

Plan and Budget Required Documents Checklist

MODIFIED FY 2018/2019

County/City: Fresno Fiscal Year: 2018-19

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Agency Information Sheet

County/City: Fresno/Fresno

Fiscal Year: 2018-19

Official Agency

| | | | |
|----------------|------------------------------|----------|--|
| Name: | David Pomaville, Director | Address: | 1221 Fulton Street P.O. Box 11867 Fresno, CA 93775 |
| Health Officer | Sara Goldgraben, MD | | |

CMS Director (if applicable)

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

CCS Administrator

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

CHDP Director

| | | | |
|--------|----------------|----------|--|
| Name: | Rose Mary Rahn | Address: | 1221 Fulton Street P.O. Box 11867 Fresno, CA 93775 |
| Phone: | 559-600-6363 | | |
| Fax: | 559-600-7726 | E-Mail: | rrahn@fresnocountyca.gov |

CHDP Deputy Director

| | | | |
|--------|-----------------|----------|--|
| Name: | Julie Slaughter | Address: | 1221 Fulton Street P.O. Box 11867 Fresno, CA 93775 |
| Phone: | 559-600-6592 | | |
| Fax: | 559-600-7726 | E-Mail: | slaugj@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@ <u>fresnocountyca.gov</u> |

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@ <u>fresnocountyca.gov</u> |

Children's Medical Services Plan and Fiscal Guidelines

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

County/City: Fresno

Fiscal Year: 2018-19

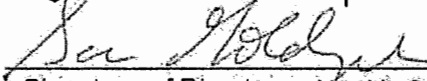
I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and 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.



Signature of CHDP Director

10-9-18

Date Signed



Signature of Director or Health Officer

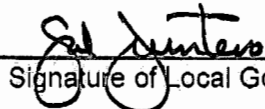
10/9/18

Date Signed

Signature and Title of Other - Optional

Date Signed

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

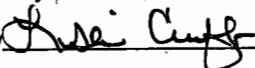


Signature of Local Governing Body Chairperson

NOV-6, 2018

Date

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

By  Deputy

FOR ACCOUNTING USE ONLY:

Fund/Subclass 0001/10000
Organization#: 56201600, 56201611, 56201613, 56201618
Revenue Account# 3505, 3530, 5380, 5033, 5036,

Certification Statement - California Children's Services (CCS)

County/City: Fresno

Fiscal Year: 2018-19

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

10/09/18
Date Signed


Signature of Director or Health Officer

10/9/18
Date Signed

Signature and Title of Other – Optional

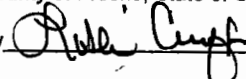
Date Signed

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


Signature of Local Governing Body Chairperson

NOV - 16, 2018
Date Signed

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

By  Deputy

FOR ACCOUNTING USE ONLY:

Fund/Subclass: 0001/10000
Organization#: 56201600, 56201611, 56201613, 56201618
Revenue Account#: 3505, 3530, 4380, 5033, 5036

CMS PLAN
Fiscal Year 2018-19
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 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.

Incumbent List – California Children’s Services

For FY 2017-18, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

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

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

County/City: Fresno/Fresno Fiscal Year: 2018-19

| 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 | Daniela Aghadjanian | 90% | No | No |
| Staff Analyst I | Vacant | 60% | No | No |
| Administrative Assistant III | Jennifer Miller | 100% | No | No |
| Rehabilitation Therapy Manager | Harsharn Dhillon | 20% | No | No |
| Systems & Procedures Analyst III | Peter Jew | 10% | No | No |
| Senior Accountant | Jose Rodriguez | 10% | No | No |

| Job Title | Incumbent Name | FTE % on CCS Admin Budget | Have Job Duties Changed? (Yes or No) | Has Civil Service Classification Changed? (Yes or No) |
|----------------------------------|---|--|---|--|
| Program Technician I | Vacant | 100% | No | No |
| Public Health Physician | Dr. Rajeev Verma | 50% | No | No |
| Supervising Public Health Nurse | Marla Bomgardner (MCMC, IHO, RC) | 100% | No | No |
| Head Nurse | Sherilee Lawson | 100% | No | No |
| Staff Nurse III | Quy Gip | 100% | No | No |
| Staff Nurse III | Tim Yang | 100% | No | No |
| Public Health Nurse II | Noel Almaguer | 100% | No | No |
| Public Health Nurse II | Heather Woo | 100% | No | No |
| Staff Nurse III | Belinda Mayugba | 100% | No | No |
| Physical Therapist III | Joy Conde | 100% | No | No |
| Public Health Nurse (Extra Help) | Stella Jauregui | 40% | No | No |
| Public Health Nurse (Extra Help) | Amada Ozaeta | 40% | No | No |

| 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 I | Megan Milburn | 100% | No | No |
| Staff Nurse II | Kelly Stevens | 100% | No | No |
| Staff Nurse I | Shavonne Smith | 100% | No | No |
| Staff Nurse III | Joseph Burgess | 100% | No | No |
| Staff Nurse III | Vivien Tagoe | 100% | No | No |
| Staff Nurse III | Darawadee Martin | 100% | No | No |
| Staff Nurse III | Jing Yang | 100% | No | No |
| Staff Nurse III | Marjelyn Ramiro | 100% | No | No |
| Staff Nurse | Maribeth Jensen | 100% | No | No |
| Public Health Nurse II | Elizabeth Manfredi | 100% | No | No |
| Public Health Nurse I | RJ Lee | 100% | No | No |
| Public Health Nurse I | Sandy Sue Arce | 100% | No | No |

| 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 I | Veronica Reyna | 100% | No | No |
| Staff Nurse I | Khamsay Vanhelsdingen | 100% | No | No |
| Medical Social Worker I | Martha Orejel | 100% | No | No |
| Medical Social Worker I | Ariana Robles Solis | 100% | No | No |
| Senior Admitting Interviewer I | Sonya Mendoza | 100% | No | No |
| Senior Admitting Interviewer I | Bobbi Taylor | 100% | No | No |
| Admitting Interviewer II | Vanessa Bong | 100% | No | No |
| Admitting Interviewer I | Angel Rodriguez | 100% | No | No |
| Admitting Interviewer I | Sarrina Staub | 100% | No | No |
| Admitting Interviewer II | Rudy Constantino | 100% | No | No |
| Admitting Interviewer II | Anita Tristan | 100% | No | No |
| Admitting Interviewer II | Alicia Molina | 100% | No | No |
| Admitting Interviewer II | Marcy Nava | 100% | No | No |

| 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 Interviewer I | Devony Prieto | 100% | No | No |
| Admitting Interviewer II | Tiffany Acosta | 100% | No | No |
| Admitting Interviewer II | Maria Escobedo | 100% | No | No |
| Admitting Interviewer II | Bernard Thao | 100% | No | No |
| Admitting Interviewer II | Luz Reyes | 100% | No | No |
| Admitting Interviewer I | Rosa Lopez | 100% | No | No |
| Admitting Interviewer II | Laurie Roberts | 100% | No | No |
| Admitting Interviewer I | Xavier Gonzalez | 100% | No | No |
| Admitting Interviewer II | Michael Vue | 100% | No | No |
| Admitting Interviewer I | Pa Lee | 100% | No | No |
| Admitting Interviewer I | Vacant | 100% | No | No |
| Supervising Office Assistant | Alibra Carter | 100% | No | No |
| Office Assistant I | Zulema Alderete | 100% | No | No |
| Office Assistant I | Melinda Kelley | 100% | No | No |
| Office Assistant III | Tamara Brown | 100% | No | No |

| 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 | Mellissa Figueroa | 100% | No | No |
| Office Assistant III | Teresa Valladolid | 100% | No | No |
| Office Assistant II | Angela Klamm | 100% | No | No |
| Office Assistant I | Natasha Jones | 100% | No | No |
| Office Assistant I | Robert Romans | 100% | No | No |
| Office Assistant I | Vacant | 100% | No | No |
| Office Assistant I | Vacant | 100% | No | No |
| Account Clerk III | Rodrigo De La Rosa | 50% | No | No |

Incumbent List - Child Health and Disability Prevention Program

For FY 2018-19 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: **2018-19**

| 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 | Julie Slaughter | 60% | 0% | 40% HCPCFC | No | No |
| Public Health Nurse II | Jeri Guerrero | 100% | 0% | 0% | No | No |
| Public Health Nurse II | Ankara Lee | 100% | 0% | 0% | No | No |
| Health Education Assistant | Brendon Matsumoto | 100% | 0% | 0% | No | No |
| Supervising Office Assistant II | Lisa Renteria | 100% | 0% | 0% | No | No |
| Office Assistant I | Vacant | 90% | 0% | 10% Child RideSafe | No | No |
| Office Assistant III | Gracie Velasquez | 100% | 0% | 0% | No | No |
| | | | | | | |

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

**Performance Measure 1
FY 2017-16**

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 2018, the following findings are:

- 88.8% of CCS clients in Fresno County have an identified primary care provider (PCP). This represents a decrease of 1.3% from the previous fiscal year.
- Business Objects 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.

