# Plan and Budget Required Documents Checklist

## **MODIFIED FY 2020-2021**

County/City:		y: Fresno Fiscal Ye	ear <u>: 2020-21</u>
		Document	Page Number
1.	Checklis	st	
2.	Agency	Information Sheet	1 - 2
3.	Certifica	tion Statements	
	A. Certif	ication Statement (CHDP) – Original and one photocopy	4
	B. Certif	ication Statement (CCS) – Original and one photocopy	5
4.	Agency	Description	
	A. Bri	ef Narrative	6
	B. Org	ganizational Charts for CCS, CHDP, HCPCFC, and PMM&O	*Retain locally
	C. CC	S Staffing Standards Profile	Retain locally
	D. Inc	umbent Lists for CCS, CHDP, HCPCFC, and PMM&O	7-12, 22, 23
		ril Service Classification Statements – Include if <b>newly establi</b> posed, or revised	shed, N/A
	F. Du	ty Statements – Include if <u>newly established</u> , proposed, or re	vised N/A
5.		entation of Performance Measures – Performance Measures	s for FY N/A
6.	Data For	ms	
	Pe	rformance Measures	24 - 53
7.	Memora	nda of Understanding and Interagency Agreements List	
	A. MC	DU/IAA List	54
	B. Ne	w, Renewed, or Revised MOU or IAA	N/A
	C. C⊢	IDP IAA with DSS biennially	Retain locally
	D. Inte	erdepartmental MOU for HCPCFC biennially	N/A
8.	Budgets		
	A. CH	DP Administrative Budget (No County/City Match)	
	1.	Budget Summary	55
	2.	Budget Worksheet	56 - 57

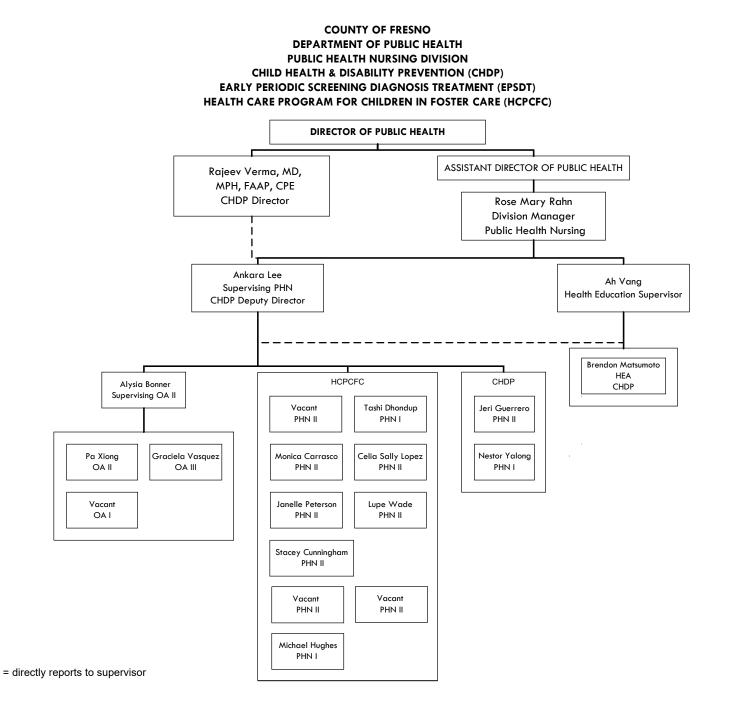
County/City:		Fresno Fiscal Year:	2020-21
		Document	Page Number
	3.	Budget Justification Narrative	58 - 59
В.	CHD	P Administrative Budget (County/City Match) - Optional	
	1.	Budget Worksheet	N/A
	2.	Budget Justification Narrative	N/A
	3.	Budget Justification Narrative	N/A
C.	CHD	P Foster Care Administrative Budget (County/City Match) - Optional	
	1.	Budget Summary	N/A
	2.	Budget Worksheet	N/A
	3.	Budget Justification Narrative	N/A
D.	HCPO	CFC – Base, PMM&O and Case Relief Administrative Budgets	
	1.	Budget Summary	60, 63, 66
	2.	Budget Worksheet	61, 64, 67
	3.	Budget Justification Narrative	62, 65, 68
E.	CCS	Administrative Budget	
	1.	Budget Summary	73
	2.	Budget Worksheet	69 - 72
	3.	Budget Justification Narrative	74 - 75
G	Other	Forms	
	1.	County/City Capital Expenses Justification Form	N/A
	2.	County/City Other Expenses Justification Form	N/A
).	Mana	gement of Equipment Purchased with State Funds	
	1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
	2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
	3.	Property Survey Report Form (STD 152)	N/A

# Agency Information Sheet

County/City:	Fresno/Fresno		Fiscal Year: 2020-21
		Official Agency	,
Name:	David Pomaville, Director	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Health Officer	Dr. Rais Vohra, MD (Interim) Dr. Rajeev Verma, MD (Deputy Health Officer)	-	
	CMS I	Director (if appli	icable)
Name:		Address:	
Phone:		_	
Fax:		E-Mail:	
	C	CS Administrat	or
Name:	Pilar Vasquez Division Manager	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6595	-	
Fax:	559-455-4789	E-Mail:	pvasquez@fresnocountyca.gov
		CHDP Director	
Name:	Rajeev Verma, MD	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6363	_	
Fax:	559-600-7726	E-Mail:	rverma@ <u>fresnocountyca.gov</u>
	CH	DP Deputy Dire	ctor
Name:	Ankara Lee	Address:	1221 Fulton Street P.O. Box 11867 Fresno, CA 93775
Phone:	559-600-6592	_	
Fax:	559-600-7726	E-Mail:	alee@_fresnocountyca.gov
	Clerk of the Boar	d of Superviso	rs or City Council
Name:	Bernice Seidel	Address:	2281 Tulare St, 3 <sup>rd</sup> Floor Fresno, CA 93721
Phone:	559-600-3529	_	
Fax:	559-600-1608	E-Mail:	bseidel@ <u>fresnocountyca.gov</u>

	Direc	tor of Social Serv	ices 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>

## **Director of Social Services Agency**



= completes work requests for duties as assigned by CHDP supervisor

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

Fiscal Year: 2020-21 County/City: Fresno

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.

A, mi

Signature of CHDP Director

Signature of Director or Health Officer

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

11/24/2020

ATTEST:

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

## Certification Statement - California Children's Services (CCS)

Fresno County/City: Fiscal Year: 2020-21

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

Signature of Director or Health Officer

Signature and Title of Other – Optional

10.22-20

Date Signed 10.27.20

Date Signed

Date Signed

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

Signature of Local Governing Body Chairperson

Date Signed

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

## CMS PLAN Fiscal Year 2020-21 Agency Description

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

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

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

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

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

## Incumbent List – California Children's Services

For FY 2020-21, 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.

