

Plan and Budget Required Documents Checklist

MODIFIED FY 2021-2022

County/City: Fresno Fiscal Year: 2021-22

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Agency Information Sheet

County/City: Fresno/Fresno

Fiscal Year: 2021-22

Official Agency

Name:	David Luchini, Interim Director	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Health Officer	Dr. Rais Vohra, MD (Interim) Dr. Rajeev Verma, MD (Deputy Health Officer)		

CMS Director (if applicable)

Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____	E-Mail:	_____

CCS Administrator

Name:	Pilar Vasquez Division Manager	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6595		
Fax:	559-455-4789	E-Mail:	pvasquez@fresnocountyca.gov

CHDP Director

Name:	Rajeev Verma, MD	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6363		
Fax:	559-600-7726	E-Mail:	rverma@fresnocountyca.gov

CHDP Deputy Director

Name:	Ankara Lee	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6592		
Fax:	559-600-7726	E-Mail:	alee@fresnocountyca.gov

Clerk of the Board of Supervisors or City Council

Name:	Bernice Seidel	Address:	2281 Tulare St, 3 rd Floor Fresno, CA 93721
Phone:	559-600-3529		
Fax:	559-600-1608	E-Mail:	bseidel@fresnocountyca.gov

Director of Social Services Agency

Name:	Delfino Neira	Address:	200 W Pontiac Way, Bldg 3 Clovis, CA 93612
Phone:	559-600-2301		
Fax:	559-600-2311	E-Mail:	dneira@fresnocountyca.gov

Chief Probation Officer

Name:	Kirk Haynes		3333 E American Ave, STE B Fresno, CA 93725
Phone:	559-600-1298		
Fax:	559-455-2412	E-Mail:	khaynes@fresnocountyca.gov

Children's Medical Services Plan and Fiscal Guidelines

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: Fresno

Fiscal Year: 2021-22

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP 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.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

RIVERA, M.D.

10-26-2021

Signature of CHDP Director

Date Signed

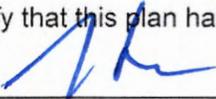
~~Signature of Director or Health Officer~~

Date Signed

Signature and Title of Other – Optional

Date Signed

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

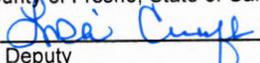


Date

11/16/2021

ATTEST:

BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By 
Deputy

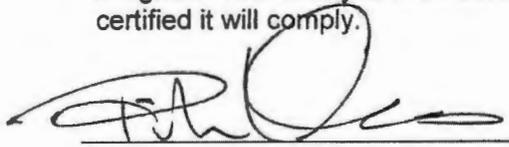
Children's Medical Services Plan and Fiscal Guidelines

Certification Statement - California Children's Services (CCS)

County/City: Fresno

Fiscal Year: 2021-22

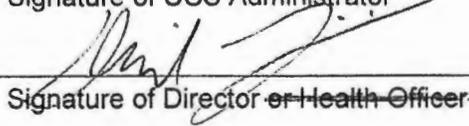
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules 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 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.



Signature of CCS Administrator

10-13-2021

Date Signed



Signature of Director of Health Officer

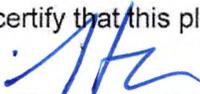
10/26/2021

Date Signed

Signature and Title of Other – Optional

Date Signed

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



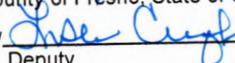
Signature of Local Governing Body Chairperson

11/16/2021

Date Signed

ATTEST:

BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

By  Deputy

CMS PLAN
Fiscal Year 2021-22
Agency Description

Fresno County's Child Health and Disability Prevention (CHDP) Program and California Children's Services (CCS) are located in the Fresno County Department of Public Health.

The CHDP Program includes the Health Care Program for Children in Foster Care (HCPCFC) and the Child RideSafe Program and is supervised by the CHDP Deputy Director, a Supervising Public Health Nurse. The CHDP Deputy Director is supervised by the Public Health Nursing Division Manager. The CMS Division Manager functions as the CCS Administrator.

The CMS Division Manager reports directly to the Assistant Director of the Department of Public Health. As the CHDP Director, medical supervision for the CHDP Program is provided by Fresno County's Deputy Health Officer. CCS medical supervision is provided by a CCS Medical Consultant, a board certified pediatrician. In the event that a board certified pediatrician is not available the CCS program defers to the State for medical consultation needs.

A cooperative working relationship exists between CCS and CHDP. Since Fiscal Year 1990-91, an Intra-Agency Agreement between the CHDP and CCS has been in place. Medical and case management information is freely shared between the two programs to avoid duplication of case management activities and to provide for efficient client care. A written procedure developed and implemented in Fiscal Year 1994-95 assures all children who are in need of preventive health services are referred to the CHDP Program. The CHDP Gateway Program was implemented on July 1, 2003, making preventive health care available to children through their Primary Care Provider. The CHDP Deputy Director and CCS Administrator will continue to work closely to coordinate the activities of each program.

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 2021-22, 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: Fresno Fiscal Year: 2021-22

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Division Manager/Administrator	Pilar Vasquez	100%	No	No
Staff Analyst III	Susan Stasikonis	100%	No	No
Program Technician II	Kristeena Bump	100%	No	No
Administrative Assistant III	Jennifer Miller	100%	No	No
Rehabilitation Therapy Manager	Harsharn Dhillon	20%	No	No
Public Health Physician	Dr. Khusal Mehta	10%	No	No

Children's Medical Services Plan and Fiscal Guidelines

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Physician	Dr. Rajeev Verma	40%	No	No
Supervising Public Health Nurse	Heather Woo	100%	No	No
Head Nurse	Kelly Stevens	100%	No	No
Public Health Nurse II	Noel Almaguer	100%	No	No
Public Health Nurse II	Hilary Davis	100%	No	No
Public Health Nurse I	Sandy Sue Arce	100%	No	No
Public Health Nurse I	Ku Lee	100%	No	No
Public Health Nurse I	Yee Taing	100%	No	No
Public Health Nurse (Extra Help)	Amada Ozaeta	40%	No	No
Staff Nurse III	Belinda Mayugba	100%	No	No
Staff Nurse III	Joseph Burgess	100%	No	No
Staff Nurse III	Darawadee Martin	100%	No	No
Staff Nurse III	Vivien Tagoe	100%	No	No
Staff Nurse III	Marjelyn Ramiro	100%	No	No

Children's Medical Services Plan and Fiscal Guidelines

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Staff Nurse III	Shavonne Smith	100%	No	No
Staff Nurse III	Maribeth Jensen	100%	No	No
Staff Nurse III	Margaret Altamirano	100%	No	No
Staff Nurse III	Veronica Reyna	100%	No	No
Staff Nurse III	Tim Yang	100%	No	No
Staff Nurse III	Quy Gip	100%	No	No
Staff Nurse III	Khamsay Vanhelsdingen	100%	No	No
Staff Nurse III (Extra Help)	Jing Yang	40%	No	No
Physical Therapist III	Eleana Phillips	25%	No	No
Medical Social Worker II	Ariana Solis-Salazar	100%	No	No
Senior Admitting Case Worker	Sonya Mendoza	100%	No	No
Senior Admitting Case Worker	Bobbi Taylor	100%	No	No

Children's Medical Services Plan and Fiscal Guidelines

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Admitting Case Worker II	Tiffany Acosta	100%	No	No
Admitting Case Worker II	Rudy Constantino	100%	No	No
Admitting Case Worker II	Rebecca Lopez	100%	No	No
Admitting Case Worker II	Luz Reyes	100%	No	No
Admitting Case Worker II	Angel Rodriguez	100%	No	No
Admitting Case Worker II	Michael Vue	100%	No	No
Admitting Case Worker II	Anita Tristan	100%	No	No
Admitting Case Worker I	Fallon Smith-O'Keefe	100%	No	No
Admitting Case Worker I	Robert Romans	100%	No	No
Admitting Case Worker I	Zulema Alderete	100%	No	No
Admitting Case Worker I	Yuidico Wayne-Garza	100%	No	No
Supervising Office Assistant	Alibra Carter	100%	No	No
Office Assistant III	Teresa Valladolid	100%	No	No

Children's Medical Services Plan and Fiscal Guidelines

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Office Assistant III	Melissa Figueroa	100%	No	No
Office Assistant III	Natasha Jones	100%	No	No
Office Assistant III	Amy Austin	100%	No	No
Office Assistant III	Alexis Diaz	100%	No	No
Office Assistant I	Claudia Gebermariam	100%	No	No
Account Clerk III	Maricela Garcia	55%	No	No
Public Health Nurse I	Vacant	50%	No	No
Staff Nurse I	Vacant	50%	No	No
Administrative Case Worker I	Vacant	50%	No	No
Administrative Case Worker I	Vacant	50%	No	No
Administrative Case Worker I	Vacant	50%	No	No
Medical Social Worker II	Vacant	50%	No	No

Children's Medical Services Plan and Fiscal Guidelines

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)

Children’s Medical Services Plan and Fiscal Guidelines for Fiscal Year 2021-2022

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

Incumbent List - Child Health and Disability Prevention Program

For FY 2021-22 complete the table below for all personnel listed in the CHDP 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.

County/City: Fresno/Fresno

Fiscal Year: 2021-22

Job Title	Incumbent Name	FTE % on CHDP No County/City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Supervising Public Health Nurse, Deputy Director	Ankara Lee	60%	0%	40% HCPCFC	No	No
Public Health Nurse II	Jeri Guerrero	100%	0%	0%	No	No
Public Health Nurse I	Nestor Yalong	100%	0%	0%	No	No
Health Education Assistant	Brendon Matsumoto	100%	0%	0%	No	No
Supervising Office Assistant II	Alysia Bonner	100%	0%	0%	No	No
Office Assistant I	Jennifer Wong	100%	0%	0%	No	No
Office Assistant III	Gracie Velasquez	100%	0%	0%	No	No

COUNTY: Fresno

FISCAL YEAR 2021-22

**County of Fresno
Department of Public Health
CCS**

**Performance Measure 1
FY 2020-21**

CCS Program staff conducts routine reviews of all active cases to ensure CCS clients have documented and up-to-date medical homes/primary care providers. Staff contacts clients and their parents/guardians and works collaboratively with Medi-Cal Managed Care plans, local hospitals and other local providers to determine current primary care providers.

