to the HCPCFC program.

1. Prepare educational materials for foster children/youth, biological parents, and foster care parents.
2. Input, file and maintain foster care follow-up documents.
3. Support HCPCFC Nurse with regional activities related to HCPCFC meetings.



PERFORMANCE MEASURES

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

CCS Performance Measure 1 – Medical Home

Children enrolled in the CCS Program will have documented medical homes/primary care providers. The goal is to have 100% compliance.

Definition: Children in the CCS program will have a designated primary care physician and/or a physician who provides a medical home.

Numerator: The total number of children with a completed field with identification of a primary care physician and/or a physician that provides a medical home.

Denominator: The total number of children in the local CCS county program.

Data Source: Sample of 100 charts or 10% of caseload if caseload under 1,000.

Reporting Form:

Number of children with a primary care physician/ Medical Home (Numerator)	Number of children in the local CCS program (Denominator)	Percentage of compliance
PMs not required to be reported for CCS FY 24-25		

- * Note: If county percentage of compliance is under 80%, counties need to submit with the annual report a plan for how they will work to improve this result.

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

CCS Performance Measure 2 – Determination of CCS Program Eligibility

Children referred to CCS have their program eligibility determined within the prescribed guidelines per Title 22, California Code of Regulations, Section 42000, and according to CMS policy. Counties will measure the following:

Numerators:

- a. Medical eligibility within five working days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists.
- b. Residential eligibility within 30 days of receipt of documentation needed to make the determination.
- c. Financial eligibility within 30 days of receipt of documentation to make the determination.

Denominator: Number of CCS unduplicated new referrals to the CCS program assigned a pending status in the last fiscal year.

Data Source: 10% of the county CCS cases or 100 cases (which ever number is less).

Reporting Form:

MEDICAL ELIGIBILITY	Number of referrals determined medically eligible within 5 days (Numerator)		Number of new unduplicated referrals (Denominator)		Percentage of compliance
Medical eligibility determined within 5 days of receipt of all necessary documentation	PMs not required to be reported for CCS FY 24-25				
PROGRAM ELIGIBILITY	Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination (Numerator)		Number of new unduplicated referrals (Denominator)		Percentage of compliance
Financial eligibility determined within 30 days	MC /OTLCP	CCS only	MC /OTLCP	CCS only	MC /OTLCP CCS only
Residential eligibility determined within 30 days					

Average number of days from first referral to client eligibility determination= 89
Siskiyou County is a Dependent CCS County-ISCD reviews for Medical Eligibility.

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

Reporting Form - Part A:

Category selected (cardiac, pulmonary, etc.)	Number of children with annual team report in client's medical records (Numerator)	Number of children with SCC authorization (Denominator)	Percentage of compliance
Diabetes	PMs not required to be reported for CCS FY 24-25		

Reporting Form - Part B:

Category selected (cardiac, pulmonary etc.)	Number of children with authorization to SCC (Numerator)	Number of children with eligible medical conditions that require an authorization to a SCC (Denominator)	Diagnostic Code Chosen	Percentage of compliance
Diabetes	PMs not required to be reported for CCS FY 24- 25			

All CCS cases have WCM PHP

- * Counties may select four (4) to five (5) specific medical conditions as outlined in the SCC NL to use as the basis for clients that should have a referral to a CCS SCC.

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

Transition Planning Checklist

Transition Documentation	YES	NO	Comments
1. Client has an identified need for long-term transition planning.			PMs not required to be reported for CCS FY 24-25
2. Transition planning noted in child's medical record.			
3. Transition planning noted in Special Care Center (SCC) reports.			
4. Vocational Rehab noted in child's reports.			
5. Adult provider discussed or identified for children 17 years of age or older.			
6. Transition planning noted in SELPA for those children that are in the MTP.			

* Note: Not all items in the Checklist will be applicable for each chart review.

Reporting Form: PMs not required to be reported for CCS FY 24-25

Number of CCS charts reviewed	Number with transition planning	Percentage of compliance
Number of MTP charts reviewed	Number with transition planning	Percentage of compliance

Transition Planning Definition: Children, 14 years and older who are expected to have chronic health conditions that will extend past the twenty-first birthday will have documentation of a biannual review for long term transition planning to adulthood.

We don't do transition planning for the 14- and 16-year-olds due to limited staff time. In the past when we did the 14- and 16-year-olds, this created confusion for the parents, providers and patients. However, we do transition planning for the 17-, 18-, 19- and 20-year-olds.