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Division Manager/Administrator	Pilar Vasquez	100%	No	No
Staff Analyst III	Susan Stasikonis	95%	No	No
Program Technician II	Kristeena Bump	75%	No	No
Administrative Assistant III	Jennifer Miller	40%	No	No
Rehabilitation Therapy Manager	Harsharn Dhillon	20%	No	No
Public Health Physician	Dr. Khusal Mehta	10%	No	No

## County/City: Fresno/Fresno Fiscal Year: 2020-21

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

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Staff Nurse III	Shavonne Smith	100%	No	No
Staff Nurse III	Maribeth Jensen	100%	No	No
Staff Nurse III	Margaret Altamirano	100%	No	No
Staff Nurse III	Veronica Reyna	100%	No	No
Staff Nurse III	Kelly Stevens	10%	No	No
Staff Nurse III	Tim Yang	80%	No	No
Staff Nurse III	Quy Gip	80%	No	No
Staff Nurse III	Khamsay Vanhelsdingen	100%	No	No
Staff Nurse II	Latoya Woods	10%	No	No
Staff Nurse III (Extra Help)	Jing Yang	40%	No	No
Physical Therapist III	Joy Conde	100%	No	No
Medical Social Worker II	Martha Orejel	90%	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)
Medical Social Worker II	Ariana Robles Solis	100%	No	No
Senior Admitting Case Worker	Sonya Mendoza	100%	No	No
Senior Admitting Case Worker	Bobbi Taylor	100%	No	No
Admitting Case Worker II	Tiffany Acosta	100%	No	No
Admitting Case Worker II	Rudy Constantino	100%	No	No
Admitting Case Worker II	Rebecca Lopez	100%	No	No
Admitting Case Worker II	Luz Reyes	100%	No	No
Admitting Case Worker II	Angel Rodriguez	100%	No	No
Admitting Case Worker II	Michael Vue	100%	No	No
Admitting Case Worker II	Anita Tristan	100%	No	No
Admitting Case Worker I	Fallon Smith-O'Keefe	100%	No	No
Admitting Case Worker I	Robert Romans	50%	No	No
Admitting Case Worker I	Zulema Alderete	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 Case Worker I	Yuidico Wayne-Garza	100%	No	No
Supervising Office Assistant	Alibra Carter	100%	No	No
Office Assistant III	Tamara Brown	100%	No	No
Office Assistant III	Teresa Valladolid	100%	No	No
Office Assistant III	Melissa Figueroa	100%	No	No
Office Assistant III	Natasha Jones	100%	No	No
Office Assistant III	Melinda Kelly	100%	No	No
Office Assistant I	Sherrell Foster	100%	No	No
Account Clerk III	Eleuterio Rodriguez	55%	No	No
Public Health Nurse I	Vacant	100%	No	No
Staff Nurse I	Vacant	100%	No	No
Administrative Case Worker I	Vacant	100%	No	No
Administrative Case Worker I	Vacant	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)
Administrative Case Worker I	Vacant	100%	No	No
Office Assistant I	Vacant	100%	No	No

## NOTE:

On April 14, 2020, Fresno County's Board of Supervisors approved the creation of the new Admitting Case Worker classification series and the reclassification of incumbents in the Admitting Interviewer classification series. Attached is copy of the Job Specification for the Admitting Case Worker Classification Series. These Job Specifications have just been released by our Human Resources for the purpose of this CMS Plan and Budget. As of to date, these Job Specifications are not yet available on the Fresno County-Human Resources website, for public viewing.

#### ADMINISTRATIVE CASE WORKER I

#### DEFINITION:

Under immediate supervision, elicits eligibility information from persons seeking California Children's Services (CCS), Medically Indigent Services Program (MISP), Non-Resident Specialty Care Services (NRSCS), Lead Abatement and other health care related assistance; manages case load activity in continuing cases; verifies financial responsibility for cost of medical care and equipment; determines accuracy of medical codes submitted for services; coordinates with providers and vendors according to departmental procedures; and performs related work as required.

#### DISTINGUISHING CHARACTERISTICS:

The Department of Public Health, headed by the Director of Public Health, is responsible for the promotion, preservation and protection of the community's health. This is accomplished through identifying public health needs, assuring the availability of quality health services, and providing effective leadership in developing public health policies. The Department of Public Health also works in partnerships with local communities to eliminate health disparities.

The Administrative Case Worker classification series is primarily oriented to determining eligibility for CCS, MISP, NRSCS and Lead Abatement by assessing financial responsibility and ensuring services provided are approved by funding agencies. The Administrative Case Worker investigates the extent of need for services requested by the families of children with complex medical conditions. Case work duties include maintaining current records, verifying clients continue to qualify under program requirements and coordinate with providers and vendors on program requirements and ancillary services needed by clients under care.

Administrative Case Worker I is the entry level classification in this series. Assignments at this level are subject to close supervision and review while in progress and upon completion. Administrative Case Worker I differs from Administrative Case Worker II in that incumbents at the II level are sufficiently trained and experienced to perform assignments with minimal supervision and review.

#### SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Conducts assessments of financial eligibility and responsibility, or provides Medi-Cal enrollment assistance, for clients seeking health care and other program services. Services may include CCS, MISP, NRSCS, Lead Abatement or other available program services.
- 2. Assists nursing staff with the authorization process for recommended services.
- Authorizes certain medical care for specific client groups or refers them to other agencies for additional services.
- 4. Responds to questions in person, by telephone, or in writing regarding health care services.

## ADMINISTRATIVE CASE WORKER I (Cont'd)

### SAMPLES OF DUTIES: (Cont'd)

- Assists families by authorizing, coordinating and scheduling transportation, lodging and meal vouchers when necessary.
- Maintains case files by entering information using electronic databases and/or charts, prepares and reviews financial information for accuracy and approval and may prepare reports.
- Interprets the policies, rules and regulations of various programs and explains them to applicants, recipients and others as needed.
- 8. May train contract providers and vendors in health care services and equipment authorizations as well as claim reimbursement procedures.
- May accompany and assist Public Health Nurses, Registered Nurses, Medical Social Workers, Environmental Health Specialists and Communicable Disease Specialists to clinics, hospitals, residences or act independently as needed
- 10. May translate to serve public needs. Translating may be oral or in written form.

#### KNOWLEDGE, SKILLS AND ABILITIES:

#### Knowledge of:

- Case management methods and techniques;
- Interviewing and information gathering methods and techniques;
- Basic mathematics including addition, subtraction, multiplication, division, and percentages;
- > Basic computer skills and word processing applications;
- Basic alphanumeric filing systems and record keeping practices;
- > Principles and practices of effective customer service;
- > Organizational and time management methods.