CCS Performance Measure 1 – Medical Home

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

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

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

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

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

Reporting Form:

| Number of children with a primary care physician/ Medical Home (Numerator) | Number of children in the local CCS program (Denominator) | Percentage of compliance |
|--|--|--------------------------|
| 6,619 | 7,451 | 88.8% |

* 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 of Fresno
Department of Public Health
CCS**

**Performance Measure 2
FY 2017-18**

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, 87% had their medical eligibility determined within the prescribed guidelines. This represents a 20.8% increase from the previous fiscal year.
- A sample of 100 unduplicated new referrals was selected at random. Out of the 100 new referrals 99% had their financial and residential eligibility determined within the prescribed guidelines. This represents a 23.8% increase from the previous fiscal year. 93 cases were Full Scope Medi-Cal or TLICP clients and 7 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.

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).

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 | 87 | | 100 | | 87% |
| 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 93 | CCS only 6 | FSMC /TLICP 93 | CCS only 7 | 99% |
| Residential eligibility determined within 30 days | 99 | | 100 | | 99% |

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

**Performance Measure 3
FY 2017-18**

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:

- 88% compliance for Annual Team Reports of SCC authorized clients. Out of 100 children with a SCC authorization, 88 had an Annual Team Report in their medical chart, 12 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, 94 were in fact authorized for a SCC.
- Fresno County is 94% 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.

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 | 88 | 100 | 88% |

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 | 94 | 100 | E10, E11, E70, E71, Q05, N18 | 94% |

* 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 of Fresno
Department of Public Health
CCS**

**Performance Measure 4
FY 2017-18**

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 2017-18 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.

- The random sample (890 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 2017-18 shows 98% of the selected sample received Transition Planning letters/information.
- An MSBI report was created to review all clients in the Medical Therapy Program. Out of the 210 clients identified 179 (85%) had transition planning. MTU staff understands the importance of transition planning and will continue to take necessary steps to improve the transition planning protocols.

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.

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.

Reporting Form:

| | | |
|--|--|-------------------------------------|
| Number of CCS charts reviewed 890 | Number with transition planning 869 | Percentage of compliance 98% |
| Number of MTP charts reviewed 210 | Number with transition planning 179 | Percentage of compliance 85% |

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

**Performance Measure 5
FY 2017-18**

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.

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 | |

Reporting Form:

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

CHDP Performance Measure 1 - Care Coordination FY 2016-17

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 | 40 | 40 | 90% |
| 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 |

*All 4 of the negatives were successfully linked to services after 120 days.

*There are 10 children with conditions from FY 2017-2108 that are currently being followed up on, however their care is still pending. These 10 children were not included in the 40 noted above.

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>

CHDP Performance Measure 2 - New Provider Orientation FY 2016-17

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) | 63 |
| Number of New Providers (Denominator) | 63 |
| 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. | | | | |

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) | 86 |
| Number of Active CHDP Provider Sites Due for Recertification (Denominator) | 86 |
| Percent (%) with Completed Recertifications | 100% |

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#dgmp>.

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. Adventist Health Selma (Rose Clinic) | 26 | 49 | 53% | 18 | 49 | 36.7% |
| 2. Dr. Grace Lim | 0 | 139 | 0% | 46 | 139 | 33% |
| 3. Dr. Prem Singh | 81 | 81 | 100% | 76 | 81 | 93.8% |

- Numbers may not reflect actual dental or lead referrals made as providers were not required to complete or submit PM 160s this fiscal year.

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.

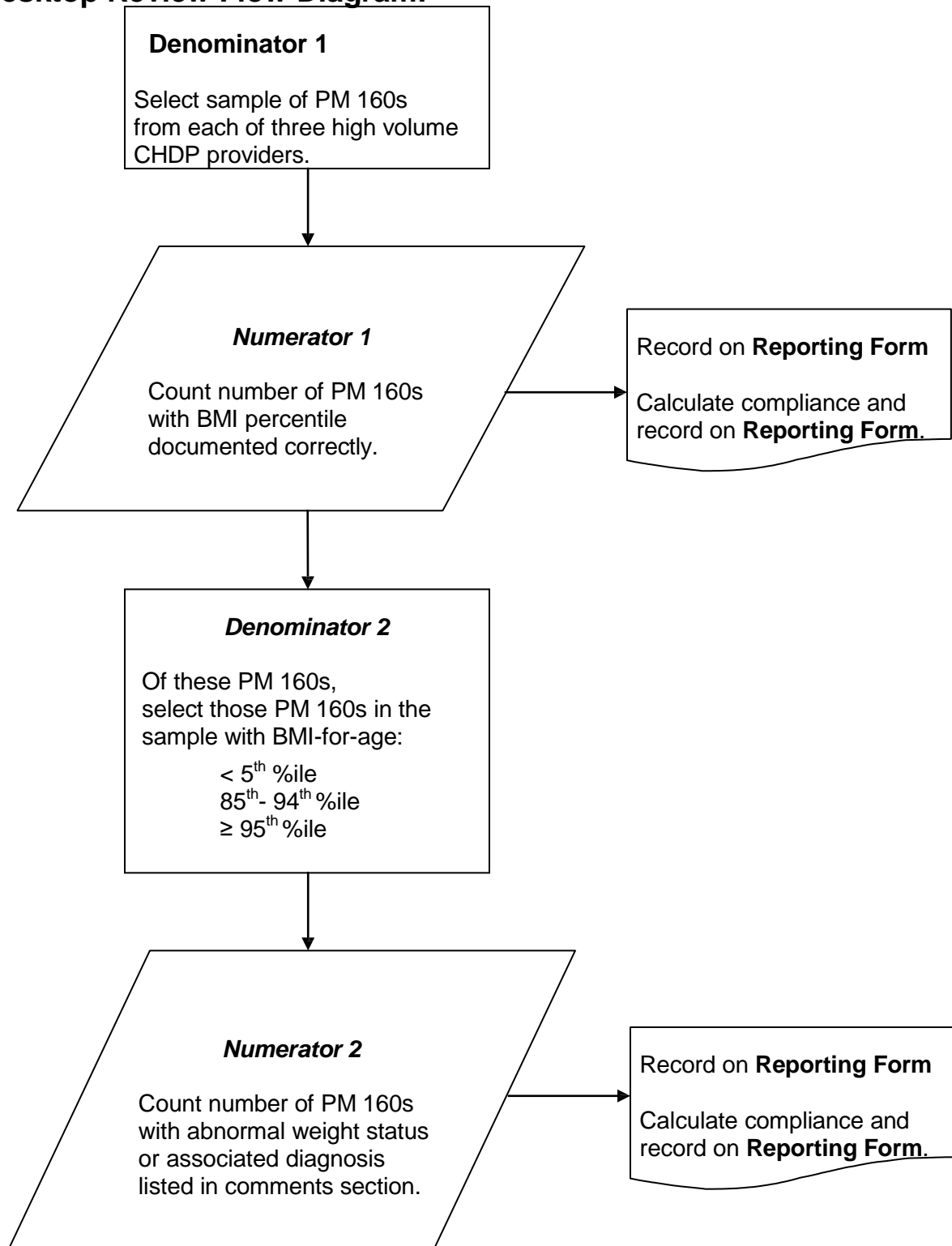
Denominator: The total number of PM 160s reviewed per selected providers for ages two (2) years and over.

Data Source: Local program tracking system.

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:



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 |
| Adventist 1. Health Selma Rose | 776 | 779 | 99.6% | 0 | 0 | 0% |
| 2. Dr. Grace Lim | 2413 | 2416 | 99.8% | 12 | 1069 | 1.12% |
| 3. Dr. Prem Singh | 1087 | 1216 | 89.3% | 66 | 511 | 12.9% |

- Numbers may not reflect actual BMI documentation or follow-up as providers were not required to complete or submit PM 160s this fiscal year.

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

| A | B | C | D |
|--------------------------|----------------------------|--|--------------------|
| | Number of PM 160s Reviewed | Head Circumference Recorded on Children Under 2 Years of | Percent Compliance |
| Dr. Prem Singh | 288 | 231 | 80.20% |
| Dr. Grace Lim | 733 | 0 | 0% |
| Rose Clinic - AHCC Selma | 477 | 281 | 58.90% |

- Numbers may not reflect actual head circumference documentation as providers were not required to complete or submit PM 160s this fiscal year.

County of Fresno
Department of Public Health
CHDP

HCPCFC Performance Measure 1
Care Coordination
FY 2017-18

The Health Care Program for Children in Foster Care (HCPCFC) PHNs performed desktop reviews of all Foster Care referrals from CHDP Providers (including PM 160s and/or new HCPCFC referral forms) 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 22 referrals received from CHDP Providers this fiscal year. The 22 referrals were positive closures indicating a compliance rate of 100%. There were three additional referrals received that were not followed up on due to the children being adopted.

The 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. This fiscal year, the providers were instructed to complete and submit the new HCPCFC Referral Form to the local CHDP office. It is apparent that CHDP Providers are not submitting the HCPCFC Referral Forms on all completed CHDP exams for children in the foster care system. We suspect this is because in prior years, the PM 160 Forms were tied to provider reimbursement and the current referral forms are not. At this time, the local CHDP Programs have no way to monitor or audit the submission of provider referrals. We expect this issue to be addressed at the State level in the coming Fiscal Year.