In addition, CCS Program staff conducts annual program eligibility reviews of all clients to identify primary care physicians and/or medical homes. Additionally, when families come to the CCS office, they are asked to identify their primary care physician so their medical files can be updated.

Based on the entire active caseload as of July 2021, the following findings are:

- 99% of CCS clients in Fresno County have an identified primary care provider (PCP). This represents no change from the previous fiscal year.
- MSBI does not reliably reflect the number of clients with a PCP because many clients change PCPs and neglect to inform the CCS Administrative staff. Staff will continue with efforts to obtain PCP information for these clients.

COUNTY: Fresno

FISCAL YEAR: 2021-22

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: Based on the entire active caseload as of July 2021

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
7,271	7,360	99%

* 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.

COUNTY: Fresno

FISCAL YEAR: 2021-22

**County of Fresno
Department of Public Health
CCS**

**Performance Measure 2
FY 2020-21**

Client program eligibility was determined according to the guidelines established by the Children's Medical Services Branch, California Children's Medical Services Administrative Procedures Manual (July 2001 Revision). Fresno County CCS utilized a report created in MSBI to select a sample of 100 unduplicated new referrals. The findings are as follows:

- A sample of 100 unduplicated new referrals was selected at random. Out of the 100 new referrals, 89% had their medical eligibility determined within the prescribed guidelines. This represents a 6% decrease from the previous fiscal year.
- A sample of 100 unduplicated new referrals was selected at random. Out of the 100 new referrals 97% had their financial and residential eligibility determined within the prescribed guidelines. This represents a 2% decrease from the previous fiscal year. 87 cases were Full Scope Medi-Cal or TLICP clients and 13 were CCS only clients.
- Manual procedures remain in place for the tickling of applications, Program Services Agreement (PSA), and program eligibility letters that are sent to the families.

COUNTY: Fresno

FISCAL YEAR: 2021-22

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 Branch 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 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).

Children's Medical Services Plan and Fiscal Guidelines

COUNTY: Fresno

FISCAL YEAR: 2021-22

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	89		100		89%
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	FSMC /TLICP 85	CCS only 12	FSMC /TLICP 87	CCS only 13	97%
Residential eligibility determined within 30 days	97		100		97%

**County of Fresno
Department of Public Health
CCS**

**Performance Measure 3
FY 2020-21**

Part A: Annual team Report

Fresno County CCS generated an MSBI report which identified 100 random clients (greater than 10%) out of the total list of clients with a diagnosis or condition that requires referral to a Cardiac, Renal, Pulmonary, Neurological or Endocrine Special Care Center, per NL 01-0108.

Review of the random sample of 100 children who received a SCC authorization yielded the following:

- 91% compliance for Annual Team Reports of SCC authorized clients. Out of 100 children with a SCC authorization, 91 had an Annual Team Report in their medical chart, 9 did not.

Part B: Authorization of Child to SCC

CCS generated an MSBI report which identified 100 children with a CCS diagnosis or condition that requires referral to Cardiac, Renal, Neuro-musculoskeletal, Endocrine, or Pulmonary Special Care Centers, per NL 01-0108.

- Of the 100 children who had a condition that required authorization to a SCC, 83 were in fact authorized for a SCC.
- Fresno County is 83% compliant with appropriately authorizing SCC for children with eligible medical conditions.

CCS Performance Measure 3 (A & B) – Special Care Center

This Performance Measure is evaluated in two parts.

Part A: Annual Team Report

Definition: This performance measure is based on the CCS requirement for an annual team report for each child enrolled in CCS whose condition requires Special Care Center services and has received an authorization to a Special Care Center. County CCS programs will evaluate this measure by the presence of an annual team conference report in the child's medical file.

Numerator: Number of children that received a Special Care Center authorization and were seen at least annually at the appropriate Special Care Center as evidenced by documentation and completion of the interdisciplinary team report.

Denominator: Number of children enrolled in CCS whose condition as listed in categories defined in Numbered Letter 01-0108 requires CCS Special Care Center services and has received an authorization to a Special Care Center.

Data source: 10% of the county CCS cases authorized to SCC or 100 cases (which ever number is less).

Part B: Referral of a Child to SCC

Definition: This measure is based on the CCS requirement that certain CCS eligible medical conditions require a referral to a CCS Special Care Center for ongoing coordination of services.

Numerator: Number of children in CCS, with medical conditions in the categories as listed in Numbered Letter 01-0108 requiring a Special Care Center Authorization, who actually received an authorization for services.

Denominator: Number of children enrolled in CCS, with medical conditions, requiring Special Care Center Authorizations.

Data source: Counties shall identify and use four or five specific diagnosis categories (cardiac, pulmonary, etc) as listed in the Special Care Center Numbered Letter 01-0108 as it relates to the SCC(s) identified for your client population. The county shall identify one or more diagnostic codes and use the diagnosis codes indicated for the SCC categories selected for this PM.

COUNTY: Fresno

FISCAL YEAR: 2021-22

**County of Fresno
Department of Public Health
CCS**

**Performance Measure 4
FY 2020-21**

Fresno County updated its Transition Planning protocols for the CCS Program in January 2015 for clients who turn 14, 16, 18 and 20 years of age in the calendar year. Because of staffing constraints, we developed a relatively automated Transition Planning Process that generates age-focused Transition Planning packets of information for all clients with a medical condition that warrants Transition Planning. Fresno County understands the importance of Transition Planning on the overall health needs of our clients. Transition Planning packets include the following:

- A Transition Planning letter addressed to the parents for 14 and 16 year olds and addressed to the clients who are 18 and 20 years old. The letter addresses the importance of client-based understanding of their medical needs, encourages discussion with the medical workers about transition planning, and underscores the importance of finding an adult care provider for when they become adults.
- A Health care skills worksheet to be discussed with the Primary Care Physician.
- Community resource contact list.
- HIPAA forms (as appropriate)
 - Acknowledgment of Receipt of Privacy Rights under HIPAA
 - Authorization for Use and Disclosure (for 18 year olds who want to continue including their parents/guardians in their health care decisions).

Together, these steps have helped Fresno County shore up Transition Planning outreach and engagement, helped reduce some of the paperwork of case managers, and most importantly contributes to the on-going medical needs of our CCS clients.

Fresno County's CCS Medical Therapy Program continuously provides transition planning for children at ages 3, 14, 16, 18 and 20.

The FY 2020-21 Transition Planning Performance Measure includes the following findings:

- Based on the results of an MSBI report, Fresno County randomly selected a sample of 1100 clients with an age of 14, 16, 18, or 20 who's CCS eligible medical condition appropriately required Transition Planning.

COUNTY: Fresno

FISCAL YEAR: 2021-22

- The random sample (895 Cases) of all non-MTP clients who turned 14, 16, 18 and 20 years old was created to see if they received Transition Planning after the implementation of the automated Transition Planning process. FY 2020-21 shows 100% of the selected sample received Transition Planning letters/information. This is 22% higher than the percentage compliance in FY 2019-20.
- A MSBI report was created to review all clients in the Medical Therapy Program. Out of the 205 clients identified 205 (100%) had transition planning.

COUNTY: Fresno

FISCAL YEAR: 2021-22

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
Cardiac, Renal, Neuro- musculoskeletal, Pulmonary, Endocrine	91	100	91%

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
Cardiac, Renal, Neuro- musculoskeletal, Pulmonary, Endocrine	83	100	E10, E11, E70, E71, Q05, N18	83%

*** 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.**

COUNTY: Fresno

FISCAL YEAR: 2021-22

**County of Fresno
Department of Public Health
CCS**

**Performance Measure 4
FY 2020-21**

Fresno County updated its Transition Planning protocols for the CCS Program in January 2015 for clients who turn 14, 16, 18 and 20 years of age in the calendar year. Because of staffing constraints, we developed a relatively automated Transition Planning Process that generates age-focused Transition Planning packets of information for all clients with a medical condition that warrants Transition Planning. Fresno County understands the importance of Transition Planning on the overall health needs of our clients. Transition Planning packets include the following:

- A Transition Planning letter addressed to the parents for 14 and 16 year olds and addressed to the clients who are 18 and 20 years old. The letter addresses the importance of client-based understanding of their medical needs, encourages discussion with the medical workers about transition planning, and underscores the importance of finding an adult care provider for when they become adults.
- A Health care skills worksheet to be discussed with the Primary Care Physician.
- Community resource contact list.
- HIPAA forms (as appropriate)
 - Acknowledgment of Receipt of Privacy Rights under HIPAA
 - Authorization for Use and Disclosure (for 18 year olds who want to continue including their parents/guardians in their health care decisions).

Together, these steps have helped Fresno County shore up Transition Planning outreach and engagement, helped reduce some of the paperwork of case managers, and most importantly contributes to the on-going medical needs of our CCS clients.

Fresno County's CCS Medical Therapy Program continuously provides transition planning for children at ages 3, 14, 16, 18 and 20.

The FY 2020-21 Transition Planning Performance Measure includes the following findings:

- Based on the results of an MSBI report, Fresno County randomly selected a sample of 1100 clients with an age of 14, 16, 18, or 20 who's CCS eligible medical condition appropriately required Transition Planning.

COUNTY: Fresno

FISCAL YEAR: 2021-22

- The random sample (895 Cases) of all non-MTP clients who turned 14, 16, 18 and 20 years old was created to see if they received Transition Planning after the implementation of the automated Transition Planning process. FY 2020-21 shows 100% of the selected sample received Transition Planning letters/information. This is 22% higher than the percentage compliance in FY 2019-20.
- A MSBI report was created to review all clients in the Medical Therapy Program. Out of the 205 clients identified 205 (100%) had transition planning.

COUNTY: Fresno

FISCAL YEAR: 2021-22

CCS Performance Measure 4 – 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.

Numerator: Number of CCS charts for clients 14, 16, 18, or 20 years containing the presence of a Transition Planning Checklist completed by CCS program staff within the past 12 months for children aged 14 years and over whom requires long term transition planning.

Denominators:

- a. Number of CCS charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.
- b. Number of MTP charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.

Data Source: Chart Audit, Completion of Transition Planning Checklist.

* Due to caseload numbers in Los Angeles County, LA County should work with the Regional Office to select an appropriate number of clients to be included in their sample size.