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

CCS Performance Measure 5 – Family Participation

The degree to which the CCS Program demonstrates family participation.

Definition: This measure is evaluated based on each of the following four (4) specific criteria that documents family participation in the CCS program. Counties need to indicate the score based on the level of implementation.

Checklist documenting family participation in the CCS program.	Yes	No	Comments
1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation.			PMs not required to be reported for CCS 24-25
2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.			
3. Family members are participants of the CCS Special Care Center services provided to their child through family participation in SCC team meeting and/or transition planning.			
4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise.			

Reporting Form:

Criteria	Performing (25% for each criteria)	Not Performing
1. Medical Home	PMs not required to be reported for CCS FY 24-25	
2. CCS Program Eligibility		
3. Special Care Center		
4. Transitional		
Total		

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

HPCFC Performance Measure 1 – Care Management

Definition: Care Management involves consultation, coordination, oversight, and management. Eligible children and youth will receive HPCFC PHN directed administrative care management.

Numerator: The total number of children and youth assigned to a HPCFC PHN or PHN team for 30 days or more for whom an initial review has been completed.

Denominator: The total number of children and youth assigned to a HPCFC PHN or PHN team for 30 days or more.

Reporting Form:

The total number of children and youth assigned to a HPCFC PHN or PHN team for 30 days or more for whom an initial review has been completed (Numerator)	PMs not required to be reported for HPCFC FY 24-25
The total number of children and youth assigned to a HPCFC PHN or PHN team for 30 days or more (Denominator)	PMs not required to be reported for HPCFC FY 24-25
The percentage of children and youth assigned to a HPCFC PHN or PHN team for 30 days or more.	PMs not required to be reported for HPCFC FY 24-25

Data Source: Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department

HPCFC Performance Measure 2 - PHN Health Care Management Plan

Definition: HPCFC PHNs will create a PHN Health Care Management Plan to document administrative care management activities, in a manner that can be utilized by other members of the youth's care team.

Numerator: The total number of children and youth assigned to a HPCFC PHN or PHN team for 60 days or more for whom a Nursing Care Management Plan has been completed.

Denominator: The total number of children and youth assigned to a HPCFC PHN or PHN team for 60 days of assignment or more.

Children's Medical Services Plan and Fiscal Guidelines For Fiscal Year 2025-2026

Reporting Form:

The total number of children and youth assigned to a HCPCFC PHN or PHN team for 60 days or more for whom a Nursing Care Management Plan has been completed (Numerator)	PMs not required to be reported for HCPCFC FY 24-25
The total number of children and youth assigned to a HCPCFC PHN or PHN team for 60 days of assignment or more (Denominator)	PMs not required to be reported for HCPCFC FY 24-25
The percentage of the total number of children and youth assigned to a HCPCFC PHN or PHN team for 60 days or more for whom a Nursing Care Management Plan has been completed	PMs not required to be reported for HCPCFC FY 24-25

Data Source/Issue: Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department.



CMS DATA FORMS

California Children's Services Caseload Summary Form

County: SISKIYOU COUNTY / YREKA

Fiscal Year: 2025-2026

		A	B				
	CCS Caseload 0 to 21 Years	22-23 Actual Caseload	% of Grand Total	23-24 Actual Caseload	% of Grand Total	24-25 Actual Caseload	% of Grand Total
	MEDI-CAL						
1	Average of Total Open (Active) Medi- Cal Children	200	84%	186	84%	174	83%
2	Potential Case Medi-Cal	0	--	0	-	0	-
3	TOTAL MEDI-CAL (Row 1 + Row 2)	187	83%	186	84%	174	83%
	NON MEDI-CAL						
	OTLIP						
4	Average of Total Open (Active) OTLIP	21	9%	17	8%	27	13%
5	Potential Cases OTLIP	0	--	0	-	0	-
6	Total OTLIP (Row 4 + Row 5)	21	9%	17	8%	27	13%
	Straight CCS						
7	Average of Total Open (Active) Straight CCS Children	16	7%	18	8%	9	4%
8	Potential Cases Straight CCS Children	0	--	0	-	0	-
9	Total Straight CCS (Row 7 + Row 8)	16	7%	18	8%	9	4%
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	37	15%	35	16%	36	17%
1	GRAND TOTAL						
11	(Row 3 + Row 10)	237	100%	221	100%	210	100%