County of Fresno
Department of Public Health
CHDP

HCPCFC Performance Measure 2 –
Health and Dental Exams for Children in Out -of-Home Placement
FY 2017-18

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 63%. The number of children with timely dental exams was 76%. The data is only as accurate as the data entered into CWS/CMS HEP. Processes have 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: 2018-19

| | | A | B | | | | |
|----|--|-----------------------------|------------------------|-----------------------------|------------------------|--|------------------------|
| | CCS Caseload 0 to 21 Years | 16-17 Actual Caseload | % of Grand Total | 17-18 Actual Caseload | % of Grand Total | 18-19 Estimated Caseload based on first three quarters | % of Grand Total |
| | MEDI-CAL | | | | | | |
| 1 | Average of Total Open (Active) Medi-Cal Children | 7305 | 83.6% | 7167 | 84.6% | 6273 | 83.6% |
| 2 | Potential Case Medi-Cal | 256 | 2.9% | 251 | 3% | 220 | 2.9% |
| 3 | TOTAL MEDI-CAL (Row 1 + Row 2) | 7561 | 86.6% | 7418 | 87.6% | 6493 | 86.5% |
| | NON MEDI-CAL | | | | | | |
| | OTLICP | | | | | | |
| 4 | Average of Total Open (Active) OTLICP | 750 | 8.6% | 655 | 7.7% | 617 | 8.2% |
| 5 | Potential Cases OTLICP | 26 | 0.3% | 23 | 0.3% | 22 | 0.3% |
| 6 | Total OTLICP (Row 4 + Row 5) | 776 | 8.9% | 678 | 8% | 639 | 8.5% |
| | Straight CCS | | | | | | |
| 7 | Average of Total Open (Active) Straight CCS Children | 383 | 4.4% | 357 | 4.2% | 359 | 4.8% |
| 8 | Potential Cases Straight CCS Children | 13 | 0.1% | 12 | .2% | 12 | 0.2% |
| 9 | Total Straight CCS (Row 7 + Row 8) | 396 | 4.5% | 369 | 4.4% | 371 | 4.9% |
| 10 | TOTAL NON MEDI-CAL (Row 6 + Row 9) | 1172 | 13.4% | 1047 | 12.4% | 1010 | 13.5% |
| | GRAND TOTAL | | | | | | |
| 11 | (Row 3 + Row 10) | 8733 | 100% | 8465 | 100% | 7503 | 100% |

CHDP Program Referral Data

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

| County/City: | FY 15-16 | | FY 16-17 | | FY 17-18 | |
|--|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| Basic Informing and CHDP Referrals | | | | | | |
| 1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services | 224,952 Cumulative Applications | 49,943 New Applications | 232,338 Cumulative Applications | 32,301 New Applications | 249,901 Cumulative Applications | 32,795 New 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 | 15,620 | 42,092 | 15,295 | 41,187 | 13,026 | 34,746 |
| b. Number of Foster Care cases/recipients | 4,945 | 4,945 | 3,459 | 3,459 | 3,312 | 3,312 |
| c. Number of Medi-Cal only cases/recipients | 6,623 | 17,966 | 2,542 | 4,468 | 1,808 | 2,913 |
| 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 | 2,312 | | 2,656 | | 1,749 | |
| b. Medical and/or dental services with scheduling and/or transportation | 3,531 | | 5,505 | | 6,181 | |
| c. Information only (optional) | 9,914 | | 13,112 | | 11,953 | |

| | | | |
|--|-------|-------|-------|
| 4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter | 2,987 | 3,405 | 2,396 |
| Results of Assistance | | | |
| 5. Number of recipients actually provided scheduling and/or transportation assistance by program staff | 26 | 37 | 16 |
| 6. Number of recipients in "5" who actually received medical and/or dental services | 20 | 35 | 16 |

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 2018-19
No County/City Match

County/City Name: Fresno

| Column | 1 | 2 | 3 | 4 | 5 |
|------------------------------|-------------------------|----------------------|-------------------------------------|--------------------------------------|---|
| Category/Line Item | Total Budget (2 + 3) | Total CHDP Budget | Total Medi-Cal Budget (4 + 5) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$760,921 | \$0 | \$760,921 | \$470,336 | \$290,585 |
| II. Total Operating Expenses | \$82,837 | \$0 | \$82,837 | \$3,879 | \$78,958 |
| III. Total Capital Expenses | \$0 | \$0 | \$0 | | \$0 |
| IV. Total Indirect Expenses | \$201,644 | \$0 | \$201,644 | | \$201,644 |
| V. Total Other Expenses | \$0 | \$0 | \$0 | | \$0 |
| Budget Grand Total | \$1,045,402 | \$0 | \$1,045,402 | \$474,215 | \$571,187 |

| Column | 1 | 2 | 3 | 4 | 5 |
|---------------------|-------------|----------------------|--------------------------|---------------------------|------------------------------|
| Source of Funds | Total Funds | Total CHDP Budget | Total Medi-Cal Budget | Enhanced State/Federal | Nonenhanced State/Federal |
| State General Funds | \$0 | \$0 | | | |
| Medi-Cal Funds: | \$1,045,402 | | \$1,045,402 | | |
| State | \$404,147 | | \$404,147 | \$118,554 | \$285,593 |
| Federal (Title XIX) | \$641,255 | | \$641,255 | \$355,661 | \$285,594 |



Prepared By (Signature)

10/3/18

Date Prepared

(559) 600-3330

Phone Number

axayavath@fresnocountyca.gov

Email Address



CHDP Director or Deputy
Director (Signature)

10/9/18

Date

(559) 600-6592

Phone Number

jslaughter@fresnocountyca.gov

Email Address

CHDP Administrative Budget Worksheet for FY 2018-19
No County/City Match
State and State/Federal


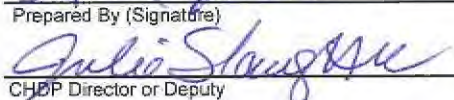
County/City Name: **FRESNO**

| 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 (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| I. Personnel Expenses | | | | | | | | | | | |
| 1. Supervising PHN (J. Slaughter) | 60% | \$104,529 | \$62,717 | 0.00% | \$0 | 100.00% | \$62,717 | 51% | \$31,986 | 49% | \$30,731 |
| 2. Public Health Nurse II (J. Guerrero) | 100% | \$99,309 | \$99,309 | 0.00% | \$0 | 100.00% | \$99,309 | 86% | \$85,406 | 14% | \$13,903 |
| 3. Public Health Nurse II (A. Lee) | 100% | \$99,309 | \$99,309 | 0.00% | \$0 | 100.00% | \$99,309 | 86% | \$85,406 | 14% | \$13,903 |
| 4. Health Education Assistant (B. Matsumoto) | 100% | \$37,829 | \$37,829 | 0.00% | \$0 | 100.00% | \$37,829 | 78% | \$29,507 | 22% | \$8,322 |
| 5. Supervising OA (L. Renteria) | 100% | \$52,543 | \$52,543 | 0.00% | \$0 | 100.00% | \$52,543 | 44% | \$23,119 | 56% | \$29,424 |
| 6. Office Assistant I (Vacant) | 90% | \$24,574 | \$22,117 | 0.00% | \$0 | 100.00% | \$22,117 | 0% | \$0 | 100% | \$22,117 |
| 7. Office Assistant III (G. Vasquez) | 100% | \$39,407 | \$39,407 | 0.00% | \$0 | 100.00% | \$39,407 | 0% | \$0 | 100% | \$39,407 |
| Total Salaries and Wages | | | \$413,231 | | \$0 | | \$413,231 | | \$255,424 | | \$157,807 |
| Less Salary Savings | | | | | | | | | | | |
| Net Salaries and Wages | | | \$413,231 | 0.00% | \$0 | 100.00% | \$413,231 | 61.81% | \$255,424 | 38.19% | \$157,807 |
| Staff Benefits (Specify %) 84.14% | | | \$347,690 | | \$0 | | \$347,690 | | \$214,912 | | \$132,778 |
| I. Total Personnel Expenses | | | \$760,921 | | \$0 | | \$760,921 | | \$470,336 | | \$290,585 |
| II. Operating Expenses | | | | | | | | | | | |
| 1. Travel | | | \$4,075 | | \$0 | | \$4,075 | | \$2,519 | | \$1,556 |
| 2. Training | | | \$2,200 | | \$0 | | \$2,200 | | \$1,360 | | \$840 |
| 3. Communication | | | \$4,105 | | \$0 | | \$4,105 | | | | \$4,105 |
| 4. Facilities & Household Expenses | | | \$57,562 | | \$0 | | \$57,562 | | | | \$57,562 |
| 5. Equipment Maintenance | | | \$1,000 | | \$0 | | \$1,000 | | | | \$1,000 |
| 6. Office Expense | | | \$6,500 | | \$0 | | \$6,500 | | | | \$6,500 |
| 7. Postage | | | \$4,345 | | \$0 | | \$4,345 | | | | \$4,345 |
| 8. Professional and Specialized Services | | | \$1,050 | | \$0 | | \$1,050 | | | | \$1,050 |
| 9. Printing | | | \$1,000 | | \$0 | | \$1,000 | | | | \$1,000 |
| 10. Food | | | \$1,000 | | \$0 | | \$1,000 | | | | \$1,000 |
| II. Total Operating Expenses | | | \$82,837 | | \$0 | | \$82,837 | | \$3,879 | | \$78,958 |

