

JULY 1, 2025

HCPCFC PROGRAM LETTER: 25-03

TO: HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
ADMINISTRATORS

SUBJECT: HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE FISCAL
YEAR 2025-2026 ALLOCATION

The purpose of this letter is to provide each local Health Care Program for Children in Foster Care (HCPCFC) with their Fiscal Year (FY) 2025-2026 allocation.

This letter serves as each local program's approved state HCPCFC budget and enables each local program to use this letter to develop their budget. Budget approval letters will not be issued. Detailed budget information may be found in the [HCPCFC Financial Policy and Procedure \(FP&P\) Manual](#).

Acceptance of funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the HCPCFC and adhere to all applicable policies and procedures set forth by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Findings of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the HCPCFC audit exception, are the exclusive and sole responsibility of each local program.

Each local program remains responsible for overseeing and tracking its expenditures. and will only be reimbursed up to the county's authorized allocation. An audit file must be maintained. At a minimum this audit file should include:

- » Documentation of required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under Federal Financial Participation (FFP).
- » Documentation in support of claimed expenditures.
- » Documentation to demonstrate compliance with all federal and state requirements pertaining to the HCPCFC, and adherence to all applicable policies and procedures set forth by CDSS and DHCS.

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Local programs should maintain and be prepared to produce the audit file to State and Federal entities within seven (7) calendar days of a request.

Budget Reporting Instructions

- » Utilize the HCPCFC Budget Workbook.
Budget workbooks may be found in the Templates section of the ISCD Budget Portal ¹ or by request to HCPCFC@dhcs.ca.gov. Questions regarding the ISCD Budget Portal may be directed to ISCDFiscal@dhcs.ca.gov.
- » Sign with a wet signature OR electronically using Adobe Acrobat Pro DC Self-signed with Digital ID ² function or DocuSign. ³
If access to either of these programs is not available, scanned signature will be accepted, with the original signature kept in the local audit file.
- » Submit the following electronically to the [ISCD Budget Portal](#):
 - Excel version of the HCPCFC Budget Workbook and,
 - Signed PDF version of the HCPCFC Budget Workbook.
- » Submit only the information requested in the HCPCFC Budget Workbook. Be prepared to provide ISCD with additional documentation to demonstrate compliance with program requirements, upon request.
- » Submit by September 1, 2025.
If all necessary signatures cannot be obtained by this date, submit completed excel workbooks by the deadline and contact ISCDFiscal@dhcs.ca.gov to request an extension for submission of required signatures.

Staffing Flexibilities

Flexibilities from FY 2024-2025 will be extended to FY 2025-2026 with the understanding the allocation can only be utilized for administrative functions. DHCS may ask counties clarifying questions on a case-by-case basis if unclear on how positions funded under their administrative budget are supporting administrative functions as outlined in the HCPCFC FP&P.

¹ [ISCD Budget Portal](#)

² [Manage Digital IDS in Adobe](#)

³ [DocuSign, How to Sign a Document](#)

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Fiscal questions may be directed to: ISCDFiscal@dhcs.ca.gov. All other questions may be directed to the central program inbox: HCPCFC@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Joseph Billingsley

Assistant Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Attachments:

1. FY 2025-2026 HCPCFC Allocation Tables
 - A. Base Allocation
 - B. Psychotropic Medication Monitoring & Oversight
 - C. Caseload Relief
 - D. Administrative Allocation

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Attachment 1A:
Health Care Program for Children in Foster Care
Base Allocation
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$196,920	\$590,711	\$787,631
Alpine	\$3,000	\$9,000	\$12,000
Amador	\$9,101	\$27,299	\$36,400
Butte	\$63,123	\$189,353	\$252,476
Calaveras	\$10,262	\$30,784	\$41,046
Colusa	\$6,002	\$18,006	\$24,008
Contra Costa	\$100,299	\$300,873	\$401,172
Del Norte	\$14,328	\$42,982	\$57,310
El Dorado	\$23,042	\$69,120	\$92,162
Fresno	\$343,690	\$1,030,985	\$1,374,675
Glenn	\$8,132	\$24,395	\$32,527
Humboldt	\$48,601	\$145,790	\$194,391
Imperial	\$47,632	\$142,886	\$190,518
Inyo	\$3,000	\$9,000	\$12,000
Kern	\$338,655	\$1,015,883	\$1,354,538
Kings	\$54,797	\$164,377	\$219,174
Lake	\$15,103	\$45,305	\$60,408
Lassen	\$9,294	\$27,880	\$37,174
Los Angeles	\$2,725,705	\$8,176,438	\$10,902,143
Madera	\$46,471	\$139,401	\$185,872
Marin	\$16,846	\$50,533	\$67,379
Mariposa	\$3,000	\$9,000	\$12,000
Mendocino	\$37,370	\$112,101	\$149,471
Merced	\$109,981	\$329,915	\$439,896
Modoc	\$4,453	\$13,359	\$17,812
Mono	\$3,000	\$9,000	\$12,000
Monterey	\$35,628	\$106,874	\$142,502
Napa	\$13,746	\$41,239	\$54,985
Nevada	\$7,551	\$22,653	\$30,204
Orange	\$419,398	\$1,258,092	\$1,677,490
Placer	\$33,691	\$101,066	\$134,757
Plumas	\$6,777	\$20,329	\$27,106
Riverside	\$641,683	\$1,924,893	\$2,566,576
Sacramento	\$237,775	\$713,267	\$951,042
San Benito	\$5,615	\$16,844	\$22,459
San Bernardino	\$924,574	\$2,773,495	\$3,698,069