INTER / INTRA AGENCY AGREEMENTS AND MEMORANDUMS OF UNDERSTANDING

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2025-2026

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: 2025-26

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	No current IAA	10/2012 In process of being updated	Emily Metz, PHN	No
Memorandum of Understanding California Children's Services Program / Partnership Health Plan of California	MOU	01/01/19 until revised by mutual agreement	11/13/18 In process of being updated	Emily Metz, PHN	Yes
Memorandum of Understanding California Children's Service Program Monitoring & Oversight/DHCS	MOU	Pending	Pending	Emily Metz, PHN	Yes
Child Welfare Unit (HCPFCF)/Partnership Health Plan	MOU	6/5/25	6/5/25	Trish Barbieri, SSD Director Sarah Collard, HHSA Agency Director	Yes



BUDGETS AND JUSTIFICATIONS

FY 2025-2026

530-841-4092



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

Agency Information		County/City:		Fiscal Year:	
		Siskiyou		2025-26	
Street Address: 810 S Main Street		Health Officer Name:		Donald Solus, M.D.	
City: Yreka		HCPCFC Central Email			
Zip Code: 96097		Address:			
Authorized HCPCFC Representative		Director of Social Services Agency			
Name, Title: Shelly Davis, Director Public Health		Name: Shelly Davis, Director Public Health			
Phone: 530-841-2140		Phone: 530-841-2140			
Email: sdavis@co.siskiyou.ca.us		Email: sdavis@co.siskiyou.ca.us			
Clerk of the Board of Supervisors		Chief Probation Officer			
Name: Laura Bynum		Name: Erin Welch			
Phone: 530-842-8080		Phone: 530-841-4155			
Email: lbynum@co.siskiyou.ca.us		Email: Erin.Welch@siskiyouprobation.org			
List All HCPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Emily Metz	Senior PHN	No	Yes	emetz@co.siskiyou.ca.us
2	Taryn Johnson	Community Outreach Coordinator	Yes	No	tjohnson@co.siskiyou.ca.us
3					
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 2025-26	
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	22%	\$97,001	\$21,098	73%	\$15,402	27%	\$5,696		
2	Taryn Johnson	Community Outreach Coord	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0		
3	0	0	0	0	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							\$21,098		\$15,402		\$5,696		
Staff Benefits (Specify %)							\$13,032		\$9,514		\$3,518		
I. Total Personnel Expenses							\$34,130		\$24,916		\$9,214		
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 %)							\$8,533				\$8,533		
2. External (Specify %)							\$0				\$0		
V. Total Indirect Expenses (List in Narrative)							\$8,533				\$8,533		
V. Total Other Expenses (List in Narrative)							\$0				\$0		
Budget Grand Total							\$42,663		\$24,916		\$17,747		



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name: Siskiyou	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$34,130 for FY 25/26. Salaries reflect a Public Health Nurse at .22 FTE. Benefits rate is approximately 61.77% 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 (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.

Shelly Davis, Director Public Health Division		10/16/2025
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet										County/City Name: Siskiyou		Fiscal Year: 2025-26	
Column										2A	2	3A	3
i. Personnel Expenses										Enhanced FTE %	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget						
1	Emily Metz	Senior PHN	No	Yes	6%	\$97,001	\$5,836			95%	\$5,544	5%	\$292
2	Taryn Johnson	Community Outreach Coordinator	Yes	No	0%	\$0	\$0			0%	\$0	100%	\$0
3	0	0	0	0	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											\$5,544		\$292
Staff Benefits (Specify %)											\$3,424		\$190
I. Total Personnel Expenses											\$8,968		\$472
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 %)											\$2,360		\$2,360
2. External (Specify %)											\$0		\$0
IV. Total Indirect Expenses (List in Narrative)											\$2,360		\$2,360
V. Total Other Expenses (List in Narrative)											\$0		\$0
Budget Grand Total											\$8,968		\$2,832

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

Shelly Davis, Director Public Health Division
Authorized HCPFCF Signor Name, Title

Shelly Davis 9/3/25
Signature Date


**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**
Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: Siskiyou	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$9,441 for FY 25/26. Salaries reflect a Public Health Nurse at .06 FTE. Benefits rate is approximately 61.77% 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 (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