CHDP Administrative Budget Worksheet for FY 2018-19
No County/City Match
State and State/Federal

County/City Name: **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 (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| III. Capital Expenses | | | | | | | | | | | |
| III. Total Capital Expenses | | | \$0 | | \$0 | | \$0 | | | | \$0 |
| IV. Indirect Expenses | | | | | | | | | | | |
| 1. Internal (Specify %) | 26.500% | | \$201,644 | | \$0 | | \$201,644 | | | | \$201,644 |
| 2. External (Specify %) | 0.000% | | \$0 | | \$0 | | \$0 | | | | \$0 |
| IV. Total Indirect Expenses | | | \$201,644 | | \$0 | | \$201,644 | | | | \$201,644 |
| V. Other Expenses | | | | | | | | | | | |
| V. Total Other Expenses | | | \$0 | | \$0 | | \$0 | | | | \$0 |
| Budget Grand Total | | | \$1,045,402 | | \$0 | | \$1,045,402 | | \$474,215 | | \$571,187 |

| | | | |
|--|---------------|----------------|--|
|  | 10/3/18 | (559) 600-3330 | axayavath@fresnocountyca.gov |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
|  | 10-9-18 | (559) 600-6592 | jslaughter@fresnocountyca.gov |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

**FRESNO COUNTY CHILD HEALTH AND DISABILITY
PREVENTION (CHDP) PROGRAM BUDGET
FY 2018-19 BUDGET JUSTIFICATION**

I. PERSONNEL EXPENSES

| | | |
|----------------------------------|------------------|---|
| Total Salaries: | \$413,231 | Salary and Benefits for 7 positions, total of 6.50 FTE. Benefits rate calculated with estimated average of total benefits for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration. |
| Total Benefits: | <u>\$347,690</u> | |
| TOTAL PERSONNEL EXPENSES: | \$760,921 | |

II. OPERATING EXPENSES

| | | |
|------------------------------------|----------|--|
| 1. Travel | \$4,075 | Private mileage reimbursement at \$0.545/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 | \$4,105 | Office telephones utilized by program staff. Costs provided by Internal Services. |
| 4. Facilities & Household Expenses | \$57,562 | 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 | \$6,500 | 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 | \$4,345 | Postage costs for mailing information notices to providers and letters to clients. |

**FRESNO COUNTY CHILD HEALTH AND DISABILITY
PREVENTION (CHDP) PROGRAM BUDGET
FY 2018-19 BUDGET JUSTIFICATION**

| | | |
|--|---------|--|
| 8. Professional and Specialized Services | \$1,050 | 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: | \$82,837 |
|----------------------------------|-----------------|

III. CAPITAL EXPENSES

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

IV. INDIRECT EXPENSES

| | |
|---------------------------------|------------------|
| a. Internal @ 26.50% | \$201,644 |
| b. External @ 0.000% | \$0 |
| TOTAL INDIRECT EXPENSES: | \$201,644 |

Fresno County Department of Public Health's indirect rate is 26.5% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.

V. OTHER EXPENSES

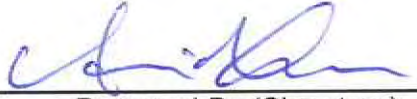
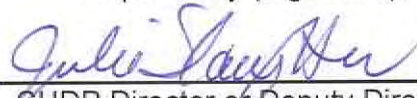
| | |
|------------------------------|------------|
| N/A | \$0 |
| TOTAL OTHER EXPENSES: | \$0 |

| | |
|----------------------------|--------------------|
| BUDGET GRAND TOTAL: | \$1,045,402 |
|----------------------------|--------------------|

Health Care Program for Children in Foster Care - Caseload Relief Budget Summary
Fiscal Year 2018-19
County/City Name: FRESNO

| Column | 1 | 2 | 3 |
|------------------------------|-------------------------|-----------------------------------|--------------------------------------|
| Category/Line Item | Total Budget (2 + 3) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$259,051 | \$233,145 | \$25,905 |
| II. Total Operating Expenses | \$5,700 | \$5,130 | \$570 |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | \$68,648 | | \$68,648 |
| V. Total Other Expenses | | | |
| Expenditures Grand Total | \$333,399 | \$238,275 | \$95,124 |

| Column | 1 | 2 | 3 |
|---------------------------|-------------|--------------------------------------|--------------------------------------|
| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| State Funds | \$107,131 | \$59,569 | \$47,562 |
| Federal Funds (Title XIX) | \$226,268 | \$178,706 | \$47,562 |
| Total Source of Funds | \$333,399 | \$238,275 | \$95,124 |


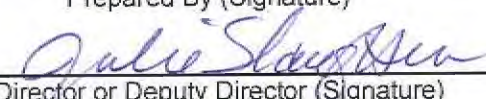
| | | | |
|---|----------------|----------------|--|
|  | <u>10/3/18</u> | (559) 600-3330 | axayavath@fresnocountyca.gov |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
|  | <u>10/9/18</u> | (559) 600-6592 | islaughter@fresnocountyca.gov |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

Health Care Program for Children in Foster Care - Caseload Relief Budget Summary Budget Worksheet

Fiscal Year 2018-19

County/City Name: FRESNO

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------------|-------------|--------------------------------------|-------------|---|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. PHN II (Vacant) | 100% | \$77,638 | \$77,638 | 90% | \$69,874 | 10% | \$7,764 |
| 2. PHN II (Vacant) | 100% | \$77,638 | \$77,638 | 90% | \$69,874 | 10% | \$7,764 |
| Total Salaries and Wages | | | \$155,276 | | \$139,748 | | \$15,528 |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | \$155,276 | 90.00% | \$139,748 | 10.00% | \$15,528 |
| Staff Benefits (Specify %) 66.83% | | | \$103,775 | | \$93,397 | | \$10,377 |
| I. Total Personnel Expenses | | | \$259,051 | | \$233,145 | | \$25,905 |
| II. Operating Expenses | | | | | | | |
| 1. Training | | | \$4,000 | 90.00% | \$3,600 | 10.00% | \$400 |
| 2. Travel | | | \$1,000 | 90.00% | \$900 | 10.00% | \$100 |
| 3. Office Expenses | | | \$500 | 90.00% | \$450 | 10.00% | \$50 |
| 4. Professional Services | | | \$200 | 90.00% | \$180 | 10.00% | \$20 |
| II. Total Operating Expenses | | | \$5,700 | | \$5,130 | | \$570 |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) 26.500% | | | \$68,648 | | | | \$68,648 |
| 2. External (Specify %) 0.000% | | | \$0 | | | | \$0 |
| IV. Total Indirect Expenses | | | \$68,648 | | | | \$68,648 |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | \$333,399 | | \$238,275 | | \$95,124 |

Prepared By (Signature) _____ Date prepared 10/3/18 (559) 600-3330 axayavath@fresnocountyca.gov
 CHDP Director or Deputy Director (Signature) _____ Date 10/9/18 (559) 600-6592 jslaughter@fresnocountyca.gov

Phone Number _____ Email Address _____
 Phone Number _____ Email Address _____

**FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
CASELOAD RELIEF
FY 2018-19 BUDGET JUSTIFICATION**

I. PERSONNEL EXPENSES

| | | |
|----------------------------------|------------------|-------------------------------|
| Total Salaries: | \$155,276 | Salary and Benefits for 2 FTE |
| Total Benefits: | \$103,775 | PHN II. Includes retirement, |
| | | health insurance, OASDI, |
| TOTAL PERSONNEL EXPENSES: | \$259,051 | Unemployment Insurance, and |
| | | Benefits Administration. |

II. OPERATING EXPENSES

| | | |
|--------------------------|---------|---|
| 1. Training | \$4,000 | Private auto mileage reimbursement at \$0.545/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. Travel | \$1,000 | 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. |
| 3. Office Expenses | \$500 | General office supplies including paper supplies, computer supplies, pens, ink cartridges and publications to perform program activities. |
| 4. Professional Services | \$200 | Interpretation/translation services, CPR training. |

| | |
|----------------------------------|----------------|
| TOTAL OPERATING EXPENSES: | \$5,700 |
|----------------------------------|----------------|

III. CAPITAL EXPENSES

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

IV. INDIRECT EXPENSES

| | | |
|---------------------------------|-----------------|---|
| a. Internal @ 26.5%: | \$68,648 | Fresno County Department of Public Health's indirect rate is 26.5% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. |
| TOTAL INDIRECT EXPENSES: | \$68,648 | |


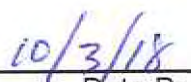

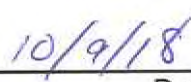
V. OTHER EXPENSES

| | |
|------------------------------|------------------|
| N/A | \$0 |
| TOTAL OTHER EXPENSES: | \$0 |
| BUDGET GRAND TOTAL: | \$333,399 |