COUNTY: Fresno

FISCAL YEAR: 2021-22

Transition Planning Checklist

Transition Documentation	YES	NO	Comments
1. Client has an identified need for long-term transition planning.	X		CCS transition planning is performed for all clients 14, 16, 18, and 20 years old.
2. Transition planning noted in child's medical record.	X		Transition planning for clients with appropriate DX is noted in client's Annual Medical Reviews and other Case Notes.
3. Transition planning noted in SCC reports.	X		Most SCC's document transition planning with client and are found in the Medical Social Workers' notes.
4. Vocational Rehab noted in child's reports.	X		Noted only in 14, 16, 18, and 20 year olds in the MTP.
5. Adult provider discussed or identified for children 17 years of age or older.	X		In all Transition Planning Case Notes, discussion of the need for an adult provider is included.
6. Transition planning noted in SELPA for those children that are in the MTP.	X		Schools begin noting transition needs at age 16.

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

Children's Medical Services Plan and Fiscal Guidelines

COUNTY: Fresno

FISCAL YEAR: 2021-22

Reporting Form:

Number of CCS charts reviewed 895	Number with transition planning 895	Percentage of compliance 100%
Number of MTP charts reviewed 205	Number with transition planning 205	Percentage of compliance 100%

COUNTY: Fresno

FISCAL YEAR: 2021-22

**County of Fresno
Department of Public Health
CCS**

**Performance Measure 5
FY 2020-21**

This performance measure indicates the level of family participation in the CCS program. Narrative for each criterion follows:

1. CCS uses an existing CCS parent survey developed in February 2011 and updated in 2014. This survey is distributed widely in order to gauge parent/client satisfaction with CCS services. The survey was written at an elementary reading level in both English and Spanish. The survey provides CCS with information on how we can improve upon services, asking yes or no questions and providing opportunity to comment. Surveys are reviewed and CCS Administration employs every effort to improve upon areas of family participation.
2. On-going challenges exist in the areas of family participation. Currently, there are no advisory committees or task forces for family participation, nor is there a County policy to facilitate reimbursement for child care or transportation to such meetings, due to multiple years of budgetary cutbacks and staffing cuts that have only recently begun to rebound, albeit slowly.
3. Family members regularly participate in CCS Special Care Center meetings for care planning and transition planning.
4. Fresno County CCS has no family advocates under contract or as consultants to the program.

Fresno County CCS Administration will explore opportunities for increasing family involvement, as dictated by Program considerations, including staffing and budgeting constraints.

COUNTY: Fresno

FISCAL YEAR: 2021-22

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.	X		Fresno County uses a parent survey and ensures maximum distribution to and collection from, client's families.
2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.		X	
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.	X		
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.		X	

COUNTY: Fresno

FISCAL YEAR: 2021-22

Reporting Form:

Criteria	Performing (25% for each criteria)	Not Performing
<p>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.</p>	25%	
<p>2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.</p>		25%
<p>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.</p>	25%	
<p>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.</p>		25%
Total	50%	50%

COUNTY: Fresno

FISCAL YEAR: 2021-2022

**CHDP Performance Measure 1 - Care Coordination
FY 2021-22**

The degree to which the local CHDP program provides effective care coordination to CHDP eligible children.

Definition: CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective CHDP care coordination is measured by determining the percentage of health condition(s), coded 4 or 5, where follow-up care is initiated¹ within 120 days of local program receipt of the PM 160.

Numerator: Number of conditions, coded 4 or 5, where the follow-up care was initiated within 120 days of receipt of the PM 160.

Denominator: Total number of conditions, coded 4 or 5, on a PM 160, excluding children lost to contact.

Data Source: Local program tracking system.

Reporting Form:

Element	Number of conditions coded 4 or 5 where follow-up care was initiated (Numerator)	Total number of conditions coded 4 or 5, excluding children lost to contact (Denominator)	Percent (%) of conditions where follow-up care was initiated within 120 days
Conditions found on children eligible for fee-for-service Medi-Cal that required follow-up care	3	3	100%
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care	N/A	N/A	N/A

*Number of referrals received was significantly lower this fiscal year due to the termination of the PM 160 Form that providers were mandated to submit in prior years.

*There are 8 children with conditions from FY 2018-2019 that are currently being followed up on, however their care is still pending. These 8 children were not included in the count noted above.

*We provided follow-up to State ISCD on 23 newborn hearing screening cases. 3 of the 23 received services.

¹ Centers for Medicare and Medicaid Services, Publication #45, the State Medicaid Manual, Chapter 5 EPSDT, Section 5310 A <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

COUNTY: Fresno

FISCAL YEAR: 2021-2022

**CHDP Performance Measure 2 - New Provider Orientation
FY 2021-22**

The percentage of new CHDP providers with evidence of quality improvement monitoring by the local CHDP program through a New Provider Orientation.

Definition: The number of new CHDP providers (i.e., M.D., D.O., N.P., P.A.) added within the past fiscal year who were oriented by the local program staff.

Numerator: The number of new CHDP providers who completed an orientation within the past fiscal year.

Denominator: The number of new CHDP providers in the county or city (local program) added within the past fiscal year.

Data Source: Local program tracking system.

Reporting Form:

Number of New Providers who Completed Orientation (Numerator)	48
Number of New Providers (Denominator)	48
Percent (%) of New Providers Oriented	100%

Optional Local Program Data Tracking Form:

Provider	Provider Location	Date of Orientation	Number of Licensed Staff in Attendance	Number of Non-Licensed Staff in Attendance
1.				
2.				
3.				
4.				

COUNTY: Fresno

FISCAL YEAR: 2021-2022

CHDP Performance Measure 3 - Provider Site Recertification

The percentage of CHDP provider sites (excludes newly enrolled providers) who have completed recertification within the past fiscal year. Provider site visits may occur for other reasons. These can be documented for workload activities. The purpose of this performance measure is to ensure that all providers are recertified at least once every three (3) years. This performance measure is a benchmark to ensure that providers are recertified using the Facility and Medical Review Tools. These tools ensure that providers maintain CHDP standards for health assessments.

Definition: An office visit which includes a medical record review and a facility review or Critical Element Review with a Managed Care Plan.

Numerator: The number of CHDP provider sites who have completed the Recertification within the past fiscal year using the facility review tool and medical record review tool.

Denominator: The number of active CHDP provider sites in the county/city due for recertification within the fiscal year.

Data Source: Local program tracking system.

Reporting Form:

Number of Completed Site Recertifications (Numerator)	27
Number of Active CHDP Provider Sites Due for Recertification (Denominator)	39
Percent (%) with Completed Recertifications	69%

The local CHDP program was impacted by a flood that occurred in our building and following our move back into this location, program staff were called to work in COVID efforts. We currently have plans in place to recertify these offices through virtual means.

Optional Workload Data Tracking Form:

(Other reasons for a provider site visit by local program. This identifies workload.)

Other reasons for provider site visits:	Number of Visits
1. Provider change in location or practice	
2. Problem resolution such as, but not limited to, billing issues, parental complaints, facility review and/or other issues. ²	
3. Medical record review.	
4. Office visits for CHDP updates or in-service activities	
5. Other Please Specify:	

² **CHDP Provider Manual: Program, Eligibility, Billing and Policy.** California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program. See website for current updates.

Local Program Guidance Manual Chapter 10: Problem Resolution and/or Provider Disenrollment. California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program, May 2005. Both references available at: <http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx#dqmp>.

COUNTY: Fresno

FISCAL YEAR: 2021-2022

CHDP Performance Measure 4 - Desktop Review: Dental, Lead

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

Definition: A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Referral to a dentist at 1 year exam (12-14 months of age)
- Lead testing or a referral for the test at 1 year exam (12-14 months of age)

Numerator: The number of PM 160 elements recorded correctly per selected providers for the specific ages.

Denominator: The total number of PM 160s reviewed per selected providers for the specific ages.

Data Source: Local program tracking system.

Reporting Form:

Provider	Dental Referral			Lead Test or a Referral		
	Number of PM 160s w/ Dental at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance	Number of PM160s w/ Lead Test or Referral at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance
1. Dr. Prem Singh	0	0		0	0	
2. Adventist Health Selma -	0	0		0	0	
3. Dr. Grace Lim	0	0		0	0	

Note: PM 160s no longer in use and new referral forms approved by the state are not being sent in from providers to the local program It would be beneficial if providers were provided an official PIN with directions regarding protocol.

CHDP Performance Measure 5 – Desktop Review: BMI

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the five-year Performance Measure cycle, or select different provider sites each year.

Definition: A targeted desktop review for three (3) high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Body Mass Index (BMI) Percentile for ages two (2) years and over.
- If BMI Percentile is abnormal, the description of weight status category³ and/or a related diagnosis are listed in the Comments Section.

BMI percentile	Weight status category
< 5 th %ile	Underweight
85 th - 94 th %ile	Overweight
95 th - 98 th %ile	Obese
≥ 99 th %ile	Obesity (<i>severe</i>)

Numerator: The number of PM 160s BMI-related elements correctly documented for ages two (2) years and over.

Denominator: The total number of PM 160s reviewed per selected providers for ages two (2) years and over.