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Attachment 1A:
Health Care Program for Children in Foster Care
Base Allocation
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
San Diego	\$303,028	\$909,009	\$1,212,037
San Francisco	\$120,243	\$360,700	\$480,943
San Joaquin	\$210,667	\$631,950	\$842,617
San Luis Obispo	\$47,439	\$142,305	\$189,744
San Mateo	\$21,686	\$65,054	\$86,740
Santa Barbara	\$82,098	\$246,275	\$328,373
Santa Clara	\$83,841	\$251,502	\$335,343
Santa Cruz	\$25,365	\$76,090	\$101,455
Shasta	\$76,483	\$229,430	\$305,913
Sierra	\$3,000	\$9,000	\$12,000
Siskiyou	\$15,103	\$45,305	\$60,408
Solano	\$60,993	\$182,964	\$243,957
Sonoma	\$77,258	\$231,754	\$309,012
Stanislaus	\$85,003	\$254,987	\$339,990
Sutter	\$17,427	\$52,275	\$69,702
Tehama	\$23,429	\$70,281	\$93,710
Trinity	\$4,066	\$12,198	\$16,264
Tulare	\$166,133	\$498,358	\$664,491
Tuolumne	\$11,811	\$35,431	\$47,242
Ventura	\$79,968	\$239,886	\$319,854
Yolo	\$47,052	\$141,143	\$188,195
Yuba	\$34,079	\$102,227	\$136,306
City of Berkeley	\$6,583	\$19,748	\$26,331
Total	\$8,171,000	\$24,511,000	\$32,682,000

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Attachment 1B:
Health Care Program for Children in Foster Care
Psychotropic Medication Monitoring and Oversight Allocation
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$40,795	\$122,386	\$163,181
Alpine	\$3,659	\$10,975	\$14,634
Amador	\$3,659	\$10,975	\$14,634
Butte	\$18,293	\$54,878	\$73,171
Calaveras	\$3,659	\$10,975	\$14,634
Colusa	\$3,659	\$10,975	\$14,634
Contra Costa	\$36,585	\$109,756	\$146,341
Del Norte	\$3,659	\$10,975	\$14,634
El Dorado	\$10,976	\$32,926	\$43,902
Fresno	\$54,878	\$164,634	\$219,512
Glenn	\$3,659	\$10,975	\$14,634
Humboldt	\$7,317	\$21,951	\$29,268
Imperial	\$14,634	\$43,903	\$58,537
Inyo	\$3,659	\$10,975	\$14,634
Kern	\$40,244	\$120,732	\$160,976
Kings	\$7,317	\$21,951	\$29,268
Lake	\$7,317	\$21,951	\$29,268
Lassen	\$3,659	\$10,975	\$14,634
Los Angeles	\$526,829	\$1,580,488	\$2,107,317
Madera	\$3,659	\$10,975	\$14,634
Marin	\$3,659	\$10,975	\$14,634
Mariposa	\$3,659	\$10,975	\$14,634
Mendocino	\$10,976	\$32,926	\$43,902
Merced	\$10,976	\$32,926	\$43,902
Modoc	\$3,659	\$10,975	\$14,634
Mono	\$3,659	\$10,975	\$14,634
Monterey	\$14,634	\$43,903	\$58,537
Napa	\$3,659	\$10,975	\$14,634
Nevada	\$3,659	\$10,975	\$14,634
Orange	\$47,561	\$142,683	\$190,244
Placer	\$7,317	\$21,951	\$29,268
Plumas	\$3,659	\$10,975	\$14,634
Riverside	\$102,439	\$307,317	\$409,756
Sacramento	\$73,171	\$219,512	\$292,683
San Benito	\$3,659	\$10,975	\$14,634