HCPFC Psychotropic Medications Monitoring & Oversight Administrative Budget Summary
Fiscal Year 2018-19
County/City Name: FRESNO

| Column | 1 | 2 | 3 |
|---------------------------------|-------------------------|-----------------------------------|--------------------------------------|
| Category/Line Item | Total Budget (2 + 3) | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| I. Total Personnel Expenses | \$129,525 | \$116,573 | \$12,953 |
| II. Total Operating Expenses | \$3,353 | \$3,018 | \$335 |
| III. Total Capital Expenses | | | |
| IV. Total Indirect Expenses | \$34,324 | | \$34,324 |
| V. Total Other Expenses | | | |
| Expenditures Grand Total | \$167,203 | \$119,591 | \$47,612 |

| Column | 1 | 2 | 3 |
|------------------------------|------------------|--------------------------------------|--------------------------------------|
| Source of Funds | Total Funds | Enhanced State/Federal (25/75) | Nonenhanced State/Federal (50/50) |
| State Funds | \$53,704 | \$29,898 | \$23,806 |
| Federal Funds (Title XIX) | \$113,499 | \$89,693 | \$23,806 |
| Total Source of Funds | \$167,203 | \$119,591 | \$47,612 |


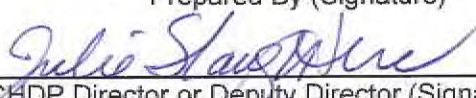
| | | | |
|---|---|----------------|--|
|  |  | (559) 600-3330 | axayavath@fresnocountyca.gov |
| Prepared By (Signature) | Date Prepared | Phone Number | Email Address |
|  |  | (559) 600-6592 | jslaughter@fresnocountyca.gov |
| CHDP Director or Deputy Director (Signature) | Date | Phone Number | Email Address |

HCPCFC Psychotropic Medications Monitoring & Oversight Administrative Budget Worksheet

Fiscal Year 2018-19

County/City Name: FRESNO

| Column | 1A | 1B | 1 | 2A | 2 | 3A | 3 |
|-------------------------------------|----------|---------------|---------------------------------------|-------------|--------------------------------------|-------------|---|
| Category/Line Item | % or FTE | Annual Salary | Total Budget (1A x 1B or 2 + 3) | % or FTE | Enhanced State/Federal (25/75) | % or FTE | Nonenhanced State/Federal (50/50) |
| I. Personnel Expenses | | | | | | | |
| 1. PHN II (Vacant) | 100% | \$77,638 | \$77,638 | 90% | \$69,874 | 10% | \$7,764 |
| Total Salaries and Wages | | | \$77,638 | | \$69,874 | | \$7,764 |
| Less Salary Savings | | | | | | | |
| Net Salaries and Wages | | | \$77,638 | 90.00% | \$69,874 | 10.00% | \$7,764 |
| Staff Benefits (Specify %) 66.83% | | | \$51,887 | | \$46,699 | | \$5,189 |
| I. Total Personnel Expenses | | | \$129,525 | | \$116,573 | | \$12,953 |
| II. Operating Expenses | | | | | | | |
| 1. Training | | | \$1,000 | 90.00% | \$900 | 10.00% | \$100 |
| 2. Travel | | | \$1,753 | 90.00% | \$1,578 | 10.00% | \$175 |
| 3. Office Expenses | | | \$600 | 90.00% | \$540 | 10.00% | \$60 |
| II. Total Operating Expenses | | | \$3,353 | | \$3,018 | | \$335 |
| III. Capital Expenses | | | | | | | |
| 1. | | | | | | | |
| III. Total Capital Expenses | | | | | | | |
| IV. Indirect Expenses | | | | | | | |
| 1. Internal (Specify %) 26.500% | | | \$34,324 | | | | \$34,324 |
| 2. External (Specify %) 0.000% | | | \$0 | | | | \$0 |
| IV. Total Indirect Expenses | | | \$34,324 | | | | \$34,324 |
| V. Other Expenses | | | | | | | |
| 1. | | | | | | | |
| V. Total Other Expenses | | | | | | | |
| Budget Grand Total | | | \$167,203 | | \$119,591 | | \$47,612 |

Prepared By (Signature) _____ Date prepared 10/3/18 (559) 600-3330 axayavath@fresnocountyca.gov
 CHDP Director or Deputy Director (Signature) _____ Date 10/9/18 (559) 600-6592 jslaughter@fresnocountyca.gov

Page 56 of 64

FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
Psychotropic Medications Monitoring & Oversight
FY 2018-19 BUDGET JUSTIFICATION

I. PERSONNEL EXPENSES

| | | |
|----------------------------------|------------------|--|
| Total Salaries: | \$77,638 | Salary and Benefits for 1 FTE PHN II. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration. |
| Total Benefits: | \$51,887 | |
| TOTAL PERSONNEL EXPENSES: | \$129,525 | |

II. OPERATING EXPENSES

| | | |
|----------------------------------|----------------|--|
| 1. Training | \$1,000 | Registration costs for PHN to complete online & in-person trainings/workshops regarding PMM&O. |
| 2. Travel | \$1,753 | Travel expenses (transportation, lodging, meals, etc.) related to in-person trainings. |
| 3. Office Expenses | \$600 | Reference books, guides & subscriptions for current information on PMM&O related topics. |
| TOTAL OPERATING EXPENSES: | \$3,353 | |

III. CAPITAL EXPENSES

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

IV. INDIRECT EXPENSES

| | | |
|---------------------------------|-----------------|---|
| a. Internal @ 26.5%: | \$34,324 | Fresno County Department of Public Health's indirect rate is 26.5% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. |
| TOTAL INDIRECT EXPENSES: | \$34,324 | |

V. OTHER EXPENSES

N/A

\$0

TOTAL OTHER EXPENSES:

\$0

BUDGET GRAND TOTAL:

\$167,203

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|---|-----------------|-------------------------------|
| STRAIGHT CCS - | | |
| Total Cases of Open (Active) Straight CCS Children | 359 | 4.95% |
| OTLICP - | | |
| Total Cases of Open (Active) OTLICP Children | 617 | 8.51% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children | 6273 | 86.54% |
| TOTAL CCS CASELOAD | 7249 | 100% |