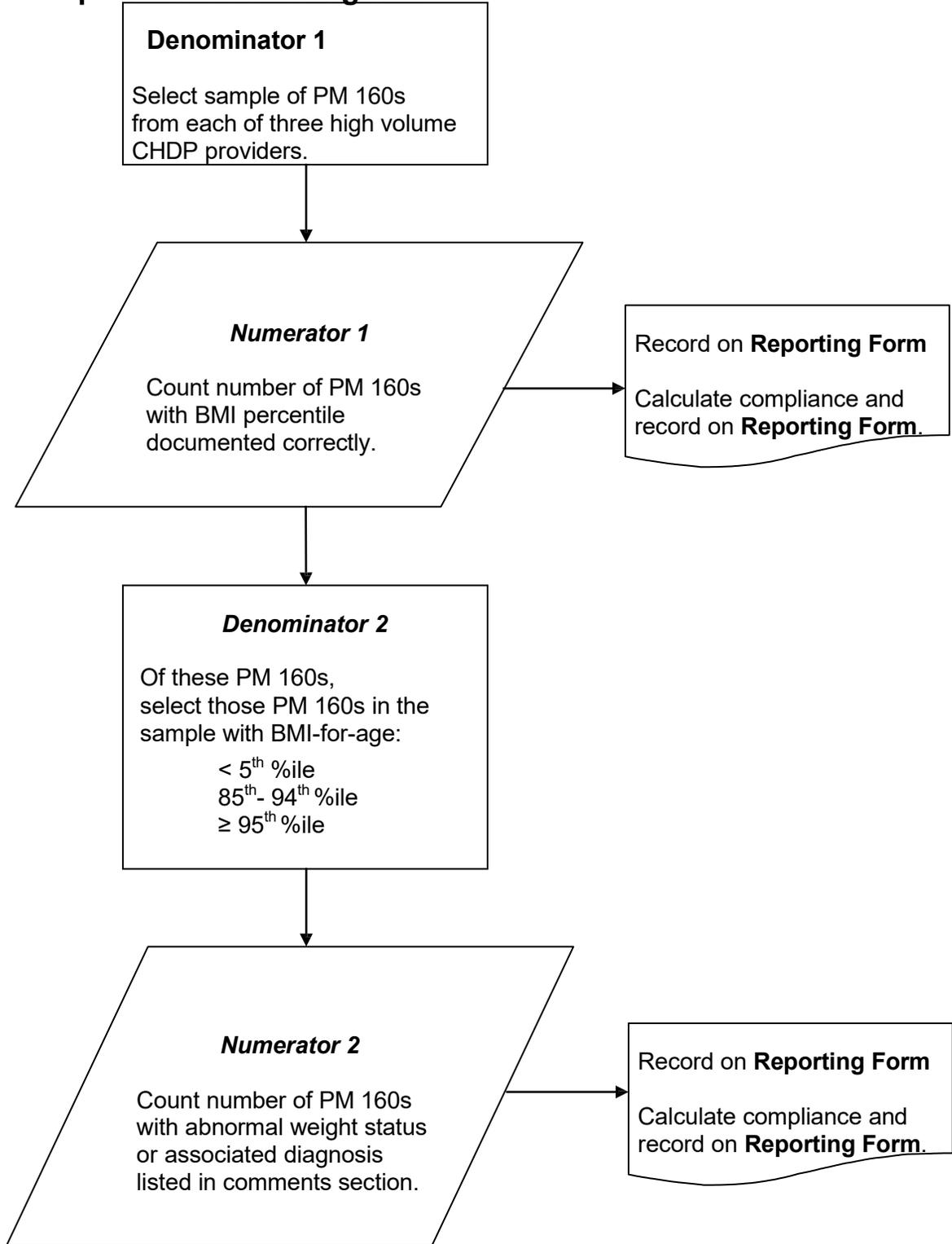
Data Source: Local program tracking system.

Note: PM 160s no longer in use.

³ **CHDP Provider Information Notice No.: 07-13:** Childhood Obesity Implementation Guide from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity- 2007.
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0713.pdf>

Reporting Form for Performance Measure 5 – Desktop Review: BMI

BMI Desktop Review Flow Diagram:



COUNTY: Fresno

FISCAL YEAR: 2021-2022

Reporting Form for Performance Measure 5 – Desktop Review: BMI

Provider	BMI percentile recorded on PM 160s for children ages 2 (two) and older			If BMI percentile is < 5 %, 85 - 94 %, or ≥ 95 %, abnormal weight status category and/or related diagnosis listed in Comments Section		
	Number of PM 160s with BMI %ile recorded (Numerator)	Number of PM 160s reviewed (Denominator)	Percent (%) Compliance	Number of PM 160s with abnormal weight status category/ diagnosis in Comments (Numerator)	Number of PM 160s with abnormal weight status reviewed for, diagnosis and follow-up (Denominator)	Percent (%) Compliance
1. Dr. Prem Singh	0	0				
2. Adventist Health Selma – Rose Street	0	0				
3. Dr. Grace Lim	0	0				

Note: PM 160s no longer in use and new referral forms approved by the state are not being sent in from providers to the local program It would be beneficial if providers were provided an official PIN with directions regarding protocol.

COUNTY: Fresno

FISCAL YEAR: 2021-2022

Optional CHDP Performance Measure 6 - Desktop Review: Head Circumference

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

Definition: A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Documentation of head circumference on children under 2 years of age.

Numerator: The number of PM 160 elements recorded correctly per selected providers for the specific ages.

Denominator: The total number of PM 160s reviewed per selected providers for the specific ages.

Data Source: Local program tracking system.

Reporting Form for Performance Measure 6 - Desktop Review: Head Circumference

Note: PM 160s no longer in use and new referral forms approved by the state are not being sent in from providers to the local program It would be beneficial if providers were provided an official PIN with directions regarding protocol.

County of Fresno
Department of Public Health
CHDP

HCPCFC Performance Measure 1
Care Coordination
FY 2021-22

The Health Care Program for Children in Foster Care (HCPCFC) PHNs performed desktop reviews of all Foster Care referrals from CHDP Providers received for children in out of home care. Follow-up is implemented for any referrals received that indicate abnormal findings and require further diagnosis and/or treatment. The referrals are reviewed for quality assurance purposes. The goal of this program is to assure follow-up care is accomplished within 120 days of receiving referral.

There were 0 referrals received from CHDP Providers this fiscal year.

The number of referrals received has been drastically reduced with each passing year following the termination of PM 160 forms. The new forms are not tied to reimbursement for providers and therefore there is a lack of submission of these forms to our program. We have communicated in person, prior to COVID-19, and by electronic means without much success of increasing the number of forms received. It would be beneficial for local programs if the state sent out a Provider Information Notice (PIN) to review the mandate and/or describe measures taken if the mandate isn't followed.

County of Fresno
Department of Public Health
CHDP

HCPCFC Performance Measure 2 –
Health and Dental Exams for Children in Out -of-Home Placement
FY 2021-22

The data gathered for this Performance Measure was obtained from the Child Welfare System/Case Management System (CWS/CMS) Health and Education Passport (HEP) using the methodology explained here:

<http://cssr.berkeley.edu/cwscmsreports/methodologies/default.aspx?report=CDSS5B>

The percentage of children with timely medical exams was 71%. The number of children with timely dental exams was 64%. The data is only as accurate as the data entered into CWS/CMS HEP. Processes have been put in place and continued assistance and education to DSS Staff are ongoing to increase data entry compliance.

Some notes regarding completion rates according to data received include:

1. Only the physical and dental exams that are **entered** into the HEP are included in this data.
2. Due to the change in the referral process last fiscal year, the majority of health and dental exams completed must be requested from the health or dental care provider. The social worker/case manager is responsible for requesting, collecting and documenting needed data.
3. Information for a completed exam may not have been received from the medical or dental provider to be entered into the HEP.

California Children's Services Caseload Summary Form

County: Fresno

Fiscal Year: 2021-22

	A	B					
CCS Caseload 0 to 21 Years	19-20 Actual Caseload	% of Grand Total	20-21 Actual Caseload	% of Grand Total	21-22 Estimated Caseload based on first three months	% of Grand Total	
MEDI-CAL							
1	Average of Total Open (Active) Medi-Cal Children	5986	85%	6237	87%	6555	88%
2	Potential Case Medi-Cal	31	0.4%	21	0.3%	18	0.2%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	6017	85%	6258	88%	6573	88%
NON MEDI-CAL							
OTLIPC							
4	Average of Total Open (Active) OTLIPC	656	9%	646	9%	643	9%
5	Potential Cases OTLIPC	5	0.07%	2	0.03%	2	0.03%
6	Total OTLIPC (Row 4 + Row 5)	661	9%	648	9%	645	9%
Straight CCS							
7	Average of Total Open (Active) Straight CCS Children	330	5%	176	2%	177	2%
8	Potential Cases Straight CCS Children	68	1%	66	0.9%	64	0.9%
9	Total Straight CCS (Row 7 + Row 8)	398	6%	242	3%	241	3%
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	1059	15%	890	12%	886	12%
GRAND TOTAL							
11	(Row 3 + Row 10)	7076	100%	7148	100%	7459	100%

CHDP Program Referral Data

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

County/City:	FY 18-19		FY 19-20		FY 20-21	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	229,099	43,496	227,536	44,506	000,000	00,000
	Cumulative	New	Cumulative	New	Cumulative	New
	Applications		Applications		Applications	
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	12,312	33,072	9,312	24,723	8,772	24,776
b. Number of Foster Care cases/recipients	3,695	3,695	3,842	3,842	5,007	5,007
c. Number of Medi-Cal only cases/recipients	2,245	3,642	2,064	3,240	1,808	3,384
3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
a. Medical and/or dental services	1,465		832		585	
b. Medical and/or dental services with scheduling and/or transportation	5,107		3,286		3,324	
c. Information only (optional)	5,388		3,003		1,702	

4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	996	768	647
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	16	14	12
6. Number of recipients in "5" who actually received medical and/or dental services	16	14	12

MOU/IAA List

1. Intra-Departmental Agreement: CHDP and CCS
2. Inter-Departmental Agreement: Department of Public Health (DPH), Probation Department (PD), and Department of Social Services (DSS) for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

**CHDP Administrative Budget Summary for FY 2021-22
No County/City Match**

County/City Name: Fresno/Fresno

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$802,170	\$0	\$802,170	\$382,948	\$419,222
II. Total Operating Expenses	\$30,700	\$0	\$30,700	\$3,072	\$27,628
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$181,122	\$0	\$181,122		\$181,122
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$1,013,992	\$0	\$1,013,992	\$386,020	\$627,972

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds	\$0	\$0			
Medi-Cal Funds:	\$1,013,992		\$1,013,992		
State	\$410,491		\$410,491	\$96,505	\$313,986
Federal (Title XIX)	\$603,501		\$603,501	\$289,515	\$313,986

Digitally signed by Aphivanh Xayavath
Reason: I attest to the accuracy and
integrity of this document
Date: 2021.10.14 11:55:31 -0700'



Aphivanh Xayavath  Date Prepared: (559) 600-3330 axayavath@fresnocountyca.gov

Prepared By (Signature) _____ Date Prepared _____ Phone Number _____ Email Address _____

Ankara Lee  Digitally signed by Ann Lee
Date: 2021.10.18 09:35:56 -0700' alee@fresnocountyca.gov

Ann Lee _____ Date _____ Phone Number _____ Email Address _____
CHDP Director or Deputy _____
Director (Signature)