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Attachment 1B:
Health Care Program for Children in Foster Care
Psychotropic Medication Monitoring and Oversight Allocation
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
San Bernardino	\$142,683	\$428,049	\$570,732
San Diego	\$80,488	\$241,463	\$321,951
San Francisco	\$25,610	\$76,829	\$102,439
San Joaquin	\$51,220	\$153,658	\$204,878
San Luis Obispo	\$14,634	\$43,903	\$58,537
San Mateo	\$10,976	\$32,926	\$43,902
Santa Barbara	\$14,634	\$43,903	\$58,537
Santa Clara	\$36,585	\$109,756	\$146,341
Santa Cruz	\$7,317	\$21,951	\$29,268
Shasta	\$14,634	\$43,903	\$58,537
Sierra	\$3,658	\$10,976	\$14,634
Siskiyou	\$3,658	\$10,976	\$14,634
Solano	\$10,975	\$32,927	\$43,902
Sonoma	\$18,292	\$54,879	\$73,171
Stanislaus	\$29,267	\$87,806	\$117,073
Sutter	\$7,316	\$21,952	\$29,268
Tehama	\$3,658	\$10,976	\$14,634
Trinity	\$3,658	\$10,976	\$14,634
Tulare	\$21,951	\$65,855	\$87,806
Tuolumne	\$3,658	\$10,977	\$14,635
Ventura	\$25,609	\$76,831	\$102,440
Yolo	\$14,634	\$43,904	\$58,538
Yuba	\$7,316	\$21,953	\$29,269
City of Berkeley	\$3,107	\$9,322	\$12,429
Total	\$1,650,000	\$4,950,000	\$6,600,000

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Attachment 1C:
Health Care Program for Children in Foster Care
Caseload Relief Allocation
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$97,126	\$291,374	\$388,500
Alpine	\$0	\$0	\$0
Amador	\$3,996	\$11,989	\$15,985
Butte	\$36,351	\$109,051	\$145,402
Calaveras	\$5,836	\$17,509	\$23,345
Colusa	\$3,172	\$9,516	\$12,688
Contra Costa	\$67,880	\$203,639	\$271,519
Del Norte	\$4,821	\$14,464	\$19,285
El Dorado	\$19,095	\$57,285	\$76,380
Fresno	\$133,095	\$399,283	\$532,378
Glenn	\$5,075	\$15,226	\$20,301
Humboldt	\$23,346	\$70,036	\$93,382
Imperial	\$28,611	\$85,832	\$114,443
Inyo	\$1,161	\$3,483	\$4,644
Kern	\$109,940	\$329,818	\$439,758
Kings	\$24,171	\$72,511	\$96,682
Lake	\$10,341	\$31,021	\$41,362
Lassen	\$4,314	\$12,942	\$17,256
Los Angeles	\$1,389,880	\$4,169,636	\$5,559,516
Madera	\$21,125	\$63,376	\$84,501
Marin	\$5,963	\$17,890	\$23,853
Mariposa	\$1,903	\$5,710	\$7,613
Mendocino	\$17,318	\$51,956	\$69,274
Merced	\$33,495	\$100,487	\$133,982
Modoc	\$963	\$2,889	\$3,852
Mono	\$0	\$0	\$0
Monterey	\$27,659	\$82,978	\$110,637
Napa	\$8,310	\$24,932	\$33,242
Nevada	\$3,996	\$11,989	\$15,985
Orange	\$150,604	\$451,810	\$602,414

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Attachment 1C:
Health Care Program for Children in Foster Care
Caseload Relief Allocation
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Placer	\$14,211	\$42,632	\$56,843
Plumas	\$3,172	\$9,516	\$12,688
Riverside	\$219,497	\$658,493	\$877,990
Sacramento	\$151,429	\$454,285	\$605,714
San Benito	\$3,679	\$11,038	\$14,717
San Bernardino	\$381,013	\$1,143,039	\$1,524,052
San Diego	\$173,441	\$520,324	\$693,765
San Francisco	\$57,856	\$173,568	\$231,424
San Joaquin	\$98,139	\$294,419	\$392,558
San Luis Obispo	\$26,328	\$78,981	\$105,309
San Mateo	\$18,206	\$54,621	\$72,827
Santa Barbara	\$28,357	\$85,071	\$113,428
Santa Clara	\$74,668	\$224,002	\$298,670
Santa Cruz	\$17,382	\$52,147	\$69,529
Shasta	\$28,166	\$84,500	\$112,666
Sierra	\$0	\$0	\$0
Siskiyou	\$6,725	\$20,174	\$26,899
Solano	\$27,469	\$82,407	\$109,876
Sonoma	\$33,433	\$100,297	\$133,730
Stanislaus	\$48,214	\$144,641	\$192,855
Sutter	\$11,102	\$33,305	\$44,407
Tehama	\$13,830	\$41,489	\$55,319
Trinity	\$3,299	\$9,896	\$13,195
Tulare	\$67,371	\$202,115	\$269,486
Tuolumne	\$6,660	\$19,983	\$26,643
Ventura	\$53,606	\$160,818	\$214,424
Yolo	\$27,216	\$81,647	\$108,863
Yuba	\$13,701	\$41,109	\$54,810
City of Berkeley	\$2,283	\$6,851	\$9,134
Total	\$3,850,000	\$11,550,000	\$15,400,000