#### Skills/Abilities to:

- > Conduct interviews and compile various information and records accurately;
- Learn and apply laws, rules and regulations governing health care coverage including Medi-Cal, Medicare, California Children's Services and private insurance;
- > Learn and apply policies, procedures and guidelines applicable to health services programs;
- Communicate effectively, both orally and in writing;
- Demonstrate proficiency in computer technology, programs and apps;
- Demonstrate strong organizational and time management skills;
- Assess and evaluate case information to determine appropriate course of action;
- > Appropriately respond to requests and inquiries from the public or other departments;
- > Understand and carry out written and oral instructions;
- Tactfully handle sensitive situations and difficult clients with confidentiality, good judgment and integrity;

## ADMINISTRATIVE CASE WORKER I (Cont'd)

### KNOWLEDGE, SKILLS AND ABILITIES: (Cont'd)

- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- > Demonstrate and maintain a high degree of initiative, maturity, integrity and good judgment.

#### MINIMUM QUALIFICATIONS:

Applicants must qualify under one (1) of the options listed below:

OPTION 1:	Education:	Completion of sixty (60) semester units of coursework that is acceptable within the United States' accredited college or university system.
OPTION 2:	Education:	Completion of thirty (30) semester units of coursework that is acceptable within the United States' accredited college or university system. AND
	Experience:	One (1) year of full-time, paid work experience equivalent to that gained as an Office Assistant with the County of Fresno.
OPTION 3:	Experience:	Two (2) years of full-time, paid work experience equivalent to that gained as an Office Assistant with the County of Fresno.

The following information is in addition to the options listed above:

License: Possession of a valid Class "C" driver's license, or equivalent.

DJCN: 1680

12/24/19

Department Head Signature

Date

#### ADMINISTRATIVE CASE WORKER II

#### DEFINITION:

Under general supervision, elicits eligibility information from persons seeking California Children's Services (CCS), Medically Indigent Services Program (MISP), Non-Resident Specialty Care Services (NRSCS), Lead Abatement and other health care related assistance; manages case load activity in continuing cases; verifies financial responsibility for cost of medical care and equipment; determines accuracy of medical codes submitted for services; coordinates with providers and vendors according to departmental procedures; and performs related work as required.

#### DISTINGUISHING CHARACTERISTICS:

The Department of Public Health, headed by the Director of Public Health, is responsible for the promotion, preservation and protection of the community's health. This is accomplished through identifying public health needs, assuring the availability of quality health services, and providing effective leadership in developing public health policies. The Department of Public Health also works in partnerships with local communities to eliminate health disparities.

The Administrative Case Worker classification series is primarily oriented to determining eligibility for CCS, MISP, NRSCS and Lead Abatement by assessing financial responsibility and ensuring services provided are approved by funding agencies. The Administrative Case Worker investigates the extent of need for services requested by the families of children with complex medical conditions. Case work duties include maintaining current records, verifying clients continue to qualify under program requirements and coordinate with providers and vendors on program requirements and ancillary services needed by clients under care.

Administrative Case Worker II is the experienced level classification in this series. Assignments at this level are subject to close supervision and review while in progress and upon completion. Administrative Case Worker II differs from Administrative Case Worker I in that incumbents at the II level are sufficiently trained and experienced to perform assignments with minimal supervision and review.

#### SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Conducts assessments of financial eligibility and responsibility, or provides Medi-Cal enrollment assistance, for clients seeking health care and other program services. Services may include CCS, MISP, NRSCS, Lead Abatement or other available program services.
- 2. Assists nursing staff with the authorization process for recommended services.
- Authorizes certain medical care for specific client groups or refers them to other agencies for additional services.
- Responds to questions in person, by telephone, or in writing regarding health care services.

## ADMINISTRATIVE CASE WORKER II (Cont'd)

### SAMPLES OF DUTIES: (Cont'd)

- 5. Assists families by authorizing, coordinating and scheduling transportation, lodging and meal vouchers when necessary.
- Maintains case files by entering information using electronic databases and/or charts, prepares and reviews financial information for accuracy and approval and may prepare reports.
- 7. Interprets the policies, rules and regulations of various programs and explains them to applicants, recipients and others as needed.
- 8. May train contract providers and vendors in health care services and equipment authorizations as well as claim reimbursement procedures.
- May accompany and assist Public Health Nurses, Registered Nurses, Medical Social Workers, Environmental Health Specialists and Communicable Disease Specialists to clinics, hospitals, residences or act independently as needed
- 10. May translate to serve public needs. Translating may be oral or in written form.
- 11. May train others in work procedures and methods

#### KNOWLEDGE, SKILLS AND ABILITIES:

#### Knowledge of:

- > Case management methods and techniques;
- Interviewing and information gathering methods and techniques;
- > Basic mathematics including addition, subtraction, multiplication, division, and percentages;
- Basic computer skills and word processing applications;
- Basic alphanumeric filing systems and record keeping practices;
- Principles and practices of effective customer service;
- > Organizational and time management methods.

#### Skills/Abilities to:

- Conduct interviews and compile various information and records accurately;
- Learn and apply laws, rules and regulations governing health care coverage including Medi-Cal, Medicare, California Children's Services and private insurance;
- > Learn and apply policies, procedures and guidelines applicable to health services prcgr.ams;
- Communicate effectively, both orally and in writing;
- Demonstrate proficiency in computer technology, programs and apps;
- Demonstrate strong organizational and time management skills;
- Assess and evaluate case information to determine appropriate course of action;
- > Appropriately respond to requests and inquiries from the public or other departments;
- > Understand and carry out written and oral instructions;
- Tactfully handle sensitive situations and difficult clients with confidentiality, good judgment and integrity;

## ADMINISTRATIVE CASE WORKER II (Cont'd)

#### KNOWLEDGE, SKILLS AND ABILITIES: (Cont'd)

- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- > Demonstrate and maintain a high degree of initiative, maturity, integrity and good judgment.

#### MINIMUM QUALIFICATIONS:

Applicants must qualify under one (1) of the options listed below:

- <u>OPTION 1</u>: <u>Education</u>: Completion of sixty (60) semester units of coursework that is acceptable within the United States' accredited college or university system.
  - Experience: One (1) year of full-time, paid work experience equivalent to that gained as Administrative Case Worker with the County of Fresno.
- <u>OPTION 2</u>: <u>Education</u>: Completion of thirty (30) semester units of coursework that is acceptable within the United States' accredited college or university system.
  - Experience: One (1) year of full-time, paid work experience equivalent to that gained as an Office Assistant with the County of Fresno.

#### AND

One (1) year of full-time, paid work experience equivalent to that gained as Administrative Case Worker with the County of Fresno.

<u>OPTION 3</u>: <u>Experience</u>: Two (2) years of full-time, paid work experience equivalent to that gained as an Office Assistant with the County of Fresno.

#### AND

One (1) year of full-time, paid work experience equivalent to that gained as Administrative Case Worker with the County of Fresno.

The following information is in addition to the options listed above:

License:

e: Possession of a valid Class "C" driver's license, or equivalent.

DJCN: 1681

10/toul

Department Head Signature

12/24/19 Date

#### SENIOR ADMINISTRATIVE CASE WORKER

#### DEFINITION:

Under general supervision, supervises, monitors and coordinates the work of Administrative Case Worker staff; performs the most complex administrative case work; and performs related work as required.