CHDP Administrative Budget Worksheet for FY 2021-22
No County/City Match
State and State/Federal

County/City Name: Fresno/Fresno

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal I (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses											
1. Supervising PHN (A. Lee)	60%	\$114,488	\$68,693	0.00%	\$0	100.00%	\$68,693	75%	\$51,520	25%	\$17,173
2. Public Health Nurse II (J. Guerrero)	100%	\$123,882	\$123,882	0.00%	\$0	100.00%	\$123,882	75%	\$92,912	25%	\$30,971
3. Public Health Nurse II (N. Yalong)	100%	\$94,697	\$94,697	0.00%	\$0	100.00%	\$94,697	75%	\$71,022	25%	\$23,674
4. Health Education Assistant (B. Matsumoto)	100%	\$44,133	\$44,133	0.00%	\$0	100.00%	\$44,133	0%	\$0	100%	\$44,133
5. Supervising OA (A. Bonner)	100%	\$54,117	\$54,117	0.00%	\$0	100.00%	\$54,117	0%	\$0	100%	\$54,117
6. Office Assistant I (J. Wong)	100%	\$25,839	\$25,839	0.00%	\$0	100.00%	\$25,839	0%	\$0	100%	\$25,839
7. Office Assistant III (G. Vasquez)	100%	\$41,863	\$41,863	0.00%	\$0	100.00%	\$41,863	0%	\$0	100%	\$41,863
Total Salaries and Wages			\$453,224		\$0		\$453,224		\$215,454		\$237,770
Less Salary Savings											
Net Salaries and Wages			\$453,224	0.00%	\$0	100.00%	\$453,224	48.00%	\$215,454	52.00%	\$237,770
Staff Benefits (Specify %)			\$348,946		\$0		\$348,946		\$167,494		\$181,452
I. Total Personnel Expenses			\$802,170		\$0		\$802,170		\$382,948		\$419,222
II. Operating Expenses											
1. Travel			\$4,200		\$0		\$4,200		\$2,016		\$2,184
2. Training			\$2,200		\$0		\$2,200		\$1,056		\$1,144
3. Communication			\$2,500		\$0		\$2,500				\$2,500
4. Facilities & Household Expenses			\$9,000		\$0		\$9,000				\$9,000
5. Equipment Maintenance			\$1,000		\$0		\$1,000				\$1,000
6. Office Expense			\$6,600		\$0		\$6,600				\$6,600
7. Postage			\$2,000		\$0		\$2,000				\$2,000
8. Professional and Specialized Services			\$1,200		\$0		\$1,200				\$1,200
9. Printing			\$1,000		\$0		\$1,000				\$1,000
10. Food			\$1,000		\$0		\$1,000				\$1,000
II. Total Operating Expenses			\$30,700		\$0		\$30,700		\$3,072		\$27,628

CHDP Administrative Budget Worksheet for FY 2021-22
No County/City Match
State and State/Federal

County/City Name: Fresno/Fresno

Category/Line Item	1A % or FTE	1B Annual Salary	1 Total Budget (1A x 1B or 2 + 3)	2A CHDP % or FTE	2 Total CHDP Budget	3A Total Medi-Cal %	3 Total Medi-Cal Budget (4 + 5)	4A % or FTE	4 Enhanced State/Federa I (25/75)	5A % or FTE	5 Nonenhanced State/Federal (50/50)
III. Capital Expenses											
III. Total Capital Expenses			\$0		\$0		\$0				\$0
IV. Indirect Expenses											
1. Internal (Specify %)			\$181,122		\$0		\$181,122				\$181,122
2. External (Specify %)			\$0		\$0		\$0				\$0
IV. Total Indirect Expenses			\$181,122		\$0		\$181,122				\$181,122
V. Other Expenses											
V. Total Other Expenses			\$0		\$0		\$0				\$0
Budget Grand Total			\$1,013,992		\$0		\$1,013,992		\$386,020		\$627,972

Digitally signed by Aphivanh Xayavath
Reason: I attest to the accuracy and integrity of this document. 1.10.10.12-22-23_07200



Aphivanh Xayavath
Prepared By (Signature)

(559) 600-3330 Phone Number
axavavath@fresnocountyca.gov Email Address

Ann Lee
CHDP Director or Deputy
Director (Signature)

(559) 600-3330 Phone Number
alee@fresnocountyca.gov Email Address

Digitally signed by Ann Lee
Date: 2021.10.21 10:27:12 -07'00'
Date Prepared Date

**FRESNO COUNTY CHILD HEALTH AND DISABILITY
PREVENTION (CHDP) PROGRAM BUDGET
FY 2021-22 BUDGET JUSTIFICATION**

I. PERSONNEL EXPENSES

Total Salaries:	\$453,224	Salary and Benefits for 7 positions, total of 6.60 FTE. Benefits rate calculated with estimated average of total benefits for the positions. Includes retirement, health insurance, Unemployment Insurance, and Benefits Administration.
Total Benefits:	\$348,946	
TOTAL PERSONNEL EXPENSES:	\$802,170	

II. OPERATING EXPENSES

1. Travel	\$4,200	Private mileage reimbursement at \$0.575/mile and costs for usage of County cars associated with provider visits and travel to State-sponsored meetings and conferences.
2. Training	\$2,200	Cost of tuition & registration fees for program staff to attend State-sponsored training and other trainings to enhance knowledge and skills.
3. Communication	\$2,500	Office telephones utilized by program staff. Costs provided by Internal Services.
4. Facilities & Household Expenses	\$9,000	Facilities, utilities and security costs. Includes janitorial services and cleaning supplies made available to program, e.g. paper towels, light bulbs. Costs provided by Internal Services, based on square footage of office space occupied by program staff.
5. Equipment Maintenance	\$1,000	Copy machine fees/maintenance costs and audiometer calibration.
6. Office Expense	\$6,600	General office supplies including paper supplies, computer supplies, pens, ink cartridges, publications, legal notices, pamphlets and brochures for providers, clients, schools and community agencies, etc. Health education materials for provider trainings and health fairs. Includes items such as eye charts, audiometric screening tools.
7. Postage	\$2,000	Postage costs for mailing information notices to providers and letters to clients.

**FRESNO COUNTY CHILD HEALTH AND DISABILITY
PREVENTION (CHDP) PROGRAM BUDGET
FY 2021-22 BUDGET JUSTIFICATION**

8. Professional and Specialized Services	\$1,200	Interpretation/translation costs for client visits and translating health education material to threshold languages. Also includes confidential document shredding, CPR training and hearing & vision testing class needed for SPMP staff.
9. Printing	\$1,000	Charges related to office printing, chart forms, & informational handouts.
10. Food	\$1,000	Food for provider trainings.

TOTAL OPERATING EXPENSES:	\$30,700	
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III. CAPITAL EXPENSES

N/A	\$0	
TOTAL CAPITAL EXPENSES:	\$0	

IV. INDIRECT EXPENSES

a. Internal @ 22.579%	\$181,122	
b. External @ 0.000%	\$0	
TOTAL INDIRECT EXPENSES:	\$181,122	

Fresno County Department of Public Health's indirect rate is 22.579% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.

V. OTHER EXPENSES

N/A	\$0	
TOTAL OTHER EXPENSES:	\$0	

BUDGET GRAND TOTAL:	\$1,013,992	
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Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	Base
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County-City Name:	Fresno-Fresno	Fiscal Year:	2021-22
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$652,738	\$442,802	\$209,936
II Total Operating Expenses	\$9,000	\$6,822	\$2,178
III Total Capital Expenses			
IV Total Indirect Expenses	\$147,382		\$147,382
V Total Other Expenses			
Budget Grand Total	\$809,120	\$449,624	\$359,496

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$292,154	\$112,406	\$179,748
Federal Funds (Title XIX)	\$516,966	\$337,218	\$179,748
Budget Grand Total	\$809,120	\$449,624	\$359,496

Aphivanh Xayavath Prepared By (Print & Sign)	 Date	<small>Digitally signed by Aphivanh Xayavath Reason: I attest to the accuracy and integrity of this document Date: 2021.10.14 11:56:08 -0700'</small> Date	(559) 600-3330 Phone Number	xayavath@fresnocountyca.gov E-mail Address
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Ankara Lee CHDP Director Or Deputy Director (Print & Sign)	Ann Lee Date	<small>Digitally signed by Ann Lee Date: 2021.10.18 09:36:45 -07'00'</small> Date	(559) 600-3330 Phone Number	alee@fresnocountyca.gov E-mail Address
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Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Base

County-City Name: Fresno-Fresno Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Lee	Ankara	Supervising PHN	Y	40.00%	\$114,488	\$45,795.20	81.00%	\$37,094	19.00%	\$8,701
2	Sidhu	Sanjeevan	PHN I	Y	100.00%	\$76,072	\$76,072.00	78.00%	\$59,336	22.00%	\$16,736
3	Carrasco	Monica	PHN II	Y	100.00%	\$100,314	\$100,314.00	70.00%	\$70,220	30.00%	\$30,094
4	Lopez	Celia	PHN II	Y	50.00%	\$104,214	\$52,107.00	70.00%	\$36,475	30.00%	\$15,632
5	Wade	Lupe	PHN II	Y	50.00%	\$100,314	\$50,157.00	80.00%	\$40,126	20.00%	\$10,031
6	Xiong	Pa	Office Assistant III	N	100.00%	\$34,132	\$34,132.00	0.00%	\$0	100.00%	\$34,132
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				5							
Total FTE PHN Staff					3.40%			75.80%		24.20%	
Total Salaries and Wages							\$358,578		\$243,251		\$115,327
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$358,578		\$243,251		\$115,327
Staff Benefits (Specify %)				82.04%			\$294,160		\$199,551		\$94,609
I. Total Personnel Expenses							\$652,738		\$442,802		\$209,936
II. Operating Expenses											
1	Travel			\$4,000			\$4,000	75.80%	\$3,032	24.20%	\$968
2	Training			\$5,000			\$5,000	75.80%	\$3,790	24.20%	\$1,210
II. Total Operating Expenses							\$9,000		\$6,822		\$2,178
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			22.58%			\$147,382				\$147,382
2	External										
IV. Total Indirect Expenses							\$147,382				\$147,382
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$809,120		\$449,624		\$359,496

Aphivanh Xayavath Digitally signed by Aphivanh Xayavath Reason: I attest to the accuracy and integrity of this document Date: 2021.10.14 12:30:12 -07'00' (559) 600-3330 axayavath@fresnocountyca.gov
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Ankara Lee **Ann Lee** Digitally signed by Ann Lee Date: 2021.10.18 09:37:20 -07'00' (559) 600-3330 alee@fresnocountyca.gov
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

**FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
BASE FY 2021-22 BUDGET JUSTIFICATION**

I. PERSONNEL EXPENSES

Total Salaries:	\$358,578	Salary and Benefits for 6 positions, total of 4.4 FTE. Benefits calculated with estimated total benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
Total Benefits:	\$294,160	
TOTAL PERSONNEL EXPENSES:	\$652,738	

II. OPERATING EXPENSES

Travel:	\$4,000	Private auto mileage reimbursement at \$0.56/mile for program staff travel to complete program activities and attend State-sponsored meetings, including regional meetings, sub-committee meetings, and training specific to job duties.
Training:	\$5,000	Registration costs for PHNs to attend State recommended training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and State-convened meetings.