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Attachment 1D:
Health Care Program for Children in Foster Care
Administrative Allocation ⁴
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$185,202	\$185,202	\$370,404
Alpine	\$141,630	\$141,630	\$283,260
Amador	\$173,446	\$173,446	\$346,891
Butte	\$165,235	\$165,235	\$330,469
Calaveras	\$153,409	\$153,409	\$306,818
Colusa	\$174,031	\$174,031	\$348,062
Contra Costa	\$235,226	\$235,226	\$470,451
Del Norte	\$133,602	\$133,602	\$267,204
El Dorado	\$165,455	\$165,455	\$330,910
Fresno	\$165,913	\$165,913	\$331,826
Glenn	\$163,650	\$163,650	\$327,300
Humboldt	\$177,535	\$177,535	\$355,070
Imperial	\$156,439	\$156,439	\$312,877
Inyo	\$171,618	\$171,618	\$343,236
Kern	\$184,290	\$184,290	\$368,580
Kings	\$145,086	\$145,086	\$290,171
Lake	\$167,277	\$167,277	\$334,553
Lassen	\$130,359	\$130,359	\$260,718
Los Angeles	\$1,451,016	\$1,451,016	\$2,902,031
Madera	\$161,899	\$161,899	\$323,798
Marin	\$186,418	\$186,418	\$372,835
Mariposa	\$179,647	\$179,647	\$359,293
Mendocino	\$155,844	\$155,844	\$311,687
Merced	\$118,845	\$118,845	\$237,689
Modoc	\$98,106	\$98,106	\$196,212
Mono	\$167,416	\$167,416	\$334,831
Monterey	\$135,941	\$135,941	\$271,881
Napa	\$212,025	\$212,025	\$424,049
Nevada	\$158,820	\$158,820	\$317,640

⁴ DHCS reallocated the CHDP Program budget county allocation starting in FY 24-25 to the HPCFC Administrative Budget and the California Children's Services (CCS) Monitoring and Oversight. Please refer to the CCS Monitoring and Oversight Allocation Letter for state's approved budget.

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Attachment 1D:
Health Care Program for Children in Foster Care
Administrative Allocation ⁴
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Orange	\$206,722	\$206,722	\$413,443
Placer	\$176,852	\$176,852	\$353,703
Plumas	\$145,069	\$145,069	\$290,138
Riverside	\$302,178	\$302,178	\$604,356
Sacramento	\$203,518	\$203,518	\$407,035
San Benito	\$143,519	\$143,519	\$287,037
San Bernardino	\$374,015	\$374,015	\$748,029
San Diego	\$176,027	\$176,027	\$352,053
San Francisco	\$254,689	\$254,689	\$509,378
San Joaquin	\$176,593	\$176,593	\$353,185
San Luis Obispo	\$193,576	\$193,576	\$387,152
San Mateo	\$232,245	\$232,245	\$464,489
Santa Barbara	\$191,018	\$191,018	\$382,035
Santa Clara	\$223,513	\$223,513	\$447,025
Santa Cruz	\$182,005	\$182,005	\$364,009
Shasta	\$163,380	\$163,380	\$326,759
Sierra	\$161,807	\$161,807	\$323,614
Siskiyou	\$148,359	\$148,359	\$296,718
Solano	\$187,455	\$187,455	\$374,910
Sonoma	\$205,938	\$205,938	\$411,875
Stanislaus	\$176,247	\$176,247	\$352,493
Sutter	\$168,371	\$168,371	\$336,741
Tehama	\$208,019	\$208,019	\$416,037
Trinity	\$152,356	\$152,356	\$304,712
Tulare	\$159,766	\$159,766	\$319,531
Tuolumne	\$161,118	\$161,118	\$322,236
Ventura	\$179,261	\$179,261	\$358,521
Yolo	\$190,946	\$190,946	\$381,891
Yuba	\$198,234	\$198,234	\$396,467
City of Berkeley	\$220,341	\$220,341	\$440,682
Total	\$11,878,500	\$11,878,500	\$23,757,000

HCPCFC PROGRAM LETTER 25-03: FISCAL YEAR 2025-2026 ALLOCATION

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⁴ DHCS reallocated the CHDP Program budget county allocation starting in FY 24-25 to the HCPCFC Administrative Budget and the California Children's Services (CCS) Monitoring and Oversight. Please refer to the CCS Monitoring and Oversight Allocation Letter for state's approved budget.