#### DISTINGUISHING CHARACTERISTICS:

The Department of Public Health, headed by the Director of Public Health, is responsible for the promotion, preservation and protection of the community's health. This is accomplished through identifying public health needs, assuring the availability of quality health services, and providing effective leadership in developing public health policies. The Department of Public Health also works in partnerships with local communities to eliminate health disparities.

The Administrative Case Worker classification series is primarily oriented to determining eligibility for CCS, MISP, NRSCS and Lead Abatement by assessing financial responsibility and ensuring services provided are approved by funding agencies. The Senior Administrative Case Worker conducts the most complex case work while supervising the work of lower level staff.

Senior Administrative Case Worker differs from Administrative Case Worker II in that incumbents at the Senior level act in a full supervisory capacity, which includes interviewing, selecting, training, assigning, evaluating, disciplining and promoting staff. Incumbents in this classification may be working supervisors in that they may perform the same tasks as the staff they supervise.

#### SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Supervises, monitors and coordinates the day-to-day operations and work of staff responsible for admitting activities. Supervisory duties include interviewing, selecting, training, assigning, evaluating, disciplining, and promoting staff.
- 2. Performs the most complex administrative case work.
- Conducts assessments of financial eligibility and responsibility, or provides Medi-Cal enrollment assistance, for clients seeking health care and other program services. Services may include CCS, MISP, NRSCS, Lead Abatement or other available program services. Coordinates with case managers and assists with the authorization process.
- Authorizes certain medical care for specific client groups or refers them to other agencies for additional services.
- 5. Responds to questions in person, by telephone, or in writing regarding health services.

## SENIOR ADMINISTRATIVE CASE WORKER (Cont'd)

## SAMPLES OF DUTIES: (Cont'd)

- 6. Assists families by authorizing, coordinating and scheduling transportation, lodging and meal vouchers when necessary.
- Maintains case files by entering information using electronic databases and/or charts, prepares and reviews financial information for accuracy and approval and may prepare reports.
- 8. Interprets the policies, rules and regulations of various programs and explains them to applicants, recipients and others as needed.
- 9. May train contract providers and vendors in health care services and equipment authorizations as well as and claim reimbursement procedures.
- May accompany and assist Public Health Nurses, Registered Nurses, Medical Social Workers, Environmental Health Specialists and Communicable Disease Specialists to clinics, hospitals, residences or act independently as needed.
- 11. May translate to serve public needs. Translating may be oral or in written form.
- 12. May train prepare correspondence and reports.

### KNOWLEDGE, SKILLS AND ABILITIES:

#### Knowledge of:

- Practices, policies and procedures necessary to supervise employees, including interviewing, selecting, assigning, evaluating, disciplining and promoting subordinate staff;
- Case management methods and techniques;
- > Interviewing and information gathering methods and techniques;
- Laws, rules and regulations governing health care coverage including Medi-Cal, Medicare, private insurance, and CCS, MISP, NRSCS and Lead Abatement programs;
- > Basic mathematics including addition, subtraction, multiplication, division, and percentages;
- Basic computer skills and word processing applications;
- Basic alphanumeric filing systems and record keeping practices;
- Principles and practices of effective customer service;
- > Organizational and time management methods.

#### Skills/Abilities to:

- Supervise, train, coordinate, and review the work of staff;
- Plan and organize multiple assignments with varying deadlines;
- Learn and apply laws, rules and regulations governing health care coverage including Medi-Cal, Medicare, Private Insurance, CCS, MISP, NRSCS and Lead Abatement;
- > Learn and apply policies, procedures and guidelines applicable to health services programs;
- Communicate effectively, both orally and in writing;
- > Demonstrate proficiency in computer technology, programs and apps;
- Demonstrate strong organizational and time management skills;

## SENIOR ADMINISTRATIVE CASE WORKER (Cont'd)

## KNOWLEDGE, SKILLS AND ABILITIES: (Cont'd)

- > Assess and evaluate case information to determine appropriate course of action;
- > Appropriately respond to requests and inquiries from the public or other departments;
- > Understand and carry out written and oral instructions;
- Tactfully handle sensitive situations and difficult clients with confidentiality, good judgment and integrity;
- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- > Demonstrate and maintain a high degree of initiative, maturity, integrity and good judgment.

#### MINIMUM QUALIFICATIONS:

Applicants must qualify under one (1) of the options listed below:

OPTION 1:	Education:	Completion of sixty (60) semester units of coursework that is acceptable within the United States' accredited college or university system.
	Experience:	One (2) year of full-time, paid work experience equivalent to that gained as Administrative Case Worker with the County of Fresno.
OPTION 2:	Education:	Completion of thirty (30) semester units of coursework that is acceptable within the United States' accredited college or university system.
	Experience:	One (1) year of full-time, paid work experience equivalent to that gained as an Office Assistant with the County of Fresno.
		AND
		One (2) year of full-time, paid work experience equivalent to that gained as Administrative Case Worker with the County of Fresno.
OPTION 3:	Experience:	Two (2) years of full-time, paid work experience equivalent to that

AND

gained as an Office Assistant with the County of Fresno.

One (2) year of full-time, paid work experience equivalent to that gained as Administrative Case Worker with the County of Fresno.

The following information is in addition to the options listed above:

License: Possession of a valid Class "C" driver's license, or equivalent.

DJCN: 1682 Department Head Signature

12/24/19 Date

21

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

## Incumbent List - Child Health and Disability Prevention Program

For FY 2020-21 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: 2020-21

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





#### County-City Name: Fresno-Fresno

Fiscal Year: 2020-21

Please complete the table below for all personnel in the Health Care Program for Children in Foster Care (HCPCFC) Base, Psychotropic Medication Monitoring & Oversight (PMM&O), Caseload Relief, applicable Base County-City allocations, and/or other programs. Total full time equivalent (FTE) percent for an individual incumbent should not be over 100 percent.

The Welfare and Institutions Code requires that the services provided to foster children through the HCPCFC are performed by a Public Health Nurse (PHN). Contracted nurses (e.g., hired through an agency) may not be used in the HCPCFC program.

Names and job titles from this incumbent list should match personnel listed on the HCPCFC administrative budgets (Summary, Worksheet, and Narratve), and organizational chart(s). Civil Service Classification Statements and Duty Statements are required for all incumbents listed below.