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19County: Fresno

| | | | | Straight CCS | | Optional Targeted Low Income Children's Program (OTLICP) | | Medi-Cal (Non-OTLICP) | | | | | |
|---|---------|---------------|-----------------------------------|--------------|-----------------------------------|--|--|-----------------------|------------------------|----------------|---|--------------------|---|
| Column | 1 | 2 | 3 | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6/6/88) | Caseload % | Medi-Cal State/Federal | Enhanced % FTE | Enhanced Medi-Cal State/Federal (25/75) | Non-Enhanced % FTE | Non-Enhanced Medi-Cal State/Federal (50/50) |
| I. Personnel Expense | | | | | | | | | | | | | |
| Program Administration | | | | | | | | | | | | | |
| 1. Daniela Aghadjanian, Administrator | 90.00% | 129,532 | 116,579 | 4.95% | 5,773 | 8.51% | 9,923 | 86.54% | 100,883 | | | 100.00% | 100,883 |
| 2. VACANT, Staff Analyst I | 60.00% | 51,350 | 30,810 | 4.95% | 1,526 | 8.51% | 2,622 | 86.54% | 26,662 | | | 100.00% | 26,662 |
| 3. Jennifer Miller, Administrative Assistant III | 100.00% | 48,282 | 48,282 | 4.95% | 2,391 | 8.51% | 4,110 | 86.54% | 41,781 | | | 100.00% | 41,781 |
| 4. Harsham Dhillon, Rehabilitative Therapy Manager | 20.00% | 110,994 | 22,199 | 4.95% | 1,099 | 8.51% | 1,889 | 86.54% | 19,210 | | | 100.00% | 19,210 |
| 5. Peter Jew, Systems & Procedures Analyst III | 10.00% | 78,676 | 7,868 | 4.95% | 390 | 8.51% | 670 | 86.54% | 6,809 | | | 100.00% | 6,809 |
| 6. Jose Rodriguez, Senior Accountant | 10.00% | 56,732 | 5,673 | 4.95% | 281 | 8.51% | 483 | 86.54% | 4,909 | | | 100.00% | 4,909 |
| 7. VACANT, Program Technician I | 100.00% | 35,522 | 35,522 | 4.95% | 1,759 | 8.51% | 3,023 | 86.54% | 30,739 | | | 100.00% | 30,739 |
| Subtotal | | 511,088 | 266,933 | | 13,219 | | 22,720 | | 230,993 | | | | 230,993 |
| Medical Case Management | | | | | | | | | | | | | |
| 1. Dr. Rajeev Verma, Medical Consultant (EXTRA HELP) | 50.00% | 156,000 | 78,000 | 4.95% | 3,863 | 8.51% | 6,639 | 86.54% | 67,498 | 64.00% | 43,199 | 36.00% | 24,299 |
| 2. Marla Bomgardner, Supervising Public Health Nurse | 100.00% | 94,952 | 94,952 | 4.95% | 4,702 | 8.51% | 8,082 | 86.54% | 82,168 | 71.00% | 58,339 | 29.00% | 23,829 |
| 3. Sherilee Lawson, Head Nurse | 100.00% | 117,754 | 117,754 | 4.95% | 5,832 | 8.51% | 10,023 | 86.54% | 101,900 | 44.00% | 44,836 | 56.00% | 57,064 |
| 4. Quy Gip, Staff Nurse III | 100.00% | 78,884 | 78,884 | 4.95% | 3,907 | 8.51% | 6,714 | 86.54% | 68,263 | 72.00% | 49,149 | 28.00% | 19,114 |
| 5. Tim Yang, Staff Nurse III | 100.00% | 71,942 | 71,942 | 4.95% | 3,563 | 8.51% | 6,123 | 86.54% | 62,256 | 94.00% | 58,521 | 6.00% | 3,735 |
| 6. Noel Almaguer, Public Health Nurse II | 100.00% | 87,568 | 87,568 | 4.95% | 4,337 | 8.51% | 7,453 | 86.54% | 75,778 | 83.00% | 62,896 | 17.00% | 12,882 |
| 7. Heather Woo, Public Health Nurse II | 100.00% | 82,342 | 82,342 | 4.95% | 4,078 | 8.51% | 7,009 | 86.54% | 71,256 | 82.00% | 58,430 | 18.00% | 12,826 |
| 8. Belinda Mayugba, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 87.00% | 67,180 | 13.00% | 10,038 |
| 9. Joy Conde, Physical Therapist III | 100.00% | 100,906 | 100,906 | 4.95% | 4,997 | 8.51% | 8,589 | 86.54% | 87,320 | 71.00% | 61,997 | 29.00% | 25,323 |
| 10. Stella Jauregui, Public Health Nurse (EXTRA HELP) | 40.00% | 69,472 | 27,789 | 4.95% | 1,376 | 8.51% | 2,365 | 86.54% | 24,048 | 72.00% | 17,315 | 28.00% | 6,733 |
| 11. Amada Ozaeta, Public Health Nurse (EXTRA HELP) | 40.00% | 69,472 | 27,789 | 4.95% | 1,376 | 8.51% | 2,365 | 86.54% | 24,048 | 72.00% | 17,315 | 28.00% | 6,733 |
| 12. Megan Milburn, Staff Nurse I | 100.00% | 58,240 | 58,240 | 4.95% | 2,884 | 8.51% | 4,957 | 86.54% | 50,399 | 72.00% | 36,287 | 28.00% | 14,112 |
| 13. Kelly Stevens, Staff Nurse II | 100.00% | 64,038 | 64,038 | 4.95% | 3,171 | 8.51% | 5,451 | 86.54% | 55,416 | 76.00% | 42,116 | 24.00% | 13,300 |
| 14. Shavonne Smith, Staff Nurse I | 100.00% | 58,240 | 58,240 | 4.95% | 2,884 | 8.51% | 4,957 | 86.54% | 50,399 | 45.00% | 22,680 | 55.00% | 27,719 |
| 15. Joseph Burgess, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 72.00% | 55,597 | 28.00% | 21,621 |
| 16. Vivien Tagoe, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 65.00% | 50,192 | 35.00% | 27,026 |
| 17. Darawadee Martin, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 81.00% | 62,547 | 19.00% | 14,671 |
| 18. Jing Yang, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 79.00% | 61,002 | 21.00% | 16,216 |
| 19. Marjelyn Ramiro, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 100.00% | 77,218 | 0.00% | 0 |
| 20. Maribeth Jensen, Staff Nurse III | 100.00% | 89,232 | 89,232 | 4.95% | 4,419 | 8.51% | 7,595 | 86.54% | 77,218 | 83.00% | 64,091 | 17.00% | 13,127 |
| 21. Elizabeth Manfredi, Public Health Nurse II | 100.00% | 96,044 | 96,044 | 4.95% | 4,756 | 8.51% | 8,175 | 86.54% | 83,113 | 74.00% | 61,504 | 26.00% | 21,609 |
| 22. RJ Lee, Public Health Nurse I | 100.00% | 69,472 | 69,472 | 4.95% | 3,441 | 8.51% | 5,913 | 86.54% | 60,118 | 72.00% | 43,285 | 28.00% | 16,833 |
| 23. Sandy Sue Arce, Public Health Nurse I | 100.00% | 69,472 | 69,472 | 4.95% | 3,441 | 8.51% | 5,913 | 86.54% | 60,118 | 72.00% | 43,285 | 28.00% | 16,833 |
| 24. Veronica Reyna, Staff Nurse I | 100.00% | 58,240 | 58,240 | 4.95% | 2,884 | 8.51% | 4,957 | 86.54% | 50,399 | 72.00% | 36,287 | 28.00% | 14,112 |

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|-----------------|-------------------------------|
| STRAIGHT CCS - | | |
| Total Cases of Open (Active) Straight CCS Children | 359 | 4.95% |
| OTLCP - | | |
| Total Cases of Open (Active) OTLCP Children | 617 | 8.51% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children | 6273 | 86.54% |
| TOTAL CCS CASELOAD | 7249 | 100% |

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19

County: Fresno

| Column | 1 | 2 | 3 | Straight CCS | | Optional Targeted Low Income Children's Program (OTLCP) | | Medi-Cal (Non-OTLCP) | | | | | |
|---|---------|---------------|-----------------------------------|--------------|-----------------------------------|---|---|----------------------|------------------------|----------------|---|--------------------|---|
| | | | | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (6/6/88) | 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) |
| 25. Khamsey Vanhelsdingen, Staff Nurse I | 100.00% | 58,240 | 58,240 | 4.95% | 2,884 | 8.51% | 4,957 | 86.54% | 50,399 | 72.00% | 36,287 | 28.00% | 14,112 |
| Subtotal | | 2,085,902 | 1,924,536 | | 95,309 | | 163,807 | | 1,665,422 | | 1,231,555 | | 433,867 |
| Other Health Care Professionals | | | | | | | | | | | | | |
| 1. Martha Orejel, Medical Social Worker I | 100.00% | 48,646 | 48,646 | 4.95% | 2,409 | 8.51% | 4,141 | 86.54% | 42,096 | 51.00% | 21,469 | 49.00% | 20,627 |
| 2. Ariana Robles Solis, Medical Social Worker I | 100.00% | 58,474 | 58,474 | 4.95% | 2,896 | 8.51% | 4,977 | 86.54% | 50,601 | 18.00% | 9,108 | 82.00% | 41,493 |
| Subtotal | | 107,120 | 107,120 | | 5,305 | | 9,118 | | 92,697 | | 30,577 | | 62,120 |
| Ancillary Support | | | | | | | | | | | | | |
| 1. Sonya Menoza, Senior Admitting Interviewer I | 100.00% | 47,944 | 47,944 | 4.95% | 2,374 | 8.51% | 4,081 | 86.54% | 41,489 | | | 100.00% | 41,489 |
| 2. Bobbi Taylor, Senior Admitting Interviewer I | 100.00% | 39,858 | 39,858 | 4.95% | 1,974 | 8.51% | 3,393 | 86.54% | 34,492 | | | 100.00% | 34,492 |
| 3. Vanessa Bong, Admitting Interviewer II | 100.00% | 32,630 | 32,630 | 4.95% | 1,616 | 8.51% | 2,777 | 86.54% | 28,237 | | | 100.00% | 28,237 |
| 4. Angel Rodriguez, Admitting Interviewer I | 100.00% | 27,690 | 27,690 | 4.95% | 1,371 | 8.51% | 2,357 | 86.54% | 23,962 | | | 100.00% | 23,962 |
| 5. Sarrina Staub, Admitting Interviewer I | 100.00% | 27,690 | 27,690 | 4.95% | 1,371 | 8.51% | 2,357 | 86.54% | 23,962 | | | 100.00% | 23,962 |
| 6. Rudy Constantino, Admitting Interviewer II | 100.00% | 39,234 | 39,234 | 4.95% | 1,943 | 8.51% | 3,339 | 86.54% | 33,952 | | | 100.00% | 33,952 |
| 7. Anita Tristan, Admitting Interviewer II | 100.00% | 33,644 | 33,644 | 4.95% | 1,666 | 8.51% | 2,864 | 86.54% | 29,114 | | | 100.00% | 29,114 |
| 8. Alicia Molina, Admitting Interviewer II | 100.00% | 41,730 | 41,730 | 4.95% | 2,067 | 8.51% | 3,552 | 86.54% | 36,112 | | | 100.00% | 36,112 |
| 9. Marcy Nava, Admitting Interviewer II | 100.00% | 33,644 | 33,644 | 4.95% | 1,666 | 8.51% | 2,864 | 86.54% | 29,114 | | | 100.00% | 29,114 |
| 10. Devany Prieto, Admitting Interviewer I | 100.00% | 27,690 | 27,690 | 4.95% | 1,371 | 8.51% | 2,357 | 86.54% | 23,962 | | | 100.00% | 23,962 |
| 11. Tiffany Acosta, Admitting Interviewer II | 100.00% | 36,894 | 36,894 | 4.95% | 1,827 | 8.51% | 3,140 | 86.54% | 31,927 | | | 100.00% | 31,927 |
| 12. Maria Escobedo, Admitting Interviewer II | 100.00% | 35,776 | 35,776 | 4.95% | 1,772 | 8.51% | 3,045 | 86.54% | 30,959 | | | 100.00% | 30,959 |
| 13. Bernard Thao, Admitting Interviewer II | 100.00% | 33,644 | 33,644 | 4.95% | 1,666 | 8.51% | 2,864 | 86.54% | 29,114 | | | 100.00% | 29,114 |
| 14. Luz Reyes, Admitting Interviewer II | 100.00% | 41,730 | 41,730 | 4.95% | 2,067 | 8.51% | 3,552 | 86.54% | 36,112 | | | 100.00% | 36,112 |
| 15. Rosa Lopez, Admitting Interviewer I | 100.00% | 28,548 | 28,548 | 4.95% | 1,414 | 8.51% | 2,430 | 86.54% | 24,704 | | | 100.00% | 24,704 |
| 16. Laurie Roberts, Admitting Interviewer II | 100.00% | 35,776 | 35,776 | 4.95% | 1,772 | 8.51% | 3,045 | 86.54% | 30,959 | | | 100.00% | 30,959 |
| 17. Xavier Gonzalez, Admitting Interviewer I | 100.00% | 30,342 | 30,342 | 4.95% | 1,503 | 8.51% | 2,583 | 86.54% | 26,257 | | | 100.00% | 26,257 |
| 18. Michael Vue, Admitting Interviewer II | 100.00% | 33,644 | 33,644 | 4.95% | 1,666 | 8.51% | 2,864 | 86.54% | 29,114 | | | 100.00% | 29,114 |
| 19. Pa Lee, Admitting Interviewer I | 100.00% | 27,690 | 27,690 | 4.95% | 1,371 | 8.51% | 2,357 | 86.54% | 23,962 | | | 100.00% | 23,962 |
| 20. VACANT, Admitting Interviewer I | 100.00% | 31,278 | 31,278 | 4.95% | 1,549 | 8.51% | 2,662 | 86.54% | 27,067 | | | 100.00% | 27,067 |
| Subtotal | | 687,076 | 687,076 | | 34,026 | | 58,483 | | 594,571 | | | | 594,571 |
| Clerical and Claims Support | | | | | | | | | | | | | |
| 1. Alibra Carter, Supervising Office Assistant | 100.00% | 44,876 | 44,876 | 4.95% | 2,222 | 8.51% | 3,820 | 86.54% | 38,834 | 0.00% | | 100.00% | 38,834 |
| 2. Zulema Alderete, Office Assistant I | 100.00% | 25,220 | 25,220 | 4.95% | 1,249 | 8.51% | 2,147 | 86.54% | 21,824 | 0.00% | | 100.00% | 21,824 |
| 3. Melinda Kelley, Office Assistant I | 100.00% | 25,220 | 25,220 | 4.95% | 1,249 | 8.51% | 2,147 | 86.54% | 21,824 | 0.00% | | 100.00% | 21,824 |
| 4. Tamara Brown, Office Assistant III | 100.00% | 39,234 | 39,234 | 4.95% | 1,943 | 8.51% | 3,339 | 86.54% | 33,952 | 0.00% | | 100.00% | 33,952 |
| 5. Melissa Figueroa, Office Assistant III | 100.00% | 39,234 | 39,234 | 4.95% | 1,943 | 8.51% | 3,339 | 86.54% | 33,952 | 0.00% | | 100.00% | 33,952 |
| 6. Teresa Valladolid, Office Assistant III | 100.00% | 39,234 | 39,234 | 4.95% | 1,943 | 8.51% | 3,339 | 86.54% | 33,952 | 0.00% | | 100.00% | 33,952 |