Shelly Davis, Director Public Health Division		10/16/2025
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Casetload Relief Budget Worksheet										County/City Name: Siskiyou	Fiscal Year: 2025-26
Column	1A	1B	1	2A	2	3A	3				
I. Personnel Expenses		Total Base FTE %		Annual Salary		Total Budget		Enhanced FTE %		Non-Enhanced FTE %	
#	Name	Title	PHN	DSS	PHN						
1	Emily Metz	Senior PHN		No	Yes						
2	Taryn Johnson	Community Outreach Coordinator		Yes	No						
3	0			0	0						
4	0			0	0						
5	0			0	0						
6	0			0	0						
7	0			0	0						
8	0			0	0						
9	0			0	0						
10	0			0	0						
View additional rows by selecting the "+" to the left.											
Total PHN FTE %						12%					
Total Direct Support Staff FTE %						0%					
Total Net Salaries and Wages								\$11,305		\$8,140	\$3,165
Staff Benefits (Specify %)								\$6,983		\$5,028	\$1,955
I. Total Personnel Expenses								\$18,288		\$13,168	\$5,120
II. Total Operating Expenses (List in Narrative)								\$0		\$0	\$0
III. Total Capital Expenses (List in Narrative)								\$0		\$0	\$0
IV. Indirect Expenses (List in Narrative)								\$1,746		\$1,746	\$1,746
1. Internal (Specify %)											
2. External (Specify %)											
IV. Total Indirect Expenses (List in Narrative)								\$1,746		\$1,746	\$1,746
V. Total Other Expenses (List in Narrative)								\$0		\$0	\$0
Budget Grand Total								\$20,034		\$13,158	\$6,866

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

Shelly Davis, Director Public Health Division
Authorized HCPFCF Signor Name, Title

Shelly Davis
Signature
9/3/25
Date



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
		Siskiyou	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$18,288 for FY 25/26. Salaries reflect a Public Health Nurse at .12 FTE. Benefits rate is approximately 61.77% 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 (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.

Shelly Davis, Director Public Health Division	<i>Shelly Davis, Director Public Health</i>	10/16/2025
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet										County/City Name: Siskiyou		Fiscal Year: 2025-26	
Column		1A	1B	1	2A	2	3A	3					
		Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total					
I. Personnel Expenses													
#	Name	Title	DSS	PHN									
1	Emily Metz	Senior PHN	No	Yes		\$0	0%	\$0					
2	Taryn Johnson	Community Outreach Coordinator	Yes	No		\$48,334	10%	\$4,833					
3	0	0	0	0		\$0	0%	\$0					
4	0	0	0	0		\$0	0%	\$0					
5	0	0	0	0		\$0	0%	\$0					
6	0	0	0	0		\$0	0%	\$0					
7	0	0	0	0		\$0	0%	\$0					
8	0	0	0	0		\$0	0%	\$0					
9	0	0	0	0		\$0	0%	\$0					
10	0	0	0	0		\$0	0%	\$0					
View additional rows by selecting the "+" to the left.													
Total Net Salaries and Wages						\$4,833		\$4,833					
Staff Benefits (Specify %)				41%		\$1,985		\$1,985					
I. Total Personnel Expenses						\$6,818		\$6,818					
III. Total Operating Expenses (List in Narrative)						\$0		\$0					
IV. Total Capital Expenses (List in Narrative)						\$0		\$0					
IV. Indirect Expenses (List in Narrative)													
1. Internal (Specify %)						\$1,705		\$1,705					
2. External (Specify %)						\$0		\$0					
IV. Total Indirect Expenses (List in Narrative)						\$1,705		\$1,705					
V. Total Other Expenses (List in Narrative)						\$0		\$0					
					Budget Grand Total	\$8,523		\$8,523					

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

Shelly Davis, Director Public Health Division
Authorized HCPFCF Signor Name, Title

Signature *Shelly Davis* Date 9/11/25


**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**
Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name: Siskiyou	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Total Salaries and Benefits costs are budgeted at \$6,818 for FY 25/26. Salaries reflect a Community Outreach Coordinator at .1 FTE. Benefits rate is approximately 61.77% 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