#	Last	First	Title	PHN Certificate (Y/N)	% FTE Base State/Federal	% FTE PMM&O State/Federal	% FTE Caseload Relief State/Federal	% FTE County-City/ Federal	% FTE Other Programs (Specify)	% FTE Total
1	Lee	Ankara	Supervising PHN	Y	40.00%	0.00%	0.00%	0.00%	60% CHDP Admin	100.00%
2	Vacant		PHN II	Y	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
3	Carrasco	Monica	PHN II	Y	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
4	Lopez	Celia	PHN II	Y	50.00%	0.00%	0.00%	0.00%	50% FC Emerg. Response	100.00%
5	Wade	Lupe	PHN II	Y	50.00%	0.00%	0.00%	0.00%	Parenting	100.00%
	Xiong	Pa	Office Assistant II	N	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
7	Hughes	Michael	PHN I	Y	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%
8	Vacant		PHN II	Y	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
9	Vacant		PHN II	Y	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
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FISCAL YEAR 2020-21

## County of Fresno Department of Public Health CCS

## Performance Measure 1 FY 2019-20

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 2020, the following findings are:

- 99% of CCS clients in Fresno County have an identified primary care provider (PCP). This represents an increase of 6% from the previous fiscal year.
- MSBI does not reliably reflect the number of clients with a PCP because many clients change PCPs and neglect to inform the CCS Administrative staff. Staff will continue with efforts to obtain PCP information for these clients.

## **CCS Performance Measure 1 – Medical Home**

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

- **Definition:** Children in the CCS program will have a designated primary care physician and/or a physician who provides a medical home.
- **Numerator:** The total number of children with a completed field with identification of a primary care physician and/or a physician that provides a medical home.
- **Denominator:** The total number of children in the local CCS county program.
- **Data Source:** Based on the entire active caseload as of July 2020

### **Reporting Form:**

Number of children with a primary care physician/ Medical Home	Number of children in the local CCS program	Percentage of compliance	
(Numerator)	(Denominator)		
6,166	6,241	99%	

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

## FISCAL YEAR: 2020-21

## County of Fresno Department of Public Health CCS

## Performance Measure 2 FY 2019-20

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, 95% had their medical eligibility determined within the prescribed guidelines. This represents a 6% 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 0% change from the previous fiscal year. 84 cases were Full Scope Medi-Cal or TLICP clients and 16 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.

### FISCAL YEAR: 2020-21

## 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).

## FISCAL YEAR: 2020-21

## **Reporting Form:**

MEDICAL ELIGIBILTY	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	95		100		95%	
PROGRAM ELIGIBILITY	Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination		Number of new unduplicated referrals		Percentage of compliance	
	(Numerator)		(Denominator)			
Financial eligibility	FSMC /TLICP	CCS only	FSMC /TLICP	CCS only	000/	
determined within 30 days	83	16	84	16	99%	
Residential eligibility determined within 30 days	99		100	)	99%	

Children's Medical Services Plan and Fiscal Guidelines for FY 2019-20 **COUNTY Fresno FISCAL YEAR 2020-21** 

#### County of Fresno Department of Public Health CCS

#### Performance Measure 3 FY 2019-20

#### Part A: Annual team Report

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

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

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

## Part B: Authorization of Child to SCC

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

- Of the 100 children who had a condition that required authorization to a SCC, 85 were in fact authorized for a SCC.
- Fresno County is 85% 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.

## FISCAL YEAR: 2020-21

## Reporting Form - Part A:

Category selected (cardiac, pulmonary, etc.)	Number of children with annual team report in client's medical records (Numerator)	Number of children with SCC authorization (Denominator)	Percentage of compliance
Cardiac, Renal, Neuro- musculoskeletal, Pulmonary, Endocrine	91	100	91%

## Reporting Form - Part B:

Category selected (cardiac, pulmonary etc.)	Number of children with authorization to SCC (Numerator)	Number of children with eligible medical conditions that require an authorization to a SCC (Denominator)	Diagnostic Code Chosen	Percentage of compliance
Cardiac, Renal, Neuro- musculoskeletal, Pulmonary, Endocrine	85	100	E10, E11, E70, E71, Q05, N18	85%

\* 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.

FISCAL YEAR: 2020-21

## County of Fresno Department of Public Health CCS

## Performance Measure 4 FY 2019-20

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 2019-20 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.

#### FISCAL YEAR: 2020-21

- 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 2019-20 shows 78% of the selected sample received Transition Planning letters/information. This is 10% lower than the percentage compliance in FY 2018-19 due to staff challenges during the COVID-19 pandemic. When the Shelter-in-place was implemented in March 2020, several staff were either placed on mandatory leave of absence, opted to work from home or telework or reassigned to the County's COVID-19 response team. As a result, sending out the Transition Planning Letter was temporarily delayed.
- An MSBI report was created to review all clients in the Medical Therapy Program. Out of the 210 clients identified 189 (90%) had transition planning. MTU staff understands the importance of transition planning and will continue to take necessary steps to improve the transition planning protocols.

#### FISCAL YEAR: 2020-21

## **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.

# FISCAL YEAR: 2020-21

# **Transition Planning Checklist**

Transition Documentation	YES	NO	Comments
<ol> <li>Client has an identified need for long-term transition planning.</li> </ol>	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.
<ol> <li>Adult provider discussed or identified for children 17 years of age or older.</li> </ol>	x		In all Transition Planning Case Notes, discussion of the need for an adult provider is included.
<ol> <li>Transition planning noted in SELPA for those children that are in the MTP.</li> </ol>	x		Schools begin noting transition needs at age 16.

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

## Children's Medical Services Plan and Fiscal Guidelines

# **COUNTY:** Fresno

# FISCAL YEAR: 2020-21

# **Reporting Form:**

Number of CCS charts reviewed 890	Number with transition planning 698	Percentage of compliance 78%
Number of MTP charts reviewed 210	Number with transition planning 189	Percentage of compliance 90%

FISCAL YEAR: 2020-21

# County of Fresno Department of Public Health CCS

# Performance Measure 5 FY 2019-20

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

- 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	

# FISCAL YEAR: 2020-21

# **Reporting Form:**

Criteria	Performing (25% for each criteria)	Not Performing
<b>1.</b> 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%
<b>3.</b> 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%	
<b>4.</b> 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%

# FISCAL YEAR: 2020-21

# CHDP Performance Measure 1 - Care Coordination FY 2019-20

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 initiated <sup>1</sup> 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

**Data Source:** Local program tracking system.

lost to contact.

## **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	9	9	100%
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care	N/A	N/A	N/A

<sup>\*</sup>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.

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

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

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

# FISCAL YEAR: 2020-21

# CHDP Performance Measure 2 - New Provider Orientation FY 2019-20

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 O	41	
Number of New Providers	(Denominator)	41
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.				

# FISCAL YEAR: 2020-21

# 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)	34
Number of Active CHDP Provider Sites Due for Recertification (Denominator)	43
Percent (%) with Completed Recertifications	79%

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

## **Optional Workload Data Tracking Form:**

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

Ot	her 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. <sup>2</sup>	
3.	Medical record review.	
4.	Office visits for CHDP updates or in-service activities	
5.	Other Please Specify:	

<sup>&</sup>lt;sup>2</sup> 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: <u>http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx#dqmp</u>.

# FISCAL YEAR: 2020-21

# 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

- 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:

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

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

**FISCAL YEAR: 2020-21** 

# 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 category<sup>3</sup> • and/or a related diagnosis are listed in the Comments Section.