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|---|-----------------|-------------------------------|
| STRAIGHT CCS - | | |
| Total Cases of Open (Active) Straight CCS Children | 359 | 4.95% |
| OTLICP - | | |
| Total Cases of Open (Active) OTLICP Children | 617 | 8.51% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children | 6273 | 86.54% |
| TOTAL CCS CASELOAD | 7249 | 100% |

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19County: Fresno

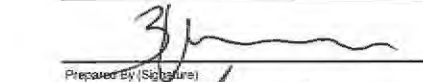

| | | | | Straight CCS | | Optional Targeted Low Income Children's Program (OTLICP) | | Medi-Cal (Non-OTLICP) | | | | | |
|--|---------|---------------|-----------------------------------|--------------|-----------------------------------|--|--|-----------------------|------------------------|----------------|---|--------------------|---|
| Column | 1 | 2 | 3 | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (6/6/88) | 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) |
| 7. Angela Klamm, Office Assistant II | 100.00% | 27,508 | 27,508 | 4.95% | 1,362 | 8.51% | 2,341 | 86.54% | 23,804 | 0.00% | | 100.00% | 23,804 |
| 8. Natasha Jones, Office Assistant I | 100.00% | 24,466 | 24,466 | 4.95% | 1,212 | 8.51% | 2,082 | 86.54% | 21,172 | 0.00% | | 100.00% | 21,172 |
| 9. Robert Romans, Office Assistant I | 100.00% | 24,466 | 24,466 | 4.95% | 1,212 | 8.51% | 2,082 | 86.54% | 21,172 | 0.00% | | 100.00% | 21,172 |
| 10. VACANT, Office Assistant I | 100.00% | 27,638 | 27,638 | 4.95% | 1,369 | 8.51% | 2,352 | 86.54% | 23,917 | 0.00% | | 100.00% | 23,917 |
| 11. VACANT, Office Assistant I | 100.00% | 27,638 | 27,638 | 4.95% | 1,369 | 8.51% | 2,352 | 86.54% | 23,917 | 0.00% | | 100.00% | 23,917 |
| 13. Rodrigo De La Rosa, Account Clerk III | 50.00% | 37,232 | 18,616 | 4.95% | 922 | 8.51% | 1,585 | 86.54% | 16,110 | 0.00% | | 100.00% | 16,110 |
| Subtotal | | 381,966 | 363,350 | | 17,995 | | 30,925 | | 314,430 | | | | 314,430 |
| Total Salaries and Wages | | | 3,349,015 | 4.95% | 165,857 | 8.51% | 285,052 | 86.54% | 2,898,113 | 43.55% | 1,262,132 | 56.45% | 1,635,981 |
| Staff Benefits (Specify %) | 79.53% | | 2,663,472 | 4.95% | 131,906 | 8.51% | 226,702 | 86.54% | 2,304,864 | | 1,003,771 | | 1,301,093 |
| I. Total Personnel Expense | | | 6,012,487 | 4.95% | 297,763 | 8.51% | 511,754 | 86.54% | 5,202,977 | | 2,265,903 | | 2,937,074 |
| II. Operating Expense | | | | | | | | | | | | | |
| 1. Travel | | | 3,500 | 4.95% | 173 | 8.51% | 298 | 86.54% | 3,029 | 43.55% | 1,319 | 56.45% | 1,710 |
| 2. Training | | | 11,000 | 4.95% | 545 | 8.51% | 936 | 86.54% | 9,519 | 43.55% | 4,146 | 56.45% | 5,373 |
| 3. Office Expenses | | | 45,000 | 4.95% | 2,229 | 8.51% | 3,830 | 86.54% | 38,941 | | | 100.00% | 38,941 |
| 4. Postage | | | 30,000 | 4.95% | 1,486 | 8.51% | 2,553 | 86.54% | 25,961 | | | 100.00% | 25,961 |
| 5. Small Tools | | | 9,000 | 4.95% | 446 | 8.51% | 766 | 86.54% | 7,788 | | | 100.00% | 7,788 |
| 6. Household Expenses | | | 10,000 | 4.95% | 495 | 8.51% | 851 | 86.54% | 8,654 | | | 100.00% | 8,654 |
| 7. Maintenance-Equipment, Bldg. & Security | | | 31,000 | 4.95% | 1,535 | 8.51% | 2,639 | 86.54% | 26,826 | | | 100.00% | 26,826 |
| 8. Facility Services (Rent, Utilities) | | | 122,000 | 4.95% | 6,042 | 8.51% | 10,384 | 86.54% | 105,574 | | | 100.00% | 105,574 |
| 9. Communication | | | 27,000 | 4.95% | 1,337 | 8.51% | 2,298 | 86.54% | 23,365 | | | 100.00% | 23,365 |
| 10. Special Department Expenses | | | 6,800 | 4.95% | 337 | 8.51% | 579 | 86.54% | 5,884 | | | 100.00% | 5,884 |
| 11. Data Processing | | | 39,600 | 4.95% | 1,961 | 8.51% | 3,371 | 86.54% | 34,268 | | | 100.00% | 34,268 |
| 12. Translation Services | | | 21,000 | 4.95% | 1,040 | 8.51% | 1,787 | 86.54% | 18,173 | | | 100.00% | 18,173 |
| II. Total Operating Expense | | | 355,900 | | 17,626 | | 30,292 | | 307,982 | | 5,465 | | 302,517 |
| III. Capital Expense | | | | | | | | | | | | | |
| 1. | | | | 4.95% | 0 | 8.51% | 0 | 86.54% | 0 | | | | 0 |
| III. Total Capital Expense | | | 0 | | 0 | | 0 | | 0 | | | | 0 |
| IV. Indirect Expense | | | | | | | | | | | | | |
| 1. Internal | 9.07% | | 545,333 | 4.95% | 27,007 | 8.51% | 46,416 | 86.54% | 471,910 | | | 100.00% | 471,910 |
| 2. External | 0.00% | | 0 | 4.95% | 0 | 8.51% | 0 | 86.54% | 0 | | | 100.00% | 0 |
| IV. Total Indirect Expense | | | 545,333 | | 27,007 | | 46,416 | | 471,910 | | | | 471,910 |
| V. Other Expense | | | | | | | | | | | | | |
| 1. Maintenance & Transportation | | | 42,600 | 4.95% | 2,110 | 8.51% | 3,626 | 86.54% | 36,864 | | | 100.00% | 36,864 |
| V. Total Other Expense | | | 42,600 | | 2,110 | | 3,626 | | 36,864 | | | | 36,864 |
| Budget Grand Total | | | 6,956,320 | | 344,506 | | 592,088 | | 6,019,733 | | 2,271,368 | | 3,748,365 |