Shelly Davis, Director Public Health Division

Authorized HCPFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

Budget Summary										County/City: \$dbyou				Fiscal Year: 2025-26			
Funding Source:	Base			PMMBO			Caseload Relief			County/City-Federal			Administrative				
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D		
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced		
I. Total Personnel Expenses	\$34,130	\$24,916	\$9,214	\$9,441	\$8,968	\$472	\$18,288	\$13,168	\$5,120	\$0	\$0	\$0	\$6,818		\$6,818		
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0		
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0		
IV. Total Indirect Expenses	\$8,533		\$8,533	\$2,360		\$2,360	\$1,746		\$1,746	\$0		\$0	\$1,705		\$1,705		
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0		
Budget Grand Total	\$42,663	\$24,916	\$17,747	\$11,801	\$8,968	\$2,832	\$20,034	\$13,168	\$6,866	\$0	\$0	\$0	\$8,523		\$8,523		
E	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H		
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced		
State/County Funds	\$15,108	\$6,229	\$8,874	\$3,658	\$2,242	\$1,416	\$6,725	\$3,292	\$3,433	\$0	\$0	\$0	\$4,262		\$4,262		
Federal Funds (Title XIX)	\$27,561	\$18,687	\$8,874	\$8,142	\$6,726	\$1,416	\$13,309	\$9,876	\$3,433	\$0	\$0	\$0	\$4,262		\$4,262		
Budget Grand Total	\$42,663	\$24,916	\$17,747	\$11,800	\$8,968	\$2,832	\$20,034	\$13,168	\$6,866	\$0	\$0	\$0	\$8,523		\$8,523		

Shelly Davis, Director Public Health Division
Authorized HCPCPC Signor Name, Title

Signature

Date

Shelly Davis 10/20/25

State of California - Health and Human Services Agency
Revised 07/25

CCS CASELOAD	Actual CaseLoad	Percent of Total CCS CaseLoad
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	13	5.9%
OTLCP - Total Cases of Open (Active) OTLCP Children	22	10.0%
MED-CAL - Total Cases of Open (Active) Medi-Cal (Sub-OTLCP) Children	183	83.9%
TOTAL CCS CASELOAD	218	100%

Department of Health Care Services - Integrated Systems of Care Division



CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2025-26
County: Stanislaus

Category/Line Item	Columns			Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)				
	1	2	3	4A	4	5A	6	7A	7	8A	9	10		
	% FTE	Annual Salary	Total Budget (1+2+4+5+6+7)	Combined %	Strategic CCS Count/Eligible (2025)	Combined %	Optional Targeted Low Income Children's Program (OTLCP) Count/Eligible (17,517,540)	Combined %	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (15,675)	Non-Enhanced Medi-Cal State/Federal (80,799)			
I. Personnel Expenses														
Program Administration														
1. Empty MISC, Public Health Nurse	25.00%	97,001	24,250	5.98%	1,448	10.00%	2,447	83.94%	20,357	100.00%	20,357			
2. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
Subtotal		97,001	24,250		1,448		2,447		20,357		20,357			
Medical Case Management														
1. Empty MISC, Public Health Nurse	4.00%	97,001	2,889	5.98%	231	10.00%	392	83.94%	3,257	80.00%	651			
2. Jennifer McElroy, LVN I	57.00%	87,365	50,151	5.98%	2,891	10.00%	5,081	83.94%	42,089	80.00%	8,420			
3. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
6. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
7. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
8. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
Subtotal		184,366	54,021		3,222		5,453		45,356		8,071			
Other Health Care Professionals														
1. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
2. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
Subtotal		0	0		0		0		0		0			
Auxiliary Support														
1. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
2. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
Subtotal		0	0		0		0		0		0			
Child and Clinical Support														
1. Jennifer Holloway, LVN II	28.00%	87,365	23,434	5.98%	1,984	10.00%	3,374	83.94%	28,086	0.00%	0			
2. Tanya Johnson, COC	10.00%	44,254	4,823	5.98%	288	10.00%	488	83.94%	4,037	0.00%	0			
3. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	5.98%	0	10.00%	0	83.94%	0	100.00%	0			
Subtotal		130,319	36,257		2,282		3,862		32,123		0			

State of California - Health and Human Services Agency
Revised 6/25/23

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS	13	5.8%
Total Cases of Open (Active) Straight CCS Children	22	10.0%
OTLCP	183	83.9%
Total Cases of Open (Active) OTLCP Children		
MEDIA-CAL - Total Cases of Open (Active) Media-Cal (200-OTLCP) Children		
TOTAL CCS CASELOAD	218	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2025-26