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

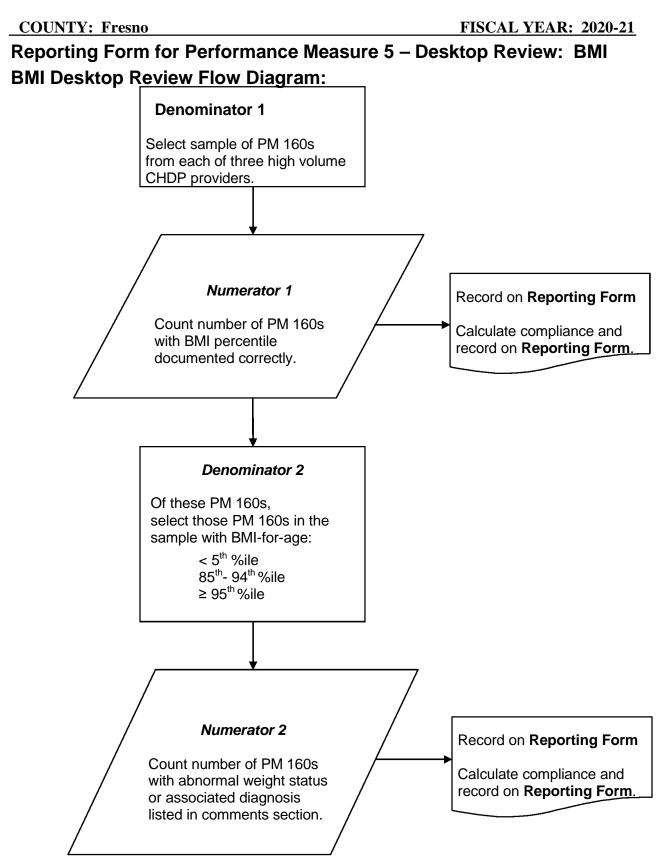
The number of PM 160s BMI-related elements correctly documented for ages Numerator: two (2) years and over.

- **Denominator:** The total number of PM 160s reviewed per selected providers for ages two (2) years and over.
- Data Source: Local program tracking system.

Note: PM 160s no longer in use.

<sup>&</sup>lt;sup>3</sup> 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.

FISCAL YEAR: 2020-21



FISCAL YEAR: 2020-21

# **Reporting Form for Performance Measure 5 – Desktop Review: BMI**

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

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

# **Optional CHDP Performance Measure 6 - Desktop Review: Head Circumference**

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

- **Definition:** A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:
  - Documentation of head circumference on children under 2 years of age.
- **Numerator:** The number of PM 160 elements recorded correctly per selected providers for the specific ages.
- **Denominator:** The total number of PM 160s reviewed per selected providers for the specific ages.
- **Data Source:** Local program tracking system.

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

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

#### FISCAL YEAR 2020-21

County of Fresno Department of Public Health CHDP

HCPCFC Performance Measure 1 Care Coordination FY 2019-20

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

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

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

## FISCAL YEAR 2020-21

# County of Fresno Department of Public Health CHDP

HCPCFC Performance Measure 2 – Health and Dental Exams for Children in Out -of-Home Placement FY 2019-20

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

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

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

Some notes regarding completion rates according to data received include:

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

# California Children's Services Caseload Summary Form

# County: Fresno

# Fiscal Year: 2020-21

		Α	В				
	CCS Caseload 0 to 21 Years	18-19 Actual Caseload	% of Grand Total	19-20 Actual Caseload	% of Grand Total	20-21 Estimated Caseload based on first three quarters	% of Grand Total
			MEDI-	CAL			
1	Average of Total Open (Active) Medi-Cal Children	6012	85%	5986	85%	6096	87%
2	Potential Case Medi-Cal	47	0.7%	31	0.4%	22	0.3%
3	TOTAL MEDI-CAL (Row 1 + Row 2)	6059	86%	6017	85%	6118	87%
			NON ME	DI-CAL			
			OTL	ICP			
4	Average of Total Open (Active) OTLICP	620	9%	656	9%	651	9%
5	Potential Cases OTLICP	6	0.09%	5	0.07%	1	0.01%
6	Total OTLICP (Row 4 + Row 5)	626	9%	661	9%	652	9%
			Straigh	t CCS			
7	Average of Total Open (Active) Straight CCS Children	299	4%	330	5%	193	3%
8	Potential Cases Straight CCS Children	68	1%	68	1%	64	0.9%
9	Total Straight CCS (Row 7 + Row 8)	367	5%	398	6%	257	4%
10	TOTAL NON MEDI-CAL (Row 6 + Row 9)	993	14%	1059	15%	909	13%
			GRAND	TOTAL	Γ	<b>I</b>	
11	(Row 3 + Row 10)	7052	100%	7076	100%	7027	100%

# CHDP Program Referral Data

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

County/City:	FY 17-18		FY 18-19		FY 19-20	
Basic Informing and CHDP Referrals						
<ol> <li>Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services</li> </ol>	249,901 Cumulative	32,795 New	229,099 Cumulative	43,496 New	227,536 Cumulative	44,506 New
		Applications		Applications		Applications
<ol> <li>Total number of cases and recipients in "1" requesting CHDP services</li> </ol>	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	13,026	34,746	12,312	33,072	9312	24723
b. Number of Foster Care cases/recipients	3,312	3,312	3,695	3,695	3842	3842
c. Number of Medi-Cal only cases/recipients	1,808	2,913	2,245	3,642	2064	3240
<ol> <li>Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:</li> </ol>						
a. Medical and/or dental services	1,7	749	1,4	465		832
<ul> <li>Medical and/or dental services with scheduling and/or transportation</li> </ul>	6,181		5,107		3,286	
c. Information only (optional)	11,	953	5,3	388	3	,003

4.	Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	2,396	996	768
Resu	Ilts of Assistance			
5.	Number of recipients actually provided scheduling and/or transportation assistance by program staff	16	16	14
6.	Number of recipients in "5" who actually received medical and/or dental services	16	16	14

# 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 2020-21 No County/City Match

County/City Name: Fresno/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	\$774,925	\$0	\$774,925	\$325,535	\$449,390
II. Total Operating Expenses	\$30,700	\$0	\$30,700	\$2,688	\$28,012
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$175,706	\$0	\$175,706		\$175,706
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$981,331	\$0	\$981,331	\$328,223	\$653,108

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:	\$981,331		\$981,331		
State	\$408,610		\$408,610	\$82,056	\$326,554
Federal (Title XIX)	\$572,721		\$572,721	\$246,167	\$326,554

Aphivanh Xayavath Aphivanh Xayavath Prepared By (Signature)

10/27/2020

(559) 600-3330 **Date Prepared** Phone Number

axayavath@fresnocountyca.gov **Email Address** 

Ankara Lee Ann Lee	10/27/2020	(559) 600-3330	alee@fresnocountyca.gov
CHDP Director or Deputy	Date	Phone Number	Email Address
Director (Signature)			

## CHDP Administrative Budget Worksheet for FY 2020-21 No County/City Match State and State/Federal

County/City Name:

Fresno/Fresno

Column	1 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/Federa I (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses											
1. Supervising PHN (A. Lee)	60%	\$111,431	\$66,859	0.00%	\$0	100.00%	\$66,859	53%		47%	\$31,424
2. Public Health Nurse II (J. Guerrero)	100%	\$102,264	\$102,264	0.00%	\$0	100.00%	\$102,264	88%	\$89,992	12%	\$12,272
3. Public Health Nurse I (N. Yalong)	100%		\$84,250	0.00%		100.00%	\$84,250	63%	\$53,077	37%	\$31,173
4. Health Education Assistant (B. Matsumoto)	100%	\$42,795	\$42,795	0.00%	\$0	100.00%	\$42,795	0%		100%	\$42,795
5. Supervising OA (A. Bonner)	100%	\$54,117	\$54,117	0.00%		100.00%		0%		100%	\$54,117
6. Office Assistant I (Vacant)	100%	\$32,703	\$32,703	0.00%		100.00%	\$32,703	0%		100%	\$32,703
7. Office Assistant III (G. Vasquez)	100%	\$41,863	\$41,863	0.00%		100.00%	\$41,863	0%	+ -	100%	\$41,863
Total Salaries and Wages			\$424,851		\$0		\$424,851		\$178,504		\$246,347
Less Salary Savings									1		
Net Salaries and Wages			\$424,851	0.00%		100.00%	\$424,851	42.00%	\$178,504	58.00%	\$246,347
Staff Benefits (Specify %) 82.40%			\$350,074		\$0		\$350,074		\$147,031		\$203,043
I. Total Personnel Expenses	-		\$774,925		\$0		\$774,925		\$325,535		\$449,390
II. Operating Expenses											
1. Travel			\$4,200		\$0		\$4,200		\$1,764		\$2,436
2. Training			\$2,200		\$0		\$2,200		\$924		\$1,276
3. Communication			\$2,500		\$0		\$2,500				\$2,500
<ol> <li>Facilities &amp; Household Expenses</li> </ol>			\$9,000		\$0		\$9,000				\$9,000
5. Equipment Maintenance			\$1,000		\$0		\$1,000				\$1,000
6. Office Expense			\$6,600		\$0		\$6,600				\$6,600
7. Postage			\$2,000		\$0		\$2,000				\$2,000
8. Professional and Specialized Services			\$1,200		\$0		\$1,200				\$1,200
9. Printing			\$1,000		\$0		\$1,000				\$1,000
10. Food			\$1,000		\$0		\$1,000				\$1,000
II. Total Operating Expenses			\$30,700		\$0		\$30,700		\$2,688		\$28,012

# CHDP Administrative Budget Worksheet for FY 2020-21 No County/City Match State and State/Federal

County/City Name:

Fresno/Fresno

Co	lumn	1A	1B	) 1 0	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/Federa I (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
III. Capital Expenses												
III. Total Capital Expense	S			\$0		\$0		\$0				\$0
IV. Indirect Expenses	-											
1. Internal (Specify %)	22.674%			\$175,706		\$0		\$175,706				\$175,706
2. External (Specify %)	0.000%			\$0		\$0		\$0				\$0
IV. Total Indirect Expense	es			\$175,706		\$0		\$175,706				\$175,706
V. Other Expenses												
V. Total Other Expenses				\$0		\$0		\$0				\$0
Budget Grand Total				\$981,331		\$0		\$981,331		\$328,223		\$653,108

Aphivanh Xayavath CAngh	10/27/2020	(559) 600-3330	axayavath@fresnocountyca.go
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Ankara Lee Ann Lee	10/27/2020	(559) 600-3330	alee@fresnocountyca.gov
CHDP Director or Deputy	Date	Phone Number	Email Address
Director (Signature)			

Director (Signature)

# FRESNO COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM BUDGET FY 2020-21 BUDGET JUSTIFICATION

# I. <u>PERSONNEL EXPENSES</u>

	Total Salaries: Total Benefits:	\$424,851 \$350,074	Salary and Benefits for 7 positions, total of 6.60 FTE. Benefits rate calculated with estimated average of total benefits for the
	TOTAL PERSONNEL EXPENSES:	\$774,925	positions. Includes retirement, health insurance, Unemployment Insurance, and Benefits Administration.
II.	OPERATING EXPENSES		
	1. Travel	\$4,200	Private mileage reimbursement at \$0.575/mile and costs for usage of County cars associated with provider visits and travel to State-sponsored meetings and conferences.
	2. Training	\$2,200	Cost of tuition & registration fees for program staff to attend State-sponsored training and other trainings to enhance knowledge and skills.
	3. Communication	\$2,500	Office telephones utilized by program staff. Costs provided by Internal Services.
	4. Facilities & Household Expenses	\$9,000	Facilities, utilities and security costs. Includes janitorial services and cleaning supplies made available to program, e.g. paper towels, light bulbs. Costs provided by Internal Services, based on square footage of office space occupied by program staff.
	5. Equipment Maintenance	\$1,000	Copy machine fees/maintenance costs and audiometer calibration.
	6. Office Expense	\$6,600	General office supplies including paper supplies, computer supplies, pens, ink cartridges, publications, legal notices, pamphlets and brochures for providers, clients, schools and community agencies, etc. Health education materials for provider trainings and health fairs. Includes items such as eye charts, audiometric screening tools.
	7. Postage	\$2,000	Postage costs for mailing information notices to providers and letters to clients.

# FRESNO COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM BUDGET FY 2020-21 BUDGET JUSTIFICATION

1 1 2020-2 1 BOL		
8. Professional and Specialized Services	\$1,200	Interpretation/translation costs for client visits and translating health education material to threshold languages. Also includes confidential document shredding, CPR training and hearing & vision testing class needed for SPMP staff.
9. Printing	\$1,000	Charges related to office printing, chart forms, & informational handouts.
10. Food	\$1,000	Food for provider trainings.
TOTAL OPERATING EXPENSES:	\$30,700	
III. <u>CAPITAL EXPENSES</u> N/A TOTAL CAPITAL EXPENSES:	\$0 <b>\$0</b>	
IV. INDIRECT EXPENSES a. Internal @ 22.674% b. External @ 0.000% TOTAL INDIRECT EXPENSES:	\$175,706 \$0 <b>\$175,706</b>	Fresno County Department of Public Health's indirect rate is 22.674% of personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.
V. <u>OTHER EXPENSES</u> N/A TOTAL OTHER EXPENSES:	\$0 <b>\$0</b>	
BUDGET GRAND TOTAL:	\$981,331	