Health Care Program for Children in Foster Care

Budget Workbook Instructions

1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPFC) budget can be found within this workbook, the yearly HCPFC Allocation Letter, and the Plan & Fiscal Guidelines.
2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
4. Budget Submission Instructions
 - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPFC Allocation Letter.
 - A budget submission must consist of two documents:
 - I. Reporting Workbook in Excel Format
 - II. Reporting Workbook in Electronically Signed PDF Format
5. Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact your DHCS HCPFC Liaison at HCPFC@dhcs.ca.gov.
6. Submissions need only include the information requested in the attached HCPFC Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
8. Questions regarding access to the ISCD Budget Portal and expenditure invoicing may be directed to: ISCDFiscal@dhcs.ca.gov. All other questions may be directed to: HCPFC@dhcs.ca.gov.



Health Care Program for Children in Foster Care

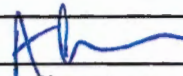
Agency Information		County/City: Fresno	Fiscal Year: 2025-26		
Street Address: 1221 Fulton St		Health Officer Name: Dr. Trinidad Solis			
City: Fresno		HCPCFC Central Email: CWSPHNs@fresnocountyca.gov			
Zip Code: 93721		Address: 1221 Fulton St., Fresno, CA 93721			
Authorized HCPCFC Representative		Director of Social Services Agency			
Name, Title: Ankara Lee, Supervising Public Health Nurse		Name: Sanja Bugay			
Phone: (559) 600-6591		Phone: (559) 600-2301			
Email: alee@fresnocountyca.gov		Email: sbugay@fresnocountyca.gov			
Clerk of the Board of Supervisors		Chief Probation Officer			
Name: Bernice Seidel		Name: Kirk Haynes			
Phone: (559) 600-1601		Phone: (559) 600-1298			
Email: bseidel@fresnocountyca.gov		Email: khaynes@fresnocountyca.gov			
List All HCPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Ankara Lee	Supervising Public Health Nurse	No	Yes	alee@fresnocountyca.gov
2	Stacey Cunningham	Public Health Nurse	No	Yes	scunningham@fresnocountyca.gov
3	Sanjeevan Sidhu	Public Health Nurse	No	Yes	sasidhu@fresnocountyca.gov
4	Stella Holliman	Public Health Nurse	No	Yes	sholliman@fresnocountyca.gov
5	Gursimran Deol	Public Health Nurse	No	Yes	gdeol@fresnocountyca.gov
6	Matthew Johnson	Public Health Nurse	No	Yes	mattjohnson@fresnocountyca.gov
7	Nuchi Lee	Public Health Nurse	No	Yes	nlee@fresnocountyca.gov
8	Shouapa Thao	Public Health Nurse	No	Yes	shothao@fresnocountyca.gov
9	Vong Thao	Public Health Nurse	No	Yes	vothao@fresnocountyca.gov
10	Nestor Yalong	Public Health Nurse	No	Yes	nyalong@fresnocountyca.gov
11	Megan Gunn	Public Health Nurse	No	Yes	mgunn@fresnocountyca.gov
12	Yuanhua Hu	Public Health Nurse	No	Yes	yuhu@fresnocountyca.gov
13	Alysia Bonner	Supervising Office Assistant	Yes	No	abonner@fresnocountyca.gov
14	Pa Xiong	Office Assistant	Yes	No	paaxiong@fresnocountyca.gov
15	Madeleine Yakoub	Program Technician	Yes	No	myakoub@fresnocountyca.gov
16	Chashua Lor	Staff Analyst	Yes	No	chlor@fresnocountyca.gov
17	Ge Vue	MCAH Director/Division Manager	No	Yes	gevue@fresnocountyca.gov



Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Fresno	2025-26
<p>I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPFC Program Manual. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above.</p>		

Ankara Lee, Supervising Public Health Nurse



10/31/2025

HCPFC/County Authorized Representative

Signature

Date

Ernest Buddy Mendes, Chairman of the Board

of Supervisors of the County of Fresno



12/4/25

Local Governing Body Chairperson Name,

Signature

Date

ATTEST:

BERNICE E. SEIDEL

Clerk of the Board of Supervisors

County of Fresno, State of California

By  Deputy



Health Care Program for Children in Foster Care

Base Budget Worksheet							County/City Name:		Fiscal Year:		
							Fresno		2025-26		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Ankara Lee	Supervising Public Health	No	Yes	65%	\$162,769	\$105,800	95%	\$100,510	5%	\$5,290
2	Stacey Cunningham	Public Health Nurse	No	Yes	65%	\$132,748	\$86,286	95%	\$81,972	5%	\$4,314
3	Sanjeevan Sidhu	Public Health Nurse	No	Yes	65%	\$119,911	\$77,942	95%	\$74,045	5%	\$3,897
4	Stella Holliman	Public Health Nurse	No	Yes	65%	\$132,748	\$86,286	95%	\$81,972	5%	\$4,314
5	Gursimran Deol	Public Health Nurse	No	Yes	65%	\$120,351	\$78,228	95%	\$74,317	5%	\$3,911
6	Matthew Johnson	Public Health Nurse	No	Yes	65%	\$131,961	\$85,775	95%	\$81,486	5%	\$4,289
7	Nuchi Lee	Public Health Nurse	No	Yes	65%	\$100,388	\$65,252	95%	\$61,990	5%	\$3,263
8	Shouapa Thao	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
9	Vong Thao	Public Health Nurse	No	Yes	40%	\$98,544	\$39,418	95%	\$37,447	5%	\$1,971
10	Nestor Yalong	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
11	Megan Gunn	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
12	Yuanhua Hu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
13	Alysia Bonner	Supervising Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
14	Pa Xiong	Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
15	Madeleine Yakoub	Program Technician	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
16	Chashua Lor	Staff Analyst	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
17	Ge Vue	MCAH Director/Division M	No	Yes	0%	\$177,803	\$0	95%	\$0	5%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$624,987		\$593,738		\$31,249
Staff Benefits (Specify %)			70%				\$436,776		\$414,937		\$21,839
I. Total Personnel Expenses							\$1,061,763		\$1,008,675		\$53,088
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		12.24%				\$129,955				\$129,955
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$129,955				\$129,955
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$1,191,718		\$1,008,675		\$183,043

I certify that the Health Care Program for Children in Foster Care (HCPFCF) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPFCF will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFCF may be subject to sanctions or other remedies if this HCPFCF violates any of the above. HCPFCF staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFCF program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Ankara Lee, Supervising Public Health Nurse

Authorized HCPFCF Signor Name, Title

Signature

Date

10/31/2025



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name:	Fiscal Year:
		Fresno	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefits for 8 positions, total of 4.95 FTE PHNs. Benefits calculated with estimated total and benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Private auto mileage reimbursement at \$0.70/mile for program staff to travel and complete program activities. Program vehicle, fuel, and associated garage/maintenance costs. Registration costs for PHNs to attend training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Fresno County Department of Public Health's indirect rate is 24.472% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Reduced indirect costs rate to 12.24% to remain within HCPFCF allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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

Ankara Lee, Supervising Public Health Nurse

Authorized HCPFCF Signor Name, Title

Signature

10/31/2025

Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name:		Fiscal Year:				
					Fresno		2025-26				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Ankara Lee	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Stacey Cunningham	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Sanjeevan Sidhu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Stella Holliman	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
5	Gursimran Deol	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
6	Matthew Johnson	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	Nuchi Lee	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
8	Shouapa Thao	Public Health Nurse	No	Yes	85%	\$98,544	\$83,762	95%	\$79,574	5%	\$4,188
9	Vong Thao	Public Health Nurse	No	Yes	25%	\$98,544	\$24,636	95%	\$23,404	5%	\$1,232
10	Nestor Yalong	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
11	Megan Gunn	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
12	Yuanhua Hu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
13	Alysia Bonner	Supervising Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
14	Pa Xiong	Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
15	Madeleine Yakoub	Program Technician	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
16	Chashua Lor	Staff Analyst	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
17	Ge Vue	MCAH Director/Division Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$108,398		\$102,978		\$5,420
Staff Benefits (Specify %)					63%		\$68,062		\$64,659		\$3,403
I. Total Personnel Expenses							\$176,460		\$167,637		\$8,823
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		9.70%				\$17,115				\$17,115
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$17,115				\$17,115
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$193,575		\$167,637		\$25,938

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Ankara Lee, Supervising Public Health Nurse

Authorized HCPFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: Fresno	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefits for 2 positions, total of 1.10 FTE PHN. Benefits calculated with estimated total and benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Private auto mileage reimbursement at \$0.70/mile for program staff to travel and complete program activities. Program vehicle, fuel, and associated garage/maintenance costs. Registration costs for PHNs to attend training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Fresno County Department of Public Health's indirect rate is 2.472% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Reduced indirect costs rate to 9.70% to remain within HCPCFC allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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