County: Stanislaus



Category/Line Item	Straight CCS				Optional Targeted Low Income Children's Program (OTLCP)				Media-Cal (Non-OTLCP)			
	1	2	3	4	5	6	7	8	9	10	11	12
Total Salaries and Wages			183,448	5.8%	6,880	10.0%	11,762	63.94%	97,258	37.09%	38,295	62.91%
Total Benefits (Salary %)			79,142	5.8%	4,722	10.0%	7,891	63.94%	88,409	37.09%	24,852	62.91%
A. Total Personnel Expense			195,720	5.8%	11,602	10.0%	19,653	63.94%	185,667	37.09%	63,147	62.91%
B. Operating Expense												
1. Travel			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
2. Training			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
3. Office Supplies			2,500	5.8%	148	10.0%	252	63.94%	2,000	37.09%	2,000	62.91%
4			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
5			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
6			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
7			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
B. Total Operating Expense			2,500	5.8%	148	10.0%	252	63.94%	2,000	37.09%	2,000	62.91%
C. Capital Expense												
1			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
2			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
3			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
D. Total Capital Expense			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
E. Indirect Expense			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
1. Indirect Cost Rate			48,922	5.8%	2,818	10.0%	4,820	63.94%	41,078	37.09%	41,078	62.91%
F. Total Indirect Expense			48,922	5.8%	2,818	10.0%	4,820	63.94%	41,078	37.09%	41,078	62.91%
G. Other Expense												
1. Information & Transportation			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
2			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
3			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
4			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
5			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
G. Total Other Expense			0	5.8%	0	10.0%	0	63.94%	0	37.09%	0	62.91%
Budget Grand Total			247,182		14,799		24,943		207,480		60,937	

Prepared By (Signature)	Madison Kline	Date Prepared	01/29/25	Phone Number	500-841-2188
CCS Administrator (Signature)	Brenda Harris	Date Signed	01/29/25	Phone Number	500-841-2124



CCS Administrative Baseline Budget Summary

Fiscal Year: 2025-26

County:

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS: (all Cases of Open (Active) Straight CCS Children OTLCP)	13	5.99%
(all Cases of Open (Active) OTLCP Children)	22	10.06%
MED-CAL (all Cases of Open (Active) Medi-Cal (OTLCP) Children)	183	83.94%
TOTAL CCS CASELOAD	218	100%

Category/Line Item	Columns					
	Col 1 = Col 3-3+4	Straight CCS	OTLUCP	Most-Cal Item-OTLUCP	Estimated Most-Cal Benefit Federal (20775)	Non-Financed Most-Cal Benefit Federal (20824)
1. Total Personnel Expense	185,720	11,872	19,753	184,355	66,837	103,368
I. Total Operating Expense	2,500	169	252	2,009	0	2,009
II. Total Capital Expense	0	0	0	0	0	0
III. Total Indirect Expense	48,932	2,913	4,838	41,075	0	41,075
IV. Total Other Expense	0	0	0	0	0	0
Budgetary Total	247,152	14,754	24,843	207,460	66,837	146,543

Calculation							
Cell 1 = Col 3-4	2	3	4	5	6	7	8
Source of Funds	Total Budget	Straight CCS County/State (4000)	Optional Tiered Low Income Cultivar's Program (OTLCP) County/State Fee (17,517,565)	Mod-Cal State/Federal (55795)	Enhanced Mod-Cal State/Federal (55795)	Non-Enhanced Mod-Cal State/Federal (54000)	
Straight CCS							
State	7,390	7,390					
County	7,370	7,370					
OTLCP							
State	4,351		4,351				
County	4,395		4,395				
Federal (Title XX)	18,213		18,213				
Mod-Cal							
State	88,500		88,500				73,272
Federal (Title XX)	118,974		118,974				54,200

ms	6/12/15	Richard Keady	Prepared By (Printed Name)	richard.keady@us.af.mil	Email Address
B. O'Leary	6/12/15	Graciele Harris	CCS Administrator (Printed Name)	graciele.harris@us.af.mil	Email Address



MANAGEMENT OF EQUIPMENT PURCHASED WITH STATE FUNDS

Exhibit N/A

INVENTORY/DISPOSITION OF CDHS-FUNDED EQUIPMENT

Current Contract Number: 2025-1

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 Ave.-MS 1405

Yreka, CA 96097

CDHS Program Contract Manager's Telephone Number: 916-650-0150

Contractor's Contact Person: Emily Metz, PHN

Date of this Report: September 2025

Contact's Telephone Number: 530-598-9743

[illegible]