TOTAL OPERATING EXPENSES: **\$9,000**

III. CAPITAL EXPENSES

N/A	\$0
TOTAL CAPITAL EXPENSES:	\$0

IV. INDIRECT EXPENSES

a. Internal @ 22.579%:	\$147,382	Fresno County Department of Public Health's indirect rate is 22.579% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.
TOTAL INDIRECT EXPENSES:	\$147,382	

V. OTHER EXPENSES

N/A	\$0
TOTAL OTHER EXPENSES:	\$0

BUDGET GRAND TOTAL: **\$809,120**



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	PMM&O
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County-City Name:	Fresno-Fresno	Fiscal Year:	2021-22
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$139,125	\$123,820	\$15,305
II Total Operating Expenses	\$1,000	\$890	\$110
III Total Capital Expenses			
IV Total Indirect Expenses	\$31,414		\$31,414
V Total Other Expenses			
Budget Grand Total	\$171,539	\$124,710	\$46,829

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$54,591	\$31,177	\$23,414
Federal Funds (Title XIX)	\$116,948	\$93,533	\$23,415
Budget Grand Total	\$171,539	\$124,710	\$46,829

Aphivanh Xayavath Prepared By (Print & Sign)	 Date	<small>Digitally signed by Aphivanh Xayavath Reason: I attest to the accuracy and integrity of this document Date: 2021.10.14 12:40:16 -0700</small> (559) 600-3330 Phone Number	xayavath@fresnocountyca.gov E-mail Address
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Ankara Lee CHDP Director Or Deputy Director (Print & Sign)	Ann Lee Date	<small>Digitally signed by Ann Lee Date: 2021.10.18 09:37:54 -0700</small> (559) 600-3330 Phone Number	alee@fresnocountyca.gov E-mail Address
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Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: Fresno-Fresno Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Hughes	Michael	PHN I	Y	100.00%	\$87,211	\$87,211.00	89.00%	\$77,618	11.00%	\$9,593
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					1.00%			89.00%		11.00%	
Total Salaries and Wages							\$87,211		\$77,618		\$9,594
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$87,211		\$77,618		\$9,594
Staff Benefits (Specify %)				59.52%			\$51,912		\$46,202		\$5,711
I. Total Personnel Expenses							\$139,125		\$123,820		\$15,305
II. Operating Expenses											
1	Travel			\$1,000			\$1,000	89.00%	\$890	11.00%	\$110
2	Training			\$0			\$0	89.00%	\$0	11.00%	\$0
II. Total Operating Expenses							\$1,000		\$890		\$110
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			22.58%			\$31,414				\$31,414
2	External										
IV. Total Indirect Expenses							\$31,414				\$31,414
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$171,539		\$124,710		\$46,829

Aphivanh Xayavath Digitally signed by Aphivanh Xayavath
 Reason: I attest to the accuracy and integrity of this document
 Date: 2021.10.14 12:41:34 -0700
 Prepared By (Print & Sign) Date Phone Number (559) 600-3330 E-mail Address axayavath@fresnocountyca.gov

Ankara Lee **Ann Lee** Digitally signed by Ann Lee
 Date: 2021.10.18 09:38:28 -07'00'
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number (559) 600-3330 E-mail Address alee@fresnocountyca.gov

**FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
Psychotropic Medications Monitoring & Oversight
FY 2021-22 BUDGET JUSTIFICATION**

I. PERSONNEL EXPENSES

Total Salaries:	\$87,212	Salary and Benefits for 1 FTE PHN I.
Total Benefits:	\$51,913	Includes retirement, health insurance,
		OASDI, Unemployment Insurance, and
TOTAL PERSONNEL EXPENSES:	\$139,125	Benefits Administration.

II. OPERATING EXPENSES

1. Training	\$1,000	Registration costs & ancillary costs for PHN to attend State recommended training and workshops to maintain professional competence and gain program specific skills.
2. Travel	\$0	

TOTAL OPERATING EXPENSES:	\$1,000	
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III. CAPITAL EXPENSES

N/A	\$0	
TOTAL CAPITAL EXPENSES:	\$0	

IV. INDIRECT EXPENSES

a. Internal @ 22.579%:	\$31,414	Fresno County Department of Public Health's indirect rate is 22.579% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.
TOTAL INDIRECT EXPENSES:	\$31,414	

V. OTHER EXPENSES

N/A	\$0	
TOTAL OTHER EXPENSES:	\$0	

BUDGET GRAND TOTAL:	\$171,539	
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Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief):	Caseload Relief
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County-City Name:	Fresno-Fresno	Fiscal Year:	2021-22
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Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$325,243	\$273,203	\$52,040
II Total Operating Expenses	\$4,500	\$3,780	\$720
III Total Capital Expenses			
IV Total Indirect Expenses	\$73,437		\$73,437
V Total Other Expenses			
Budget Grand Total	\$403,180	\$276,983	\$126,197

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$132,343	\$69,245	\$63,098
Federal Funds (Title XIX)	\$270,837	\$207,738	\$63,099
Budget Grand Total	\$403,180	\$276,983	\$126,197

Aphivanh Xayavath Prepared By (Print & Sign)	 Date	<small>Digitally signed by Aphivanh Xayavath Reason: I attest to the accuracy and integrity of this document Date: 2021.10.14 12:46:02 -07'00'</small> (559) 600-3330 Phone Number	xayavath@fresnocountyca.gov E-mail Address
---	----------	--	---

Ankara Lee Ann Lee CHDP Director Or Deputy Director (Print & Sign)	 Date	<small>Digitally signed by Ann Lee Date: 2021.10.18 09:38:53 -07'00'</small> (559) 600-3330 Phone Number	alee@fresnocountyca.gov E-mail Address
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Department of Health Care Services
Integrated Systems of Care Division
Health Care Program for Children in Foster Care
State/Federal
Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Caseload Relief

County-City Name: Fresno-Fresno Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Holliman	Stella	PHN II	Y	100.00%	\$100,314	\$100,314.00	84.00%	\$84,264	16.00%	\$16,050
2	Johnson	Matthew	PHN I	Y	100.00%	\$83,050	\$83,050.00	84.00%	\$69,762	16.00%	\$13,288
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					2.00%			84.00%		16.00%	
Total Salaries and Wages							\$183,364		\$154,026		\$29,339
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$183,364		\$154,026		\$29,339
Staff Benefits (Specify %)					77.37%		\$141,877		\$119,177		\$22,701
I. Total Personnel Expenses							\$325,243		\$273,203		\$52,040
II. Operating Expenses											
1	Travel			\$2,000			\$2,000	84.00%	\$1,680	16.00%	\$320
2	Training			\$2,500			\$2,500	84.00%	\$2,100	16.00%	\$400
II. Total Operating Expenses							\$4,500		\$3,780		\$720
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			22.58%			\$73,437				\$73,437
2	External										
IV. Total Indirect Expenses							\$73,437				\$73,437
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$403,180		\$276,983		\$126,197

Aphivanh Xayavath Digitally signed by Aphivanh Xayavath
Reason: I attest to the accuracy and integrity of this document
Date: 2021.10.14 12:46:32 -07'00'
Prepared By (Print & Sign) Date (559) 600-3330 axayavath@fresnocountyca.gov
Phone Number E-mail Address

Ankara Lee **Ann Lee** Digitally signed by Ann Lee
Date: 2021.10.18 09:39:29 -07'00'
CHDP Director Or Deputy Director (Print & Sign) Date (559) 600-3330 alee@fresnocountyca.gov
Phone Number E-mail Address

**FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
CASELOAD RELIEF
FY 2021-22 BUDGET JUSTIFICATION**

I. PERSONNEL EXPENSES

Total Salaries:	\$183,365	Salary and Benefits for 2 FTE PHN. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
Total Benefits:	<u>\$141,878</u>	
TOTAL PERSONNEL EXPENSES:	\$325,243	

II. OPERATING EXPENSES

1. Travel	\$2,000	Private auto mileage reimbursement at \$0.56/mile for program staff travel to complete program activities and attend State-sponsored meetings, including regional meetings, sub-committee meetings, and training specific to job duties.
2. Training	\$2,500	Registration costs for PHNs to attend State recommended training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and State-convened meetings.
TOTAL OPERATING EXPENSES:	<u>\$4,500</u>	

III. CAPITAL EXPENSES

N/A	\$0
TOTAL CAPITAL EXPENSES:	<u>\$0</u>

IV. INDIRECT EXPENSES

a. Internal @ 22.579%:	\$73,437	Fresno County Department of Public Health's indirect rate is 22.579% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.
TOTAL INDIRECT EXPENSES:	<u>\$73,437</u>	

V. OTHER EXPENSES

N/A	\$0
TOTAL OTHER EXPENSES:	<u>\$0</u>

BUDGET GRAND TOTAL:	<u><u>\$403,180</u></u>
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CCS Administrative Budget Worksheet

Fiscal Year: 2021-22

County: Fresno

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	174	2.36%
OTLCP - Total Cases of Open (Active) OTLCP Children	650	8.80%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children	6563	88.85%
TOTAL CCS CASELOAD	7387	100%