Ankara Lee, Supervising Public Health Nurse

Authorized HCPCFC Signor Name, Title


Signature

10/3/2025
Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet					County/City Name:		Fiscal Year:				
					Fresno		2025-26				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Ankara Lee	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Stacey Cunningham	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Sanjeevan Sidhu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Stella Holliman	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
5	Gursimran Deol	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
6	Matthew Johnson	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	Nuchi Lee	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
8	Shouapa Thao	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
9	Vong Thao	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
10	Nestor Yalong	Public Health Nurse	No	Yes	65%	\$132,748	\$86,286	95%	\$81,972	5%	\$4,314
11	Megan Gunn	Public Health Nurse	No	Yes	65%	\$132,748	\$86,286	95%	\$81,972	5%	\$4,314
12	Yuanhua Hu	Public Health Nurse	No	Yes	65%	\$96,172	\$62,512	95%	\$59,386	5%	\$3,126
13	Alysia Bonner	Supervising Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
14	Pa Xiong	Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
15	Madeleine Yakoub	Program Technician	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
16	Chashua Lor	Staff Analyst	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
17	Ge Vue	MCAH Director/Division Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total PHN FTE %					195%			285%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$235,084		\$223,330		\$11,754
Staff Benefits (Specify %)					72%		\$169,634		\$161,152		\$8,482
I. Total Personnel Expenses							\$404,718		\$384,482		\$20,236
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1. Internal (Specify %)					13.27%		\$53,713				\$53,713
2. External (Specify %)					0%		\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$53,713				\$53,713
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$458,431		\$384,482		\$73,949

I certify that the Health Care Program for Children in Foster Care (HCPFCF) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPFCF will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFCF may be subject to sanctions or other remedies if this HCPFCF violates any of the above. HCPFCF staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFCF program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Ankara Lee, Supervising Public Health Nurse
Authorized HCPFCF Signor Name, Title

Signature

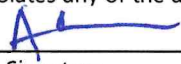
Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
		Fresno	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefits for 3 positions, total of 1.95 FTE PHN. Benefits calculated with estimated total and benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Private auto mileage reimbursement at \$0.70/mile for program staff to travel and complete program activities. Program vehicle, fuel, and associated garage/maintenance costs. Registration costs for PHNs to attend training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Fresno County Department of Public Health's indirect rate is 2.472% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Reduced indirect costs rate to 13.27% to remain within HCPCFC allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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

Ankara Lee, Supervising Public Health Nurse		10/31/2025
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet						County/City Name:		Fiscal Year:			
						Fresno		2025-26			
Column					1A	1B	1	2A	2	3A	3
					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
I. Personnel Expenses											
#	Name	Title	DSS	PHN							
1	Ankara Lee	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Stacey Cunningham	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Sanjeevan Sidhu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Stella Holliman	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
5	Gursimran Deol	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
6	Matthew Johnson	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	Nuchi Lee	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
8	Shouapa Thao	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
9	Vong Thao	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
10	Nestor Yalong	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
11	Megan Gunn	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
12	Yuanhua Hu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
13	Alysia Bonner	Supervising Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
14	Pa Xiong	Office Assistant	Yes	No	100%	\$52,791	\$52,791	70%	\$36,954	30%	\$15,837
15	Madeleine Yakoub	Program Technician	Yes	No	30%	\$48,514	\$14,554	0%	\$0	100%	\$14,554
16	Chashua Lor	Staff Analyst	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
17	Ge Vue	MCAH Director/Division Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$67,345		\$36,954		\$30,392
Staff Benefits (Specify %)					74%		\$50,040		\$27,458		\$22,583
I. Total Personnel Expenses							\$117,385		\$64,412		\$52,975
II. Total Operating Expenses (List in Narrative)							\$0				\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1. Internal (Specify %)					24%		\$28,724				\$28,724
2. External (Specify %)					0%		\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$28,724				\$28,724
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$146,109		\$64,412		\$81,699

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Ankara Lee, Supervising Public Health Nurse
Authorized HCPFC Signor Name, Title


Signature

10/31/25
Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Fresno	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefits for 2 positions, total of 1.30 FTE DSS. Benefits calculated with estimated total and benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Private auto mileage reimbursement at \$0.70/mile for program staff to travel and complete program activities. Program vehicle, fuel, and associated garage/maintenance costs. Registration costs for PHNs to attend training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Fresno County Department of Public Health's indirect rate is 24.472% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Reduced indirect costs rate to 24%.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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