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|---|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 358 | 4.95% |
| OTLICP - Total Cases of Open (Active) OTLICP Children | 617 | 8.53% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children | 6273 | 86.56% |
| TOTAL CCS CASELOAD | 7249 | 100% |

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2018-19County: Fresno

| Column | 1 | 2 | 3 | Straight CCS | | Optional Targeted Low Income Children's Program (OTLICP) | | Medi-Cal (Non-OTLICP) | | | | | |
|--------------------|-------|---------------|---|--------------|---|--|--|-----------------------|---------------------------|-------------------|--|---------------------------|--|
| | | | | 4A | 4 | 5A | 5 | 6A | 6 | 7A | 7 | 8A | 8 |
| Category/Line Item | % FTE | Annual Salary | Total Budget (1 x 2 or 4 + 5 + 6) | Caseload % | Straight CCS County/State (50/50) | Caseload % | Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (5/5/55) | 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) |

| | | | |
|---|----------------------------------|---------------|--------------|
|  | Brandon Heberer | 8/30/2018 | 559-600-6521 |
| Prepared By (Signature) | Prepared By (Printed Name) | Date Prepared | Phone Number |
|  | Daniela Aghajanian | 10/09/2018 | 559-600-6595 |
| CCS Administrator (Signature) | CCS Administrator (Printed Name) | Date Signed | Phone Number |

| CCS CASELOAD | Actual Caseload | Percent of Total CCS Caseload |
|--|-----------------|-------------------------------|
| STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children | 359 | 4.85% |
| OTLICP - Total Cases of Open (Active) OTLICP Children | 617 | 8.51% |
| MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children | 6273 | 86.54% |
| TOTAL CCS CASELOAD | 7249 | 100% |

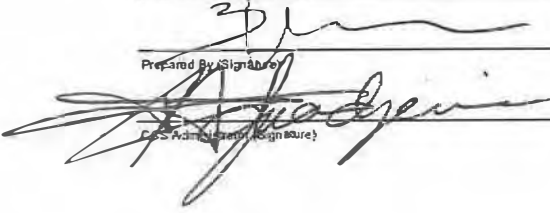
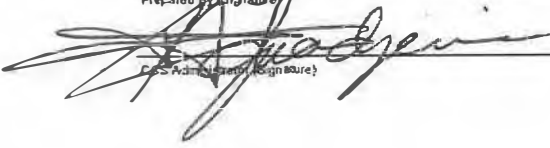
CCS Administrative Baseline Budget Summary

Fiscal Year: 2018-19

County: Fresno

| | Col 1 = Col 2+3+4 | Straight CCS | OTLICP | Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6) | | |
|-----------------------------|-------------------|-----------------------------------|---|--|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 |
| Category/Line Item | Total Budget | Straight CCS County/State (50/50) | Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (65/35) | Medi-Cal State/Federal | Enhanced Medi-Cal State/Federal (25/75) | Non-Enhanced Medi-Cal State/Federal (50/50) |
| I. Total Personnel Expense | 6,012,447 | 297,763 | 511,754 | 5,202,977 | 2,265,903 | 2,937,074 |
| II. Total Operating Expense | 355,900 | 17,625 | 30,292 | 307,982 | 5,465 | 302,517 |
| III. Total Capital Expense | 0 | 0 | 0 | 0 | | 0 |
| IV. Total Indirect Expense | 545,333 | 27,007 | 46,416 | 471,910 | | 471,910 |
| V. Total Other Expense | 42,806 | 2,110 | 3,626 | 36,864 | | 36,864 |
| Budget Grand Total | 6,956,320 | 344,505 | 592,088 | 6,019,733 | 2,271,368 | 3,746,365 |

| | Col 1 = Col 2+3+4 | Straight CCS | OTLICP | Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6) | | |
|---------------------|-------------------|-----------------------------------|---|--|---|---|
| Column | 1 | 2 | 3 | 4 | 5 | 6 |
| Source of Funds | Total Budget | Straight CCS County/State (50/50) | Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (65/35) | Medi-Cal State/Federal | Enhanced Medi-Cal State/Federal (25/75) | Non-Enhanced Medi-Cal State/Federal (50/50) |
| Straight CCS | | | | | | |
| State | 172,253 | 172,253 | | | | |
| County | 172,253 | 172,253 | | | | |
| OTLICP | | | | | | |
| State | 47,367 | | 47,367 | | | |
| County | 47,367 | | 47,367 | | | |
| Federal (Title XIX) | 497,354 | | 497,354 | | | |
| Medi-Cal | | | | | | |
| State | 2,442,025 | | | 2,442,025 | 567,642 | 1,874,383 |
| Federal (Title XIX) | 3,577,708 | | | 3,577,708 | 1,703,526 | 1,874,182 |

Prepared By (Signature):  bheberer@fresnocountyca.gov
 Prepared By (Printed Name): Brandon Heberer Email Address
 CCS Administrator (Signature):  daghadjanian@fresnocountyca.gov
 CCS Administrator (Printed Name): Daniela Aghadjanian Email Address

| I. Personnel Expenses | | |
|----------------------------------|---------------------|--|
| Total Salaries: | \$ 3,349,015 | |
| Total Benefits: | \$ 2,663,472 | Staff benefits represent an estimated 79.53% of salaries; this is a decrease of .37% from the previous fiscal year. This estimate was reached by using an average of the actual benefits paid for the previous fiscal year with an added 3% to adjust for projected pay raises and promotions. |
| Total Personnel Expenses: | \$ 6,012,487 | |

| Staffing Changes | |
|-------------------------|--|
| Public Health Physician | Represents a .5 FTE from an Extra Help position. This is a .1 FTE increase from the previous FY. |
| Public Health Nurse | Represents a 5.8 FTE. This is a 3.2 FTE decrease from the previous FY. |
| Staff Nurse | Represents a 14.0 FTE. This is an increase of 1.0 FTE from previous FY to better match Staffing Standards. |
| Medical Social Worker | Represents 2.0 FTE. Meets Staffing Standards. |
| Admitting Interviewer | Represents 18.0 FTE with one vacancy (an increase of 2.0 FTE from previous FY). |

| II. Operating Expenses | | |
|------------------------------------|----------------------|--|
| Travel | \$ 3,500.00 | Based on expenditures: Milage, Meals, Lodging, Freight, Praking, Garge Fees, etc. (9% increase from previous FY) |
| Training | \$ 11,000.00 | Includes registration and/or tuition fees for CCS trainings, seminars, conferences, etc. This is a 9.6% increase from the previous FY based on expenditures. |
| Office Expenses | \$ 45,000.00 | 5.2% increase from previous fiscal year based on expenditures. |
| Postage | \$ 30,000.00 | Based on expenditures from previous FY. No change from previous FY. |
| Small Tools | \$ 9,000.00 | Represents a 5.5% increase from previous FY based on expenditures. |
| Household Expenses | \$ 10,000.00 | Represents a 9.7% increase from previous FY based on expenditures. |
| Maint-Equip, Bldg, & Security | \$ 31,000.00 | Represents a 0.9% increase from previous FY based on expenditures. |
| Facility Services(rent, utilities) | \$ 122,000.00 | Represents an 8.7% increase from previous FY based on expenditures. |
| Communication | \$ 27,000.00 | Represents a 2.7% increase from previous FY based on expenditures. |
| Special Dept. Expenses | \$ 6,800.00 | Represents a 1.5% increase from previous FY based on expenditures. |
| Data Processing | \$ 39,600.00 | There was no amount budgeted in the previous FY. |
| Translation Services | \$ 21,000.00 | Same amount as previous FY. |
| Total Operating Expenses: | \$ 355,900.00 | |

| III. Capital Expenses | | |
|--------------------------------|-------------|-----------------------------|
| Total Capital Expenses: | \$ - | Same amount as previous FY. |

| IV. Indirect Expenses | | |
|---------------------------------|----------------------|--|
| Internal @ 9.07% | \$ 545,333.00 | Represents a 36% decrease from previous fiscal year. Fresno's actual indirect rate is 26.5% but the amount was lowered to meet the allocation. |
| External @ 0% | \$ - | Same amount as previous FY. |
| Total Indirect Expenses: | \$ 545,333.00 | |

| V. Other Expenses | | |
|------------------------------|---------------------|--|
| Maintenance & Transportation | \$ 42,600.00 | Same amount as previous FY. Reimbursements and payments to families for travel, lodging and meals incurred while obtaining CCS authorized services allowing for special circumstances and other contingencies. |
| Total Other Expenses: | \$ 42,600.00 | |

| | |
|----------------------------|------------------------|
| Budget Grand Total: | \$ 6,956,320.00 |
|----------------------------|------------------------|