Column	Straight CCS				Optional Targeted Low Income Children's Program (OTLCP)				Medi-Cal (Non-OTLCP)				
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17,517,565)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)			
I. Personnel Expense													
Program Administration													
1. Pilar Vasquez, Administrator, (Division Manager)	112,282	2,645	8.80%	9,880	88.85%	99,757	100.00%	99,757	100.00%	99,757			
2. Susan Staehelin, Staff Analyst III	76,234	1,796	8.80%	6,708	88.85%	67,730	100.00%	67,730	100.00%	67,730			
3. Jennifer Miller, Administrative Assistant III	49,944	1,176	8.80%	4,395	88.85%	44,373	100.00%	44,373	100.00%	44,373			
4. Hasbani Dhillon, Rehabilitative Therapy Manager	113,640	535	8.80%	2,000	88.85%	20,193	100.00%	20,193	100.00%	20,193			
5. Jose Rodriguez, Senior Accountant	70,367	0	8.80%	0	88.85%	0	100.00%	0	100.00%	0			
6. Peter Jiw, Business System Analyst III	80,581	0	8.80%	0	88.85%	0	100.00%	0	100.00%	0			
7. Kristeena Bump, Program Technician II	45,657	1,075	8.80%	4,017	88.85%	40,564	100.00%	40,564	100.00%	40,564			
8. VACANT, Health Education Specialist	0	0	8.80%	0	88.85%	0	100.00%	0	100.00%	0			
9. Employee Name, Position	0	0	8.80%	0	88.85%	0	100.00%	0	100.00%	0			
10. Employee Name, Position	0	0	8.80%	0	88.85%	0	100.00%	0	100.00%	0			
Subtotal	548,705	7,227		27,000		272,617				272,617			
Medical Case Management													
1. Dr. Rajeev Verma, Public Health Physician (EXTRA HELP)	267,488	2,520	8.80%	9,415	88.85%	95,060	0.00%	0	100.00%	95,060			
2. Dr. Khushi Mehta, Public Health Physician (EXTRA HELP)	267,488	630	8.80%	2,354	88.85%	23,785	0.00%	0	100.00%	23,785			
3. Heather Woo, Supervising Public Health Nurse	104,904	2,471	8.80%	9,231	88.85%	93,202	0.00%	0	100.00%	93,202			
4. Kelly Stevens, Head Nurse	97,706	2,301	8.80%	8,597	88.85%	86,807	0.00%	0	100.00%	86,807			
5. Noel Almaguer, Public Health Nurse II	102,264	2,409	8.80%	8,998	88.85%	90,657	0.00%	0	100.00%	90,657			
6. Sandy Sue Ace, Public Health Nurse II	94,316	2,222	8.80%	8,299	88.85%	83,795	0.00%	0	100.00%	83,795			
7. Arnela Ozaola, Public Health Nurse (EXTRA HELP)	75,046	707	8.80%	2,641	88.85%	26,670	0.00%	0	100.00%	26,670			
8. Bellinda Mayuga, Staff Nurse III	93,239	2,196	8.80%	8,204	88.85%	82,838	0.00%	0	100.00%	82,838			
9. Quy Gip, Staff Nurse III	93,239	2,196	8.80%	8,204	88.85%	82,838	0.00%	0	100.00%	82,838			
10. Tim Yang, Staff Nurse III	90,347	2,128	8.80%	7,950	88.85%	80,269	0.00%	0	100.00%	80,269			
11. Darawadee Martin, Staff Nurse III	93,239	2,196	8.80%	8,204	88.85%	82,838	0.00%	0	100.00%	82,838			
12. Joseph Burgess, Staff Nurse III	95,169	2,242	8.80%	8,376	88.85%	84,571	0.00%	0	100.00%	84,571			
13. Vivien Tagoe, Staff Nurse III	93,239	2,196	8.80%	8,204	88.85%	82,838	0.00%	0	100.00%	82,838			
14. Marjolyn Ramiro, Staff Nurse III	93,239	2,196	8.80%	8,204	88.85%	82,838	0.00%	0	100.00%	82,838			
15. Maribeth Jensen, Staff Nurse III	93,239	2,196	8.80%	8,204	88.85%	82,838	0.00%	0	100.00%	82,838			
16. Hilary Davis, Public Health Nurse II	100,314	2,363	8.80%	8,927	88.85%	89,124	0.00%	0	100.00%	89,124			
17. Yee Taing, Public Health Nurse I	75,131	1,770	8.80%	6,611	88.85%	66,750	0.00%	0	100.00%	66,750			
18. Shannon Smith, Staff Nurse II	84,107	1,961	8.80%	7,401	88.85%	74,725	0.00%	0	100.00%	74,725			
19. Khamsay Vanhaiselagen, Staff Nurse II	82,906	1,953	8.80%	7,295	88.85%	73,656	0.00%	0	100.00%	73,656			
20. Veronica Reyna, Staff Nurse II	84,566	1,992	8.80%	7,443	88.85%	75,151	0.00%	0	100.00%	75,151			
21. VACANT, Staff Nurse I	62,966	31,183	8.80%	7,744	88.85%	27,705	0.00%	0	100.00%	27,705			
22. Ku Lee, Public Health Nurse I	78,351	1,846	8.80%	6,897	88.85%	69,638	0.00%	0	100.00%	69,638			
23. Eleana Phillips, Physical Therapist III	104,539	2,363	8.80%	2,300	88.85%	21,220	0.00%	0	100.00%	21,220			

CCS Administrative Budget Worksheet

Fiscal Year: 2021-22
County: Fresno

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	174	2.36%
OTLCP - Total Cases of Open (Active) OTLCP Children	650	8.80%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (OTLCP) Children	6563	88.85%
TOTAL CCS CASELOAD	7387	100%

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLCP)			Medi-Cal (Non-OTLCP)			
	4A Caseload %	4 Straight CCS County/State (9050)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17,517,565)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (2575)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)
Total Budget (1 x 2 or 4 + 5 + 6)										
24. Margaret Altamirano, Staff Nurse III	2.36%	1,897	8.80%	3,269	88.85%	71,560	0.00%	0	100.00%	71,560
25. Jing Yang, Staff Nurse (Extra Help)	2.36%	875	8.80%	3,269	88.85%	33,005	0.00%	0	100.00%	33,005
25. VACANT, Public Health Physician	0	0	8.80%	0	88.85%	0	0.00%	0	100.00%	0
25. VACANT, Public Health Nurse I	2.36%	866	8.80%	3,236	88.85%	32,673	0.00%	0	100.00%	32,673
Subtotal		47,700		178,195		1,799,233		0		1,799,233
Other Health Care Professionals										
1. VACANT, Medical Social Worker I	2.36%	583	8.80%	2,179	88.85%	21,998	0.00%	0	100.00%	21,998
2. Ariana Robles-Solis Medical Social Worker II	2.36%	1,678	8.80%	6,267	88.85%	63,279	0.00%	0	100.00%	63,279
3. VACANT, Medical Social Worker I	0	0	8.80%	0	88.85%	0	0.00%	0	100.00%	0
Subtotal		2,261		8,446		85,277		0		85,277
Ancillary Support										
1. Sonya Mendoza, Senior Administrative Case Worker	2.36%	1,287	8.80%	4,809	88.85%	48,553			100.00%	48,553
2. Bobbi Taylor, Senior Administrative Case Worker	2.36%	1,153	8.80%	4,307	88.85%	43,483			100.00%	43,483
3. Rudy Constantino, Administrative Case Worker II	2.36%	1,094	8.80%	4,096	88.85%	41,259			100.00%	41,259
4. Vacant, Administrative Case Worker I	2.36%	378	8.80%	1,411	88.85%	14,249			100.00%	14,249
5. Rebecca Lopez, Administrative Case Worker II	2.36%	1,094	8.80%	4,086	88.85%	41,259			100.00%	41,259
6. Luz Reyes, Administrative Case Worker II	2.36%	1,124	8.80%	4,201	88.85%	42,414			100.00%	42,414
7. Vacant, Administrative Case Worker I	2.36%	378	8.80%	1,411	88.85%	14,249			100.00%	14,249
8. Angel Rodriguez, Administrative Case Worker II	2.36%	901	8.80%	3,366	88.85%	33,984			100.00%	33,984
9. Vacant, Administrative Case Worker I	2.36%	378	8.80%	1,411	88.85%	14,249			100.00%	14,249
10. Anita Trislan, Administrative Case Worker II	2.36%	944	8.80%	3,525	88.85%	35,591			100.00%	35,591
11. Michael Vue Administrative Case Worker II	2.36%	973	8.80%	3,635	88.85%	36,703			100.00%	36,703
12. Tiffany Acosta, Administrative Case Worker II	2.36%	1,067	8.80%	3,967	88.85%	40,252			100.00%	40,252
13. Zulena Alderete, Administrative Case Worker I	2.36%	827	8.80%	3,088	88.85%	31,177			100.00%	31,177
14. Yudico Garza-Wayne, Administrative Case Worker I	2.36%	855	8.80%	3,195	88.85%	32,259			100.00%	32,259
15. Robert Romans, Administrative Case Worker I	2.36%	855	8.80%	3,195	88.85%	32,259			100.00%	32,259
16. Fallon Smith O'Keefe, Administrative Case Worker I	2.36%	855	8.80%	3,195	88.85%	32,259			100.00%	32,259
17. VACANT, Administrative Case Worker I	0	0	8.80%	0	88.85%	0			100.00%	0
18. VACANT, Administrative Case Worker I	0	0	8.80%	0	88.85%	0			100.00%	0
19. VACANT, Administrative Case Worker I	0	0	8.80%	0	88.85%	0			100.00%	0
Subtotal		14,163		52,908		534,199				534,199
Clerical and Claims Support										
1. Albra Carier, Supervising Office Assistant	2.36%	1,209	8.80%	4,516	88.85%	45,585	0.00%	0	100.00%	45,585
2. Melissa Figueroa, Office Assistant III	2.36%	955	8.80%	3,569	88.85%	36,038	0.00%	0	100.00%	36,038
3. Teresa Valladolid, Office Assistant III	2.36%	955	8.80%	3,569	88.85%	36,038	0.00%	0	100.00%	36,038

CCS Administrative Budget Worksheet

Fiscal Year: 2021-22
County: Fresno

Category	Actual Caseload	Percent of Total CCS Caseload
CCS CASELOAD		
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	174	2.36%
OTLIPC -		
Total Cases of Open (Active) OTLIPC Children	650	8.80%
MEDI-CAL -		
Total Cases of Open (Active) Medi-Cal (OTLIPC) Children	6563	88.85%
TOTAL CCS CASELOAD	7387	100%