Ankara Lee, Supervising Public Health Nurse

Authorized HCPCFC Signor Name, Title

Signature

10/31/2025

Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet					County/City Name:		Fiscal Year:				
					Fresno		2025-26				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Ankara Lee	Supervising Public Health Nurse	No	Yes	0%	\$162,769	\$0			0%	\$0
2	Stacey Cunningham	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
3	Sanjeevan Sidhu	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
4	Stella Holliman	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
5	Gursimran Deol	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
6	Matthew Johnson	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
7	Nuchi Lee	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
8	Shouapa Thao	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
9	Vong Thao	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
10	Nestor Yalong	Public Health Nurse	No	Yes	0%	\$0	\$0			0%	\$0
11	Megan Gunn	Public Health Nurse	No	Yes	0%	\$0	\$0			100%	\$0
12	Yuanhua Hu	Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
13	Alysia Bonner	Supervising Office Assistant	Yes	No	100%	\$65,611	\$65,611	0%	\$0	100%	\$65,611
14	Pa Xiong	Office Assistant	Yes	No	0%	\$52,791	\$0	0%	\$0	100%	\$0
15	Madeleine Yakoub	Program Technician	Yes	No	30%	\$48,514	\$14,554	0%	\$0	100%	\$14,554
16	Chashua Lor	Staff Analyst	Yes	No	25%	\$95,331	\$23,833	0%	\$0	100%	\$23,833
17	Ge Vue	MCAH Director/Division Manager	No	Yes	25%	\$177,803	\$44,451	0%	\$0	100%	\$44,451
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$148,449				\$148,449
Staff Benefits (Specify %)					73%		\$108,010				\$108,010
I. Total Personnel Expenses							\$256,459				\$256,459
II. Total Operating Expenses (List in Narrative)							\$0				\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		24%				\$62,756				\$62,756
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$62,756				\$62,756
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$319,215		\$0		\$319,215

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

Ankara Lee, Supervising Public Health Nurse
Authorized HCPFC Signor Name, Title

Signature

Date

AL

10/31/2025



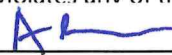
Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Fresno	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefits for 4 positions, total of 1.80 FTE (DSS and Program's Division Manager (who oversee's the Program's SPHN)). Benefits calculated with estimated total and benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Private auto mileage reimbursement at \$0.70/mile for program staff to travel and complete program activities. Program vehicle, fuel, and associated garage/maintenance costs. Registration costs for PHNs to attend training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending <u>training and meetings</u> .			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Fresno County Department of Public Health's indirect rate is 24.472% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Reduced indirect costs rate to 24%.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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

Ankara Lee, Supervising Public Health Nurse

Authorized HPCFC Signor Name, Title


Signature


10/31/2025
Date



Health Care Program for Children in Foster Care

Budget Summary							County/City: Fresno			Fiscal Year: 2025-26					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$1,061,763	\$1,008,675	\$53,088	\$176,460	\$167,637	\$8,823	\$404,718	\$384,482	\$20,236	\$117,385	\$64,412	\$52,975	\$256,459		\$256,459
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$129,955		\$129,955	\$17,115		\$17,115	\$53,713		\$53,713	\$28,724		\$28,724	\$62,756		\$62,756
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$1,191,718	\$1,008,675	\$183,043	\$193,575	\$167,637	\$25,938	\$458,431	\$384,482	\$73,949	\$146,109	\$64,412	\$81,699	\$319,215		\$319,215
E	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$343,690	\$252,169	\$91,522	\$54,878	\$41,909	\$12,969	\$133,095	\$96,121	\$36,975	\$56,953	\$16,103	\$40,850	\$159,608		\$159,608
Federal Funds (Title XIX)	\$848,028	\$756,506	\$91,522	\$138,697	\$125,728	\$12,969	\$325,336	\$288,362	\$36,975	\$89,159	\$48,309	\$40,850	\$159,608		\$159,608
Budget Grand Total	\$1,191,718	\$1,008,675	\$183,043	\$193,575	\$167,637	\$25,938	\$458,431	\$384,482	\$73,949	\$146,111	\$64,412	\$81,699	\$319,215		\$319,215

Ankara Lee, Supervising Public Health Nurse
Authorized HCPCFC Signor Name, Title

 10/31/2025
Signature Date

Funding Allocation from the California Department of Health Care Services

Allocation Name: CDHCS Health Care Program for Children in Foster Care Fiscal Year 2025-2026 Allocation (Program Letter 25-03)

Fund/Subclass:	0001/10000
Organization #:	56201613, 56201618
Revenue Account #:	4380, 3530