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLIPC)			Medi-Cal (Non-OTLIPC)				
	4A	4	5A	5	6A	6	7A	7	8A	8	
Category/Line Item	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)	
Total Budget (1 + 2 or 4 + 5 + 6)											
Annual Salary											
4. Natasha Jones, Office Assistant III	2.36%	804	8.80%	3,003	88.85%	30,325	0.00%	0	100.00%	30,325	
5. Amy Austin, Office Assistant I	2.36%	717	8.80%	2,677	88.85%	27,026	0.00%	0	100.00%	27,026	
6. Alexis Diaz, Office Assistant I	2.36%	697	8.80%	2,605	88.85%	26,304	0.00%	0	100.00%	26,304	
7. Claudia Gobermarim, Office Assistant I	2.36%	766	8.80%	2,860	88.85%	28,878	0.00%	0	100.00%	28,878	
8. VACANT, Office Assistant I	2.36%	0	8.80%	0	88.85%	0	0.00%	0	100.00%	0	
9. Suzie Federline, Supervising Account Clerk	2.36%	0	8.80%	0	88.85%	0	0.00%	0	100.00%	0	
10. Vacant, Account Clerk I	2.36%	0	8.80%	0	88.85%	0	0.00%	0	100.00%	0	
11. Maricela Garcia, Account Clerk II	2.36%	502	8.80%	1,875	88.85%	18,930	0.00%	0	100.00%	18,930	
Subtotal		6,605		24,674		249,134		0		249,134	
Total Salaries and Wages	2.36%	77,988	8.80%	291,224	88.85%	2,940,460	0.00%	0	100.00%	2,940,460	
Staff Benefits (Specify %)	2.36%	64,783	8.80%	242,007	88.85%	2,443,525		0		2,443,525	
I. Total Personnel Expense	2.36%	142,771	8.80%	533,231	88.85%	5,383,985		0		5,383,985	
II. Operating Expense											
1. Travel	2.36%	142	8.80%	531	88.85%	5,358	0.00%	0	100.00%	5,358	
2. Training	2.36%	41	8.80%	153	88.85%	1,546	0.00%	0	100.00%	1,546	
3. Office Expense (including Printing)	2.36%	230	8.80%	859	88.85%	8,672				8,672	
4. Postage	2.36%	480	8.80%	1,793	88.85%	18,108				18,108	
5. Small Tools	2.36%	57	8.80%	211	88.85%	2,132				2,132	
6. Household Expenses	2.36%	250	8.80%	933	88.85%	9,418				9,418	
7. Maintenance - Equipment & Security	2.36%	613	8.80%	2,291	88.85%	23,133				23,133	
8. Facility Services - including Rent, Utilities	2.36%	1,730	8.80%	6,463	88.85%	65,257				65,257	
9. Data Processing - including Communication	2.36%	1,231	8.80%	4,597	88.85%	46,414				46,414	
10. Translation Services	2.36%	118	8.80%	440	88.85%	4,442				4,442	
11. File Conversion to Electronic	2.36%	153	8.80%	572	88.85%	5,775				5,775	
II. Total Operating Expense		5,045		18,843		190,255		0		190,255	
III. Capital Expense											
1.	2.36%	0	8.80%	0	88.85%	0				0	
2.	2.36%	0	8.80%	0	88.85%	0				0	
3.	2.36%	0	8.80%	0	88.85%	0				0	
III. Total Capital Expense		0		0		0		0		0	
IV. Indirect Expense											
1. Indirect Cost Rate	2.36%	21,126	8.80%	76,918	88.85%	796,830			100.00%	796,830	
IV. Total Indirect Expense	2.36%	21,126	8.80%	76,918	88.85%	796,830			100.00%	796,830	
V. Other Expense											
1. Maintenance & Transportation	2.36%	942	8.80%	3,520	88.85%	35,538			100.00%	35,538	

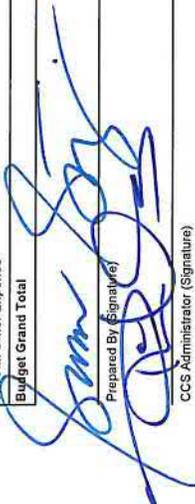
CCS Administrative Budget Worksheet

Fiscal Year: 2021-22
County: Fresno

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	174	2.36%
OTLICP - Total Cases of Open (Active) OTLICP Children	650	8.80%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (OTLICP) Children	6563	88.85%
TOTAL CCS CASELOAD	7387	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)				Medi-Cal (Non-OTLICP)			
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)	
2. CRISS Council Membership	2.36%	158	8.80%	590	88.85%	5,953	100.00%	100.00%	5,953		
3.	2.36%	0	8.80%	0	88.85%	0	100.00%	100.00%	0		
4.	2.36%	0	8.80%	0	88.85%	0	100.00%	100.00%	0		
5.	2.36%	0	8.80%	0	88.85%	0	100.00%	100.00%	0		
V-Total Other Expense		1,100		4,110		41,491			41,491		
Budget Grand Total		170,012		635,102		6,412,561		0	6,412,561		

Prepared By (Printed Name) Susan Stasikonis Date Prepared 10-08-2021 Phone Number (559)600-6383

CCS Administrator (Signature)  Date Signed 10-26-2021 Phone Number (559)600-6595

California Children's Services
 Fresno County
 Budget Narrative
 FY 2021-22

I. Personnel Expenses		
Total Salaries:	\$	3,309,645
Total Benefits:	\$	2,750,315
Staff benefits represent an estimated 82.95% of salaries; this is a decrease of 2.0% from the previous fiscal year. This estimate was reached by using an average of the actual County benefits budgeted for this fiscal year. Anticipated salary adjustments and promotions are included.		
Total Personnel Expenses:	\$	6,059,960

Staffing Changes	
Public Health Physician	No changes from the previous fiscal year (FY).
Public Health Nurse	Represents a 5.9 FTE including 0.5 FTE vacant position. Vacancies are expected to filled by Jan 2022.
Staff Nurse	Represents a 12.9 FTE including 0.5 FTE vacant position. This is a decrease of 0.3 FTE from previous FY to meet allocation. Vacancies are expected to filled by Jan 2022.
Medical Social Worker	Represents 1.5 FTE. This is a 0.4 FTE decrease from previous FY. Vacancies are expected to filled by Jan 2022.
Admitting Case Worker	Represents 12.5 FTE with 1.5 FTE vacant positions. This is a decrease of 3.0 FTE from previous FY to meet allocation. Vacancies are expected to filled by Jan 2022.

II. Operating Expenses		
Travel	\$	6,031.00
Based on expenditures: Mileage, Meals, Lodging, Freight, Parking, Garge Fees, etc., this is a 28% decrease from previous FY.		
Training	\$	1,740.00
Based on expenditures, no changes from the previous FY.		
Office Expenses	\$	9,761.00
Represents a 43% decrease from previous FY based on expenditures and to meet allocation.		
Postage	\$	20,381.00
Represents a 0.2% decrease from previous FY based on expenditures and to meet allocation.		
Small Tools	\$	2,400.00
Represents a 43% decrease from previous FY based on expenditures and to meet allocation.		
Household Expenses	\$	10,600.00
Based on expenditures, no change from previous FY.		
Maint-Equip, Bldg, & Security	\$	26,037.00
Represents a 25% increase from previous FY based on expenditures.		
Facility Services(rent, utilities)	\$	73,450.00
Represents a 26% increase from previous FY based on expenditures.		
Data Processing including Commu	\$	52,241.00
Combining Data Processing and Communications, this represents a 21% increase from previous FY based on expenditures.		
Translation Services	\$	5,000.00
Based on expenditures, no change from previous FY.		
File Conversion to Electronic	\$	6,500.00
Based on expenditures, no change from previous FY.		
Total Operating Expenses:	\$	214,141.00

III. Capital Expenses		
Total Capital Expenses:	\$	-
No amount budgeted in previous FY.		

California Children's Services
 Fresno County
 Budget Narrative
 FY 2021-22

IV. Indirect Expenses		
Internal @ 14.80%	\$ 896,874.00	Represents a 0.2% decrease from previous fiscal year. Fresno's actual indirect rate is 22.579% but the amount was lowered to meet the allocation.
External @ 0%	\$ -	No amount budgeted in previous FY.
Total Indirect Expenses:	\$ 896,874.00	

V. Other Expenses		
Maintenance & Transportation	\$ 40,000.00	Represents a 10% decrease from previous FY based on expenditures and to meet
CRISS Council Membership	\$ 6,700.00	No amount budgeted in previous FY.
Total Other Expenses:	\$ 46,700.00	

Budget Grand Total:	\$ 7,217,675.00
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County/City Other Expenses Justification Form
Fiscal Year 2021-22

County/City: Fresno County	Contact Person: Susan Stasikonis
Date: 10/18/2021	Telephone Number: (559)600-6383

List all the subcontractor/consultant agreement claimed under "Other Expenses" and the price. Describe the services to be performed and how the CMS program(s) will benefit. Be specific but concise.

Membership Fee to CRISS: \$6,700.00
CRISS= Children's Regional Integrated Service System
Description:
CRISS brings together three major CCS stakeholder group namely: (29) County CCS programs, family support and pediatric organizations and children's hospitals, in a cohesive regional coalition for collaboration and planning. CRISS's goals are to maintain a consistent regional vehicle for coordination and collaboration in the region; promote family-centered care and medical homes for children with special health care needs; reduce cross-county barriers posed by different eligibility and authorization interpretation and processes; and improve regional information sharing among members and other groups regarding CCS program, best practices and quality standards.
Fresno County CCS experiences periodic manpower turnovers including at the Administration leadership level. Participation in CRISS not only benefits new Admin staff in their job transition and onboarding but also provide a better understanding of other Counties' operation through regular collaboration and workshops. Participation also helps being updated in upcoming Statewide initiatives which can impact CCS programs, other County program's information and concerns, best practices, clarifications on new Numbered Letters and fiscal related processes and issues as well as collaborating suggestions to the State's Advisory group that may improve and assist CCS programs' process to provide better service to children with special health care needs and their family.

NOTE: If additional space is required, please include the information on a separate sheet of paper and attach it to this form.