Identify State/Federal Funding Source (Base, PM	/M&O, or Caseload Relief):		Base
County-City Name: Fresno-Fresno		Fiscal Year:	2020-21
Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$716,897	\$559,386	\$157,511
II Total Operating Expenses	\$9,000	\$7,524	\$1,476
III Total Capital Expenses			
IV Total Indirect Expenses	\$162,550		\$162,550
V Total Other Expenses			
Budget Grand Total	\$888,447	\$566,910	\$321,537
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
Е	(F = G + H)	G	Н
State Funds	\$302,495	\$141,727	\$160,768
Federal Funds (Title XIX)	\$585,952	\$425,183	\$160,769
Budget Grand Total	\$888,447	\$566,910	\$321,537
Aphivanh Xayavath	10/27/2020	(559) 600-3330	xayavath@fresnocountyca.gc
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
Ankara Lee Ann Lee	10/27/202	- (009)000-0000	alee@fresnocountyca.gov
CHDP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address



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



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

\_\_\_\_\_

Base

1	Column			1A	1B	1	2A	2	3A	3
	Category/Line	e Item		% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non- Enhanced State/Federa (50/50)
. Personnel Expe	enses									
# Last	First	Title	PHN (Y/N)							
1 Lee	Ankara	Supervising PHN	Y	40.00%	\$111,431	\$44,572.40	73.00%	\$32,538	27.00%	\$12,03
2 Vacant		PHN II	Y	100.00%	\$100,314	\$100,314.00	85.00%	\$85,267	15.00%	\$15,04
3 Carrasco	Monica	PHN II	Y	100.00%	\$100,314	\$100,314.00	92.00%	\$92,289	8.00%	\$8,02
4 Lopez	Celia	PHN II	Y	50.00%	\$104,214	\$52,107.00	78.00%	\$40,643	22.00%	\$11,46
5 Wade	Lupe	PHN II	Υ	50.00%	\$100,314	\$50,157.00	90.00%	\$45,141	10.00%	\$5,01
6 Xiong	Pa	Office Assistant II	N	100.00%	\$31,726	\$31,726.00	0.00%	\$0	100.00%	\$31,72
7					\$0	\$0.00		\$0	100.00%	\$
8			1		\$0	\$0.00	- I	\$0	100.00%	\$
9			1.1		\$0	\$0.00		\$0	100.00%	\$
0			1		\$0	\$0.00	1	\$0	100.00%	\$
1			4		\$0	\$0.00	2 4	\$0	100.00%	9
2					\$0	\$0.00	· · · · · ·	\$0	100.00%	\$
3			1		\$0	\$0.00		\$0		9
4			1		\$0	\$0.00		\$0	100.00%	9
5			1.00		\$0	\$0.00		\$0	100.00%	9
6					\$0	\$0.00		\$0	100.00%	9
17			1		\$0	\$0.00		\$0	100.00%	\$
18	()		1	1	\$0	\$0.00		\$0	100.00%	\$
9					\$0	\$0.00	-	\$0	100.00%	\$
20					\$0	\$0.00		\$0	100.00%	\$
Total Number of		14. 	5							
Total FTE PHN			<u></u> :	3.40%			83.60%		16.40%	
otal Salaries and	Wages					\$379,191		\$295,879		\$83,31
ess Salary Saving	gs					\$0		\$0		9
et Salaries and V	Vages					\$379,191		\$295,879		\$83,31
taff Benefits (Spe			89.06%			\$337,704		\$263,507	-	\$74,19
Total Personnel			1			\$716,897		\$559,386		\$157,51
. Operating Expe	enses									
1 Travel			\$4,000			\$4,000	83.60%	\$3,344	16.40%	\$65
2 Training	_		\$5,000			\$5,000	83.60%	\$4,180	16.40%	\$82
. Total Operating			1			\$9,000		\$7,524		\$1,47
I. Capital Expens										
I. Total Capital E			_							
V. Indirect Expen		- i	00 (70)			44 (0.555				44/6
1 Internal (Speci	IY %)		22.67%			\$162,550				\$162,55
2 External	-						_			
V. Total Indirect I						\$162,550				\$162,55
/. Other Expense										
/. Total Other Exp						1000		1		
Budget Grand To	tal			the second s		\$888,447		\$566,910	i seconderes interes	\$321,53

Prepared By (Print & Sign) 10/27/2020 Aphivanh Xayavath (559) 600-3330 axayavath@fresnocountyca.gov E-mail Address Date Phone Number Ann Lee 10/27/2020 Ankara Lee (559) 600-3330 alee@fresnocountyca.gov CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

# FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE BASE FY 2019-20 BUDGET JUSTIFICATION

# I. <u>PERSONNEL EXPENSES</u>

11.	Total Salaries: Total Benefits: TOTAL PERSONNEL EXPENSES: OPERATING EXPENSES	\$379,190 \$337,703 <b>\$716,893</b>	Salary and Benefits for 6 positions, total of 4.4 FTE. Benefits calculated with estimated total benefits rate for the positions. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
		<b>*</b> 4 000	
	Travel:	\$4,000	Private auto mileage reimbursement at \$0.575/mile for program staff travel to complete program activities and attend State-sponsored meetings, including regional meetings, sub-committee meetings, and training specific to job duties.
	Training:	\$5,000	Registration costs for PHNs to attend State recommended training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and State-convened meetings.
	TOTAL OPERATING EXPENSES:	\$9,000	
III.	CAPITAL EXPENSES		
	N/A TOTAL CAPITAL EXPENSES:	\$0 <b>\$0</b>	
		ΨΟ	
IV.	INDIRECT EXPENSES a. Internal @ 22.674%:	\$162,549	Fresno County Department of Public Health's indirect rate is 22.674% of
	TOTAL INDIRECT EXPENSES:	\$162,549	personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector.
V.	OTHER EXPENSES		
	N/A	\$0 <b>\$</b> 0	
	TOTAL OTHER EXPENSES:	\$0	
		\$888,442	



Γ.



Identify State/Federal Funding Source (Base, PM	M&O, or Caseload Relief):	PMM&O				
County-City Name: Fresno-Fresno	F	Fiscal Year:	2020-21			
Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)			
A	(B = C + D)	C	D			
I Total Personnel Expenses	\$142,471	\$115,401	\$27,070			
II Total Operating Expenses	\$0	\$0	\$0			
III Total Capital Expenses						
IV Total Indirect Expenses	\$24,987		\$24,987			
V Total Other Expenses						
Budget Grand Total	\$167,458	\$115,401	\$52,057			
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)			
E	(F = G + H)	G	Н			
State Funds	\$54,878	\$28,850	\$26,028			
Federal Funds (Title XIX)	\$112,580	\$86,551	\$26,029			
Budget Grand Total	\$167,458	\$115,401	\$52,057			
Aphivanh Xayavath Aphivanh Xayavath Prepared By (Print & Sign)	10/27/2020 Date	(559) 600-3330 Phone Number	xayavath@fresnocountyca.gc E-mail Address			
Ankara Lee CHDP Director Or Deputy Director (Print & Sign)	10/27/202 Date	20 (559) 600-3330 Phone Number	alee@fresnocountyca.gov E-mail Address			
CHUP Director Or Deputy Director (Print & Sign)	Date	Phone Number	E-mail Address			



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



#### Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O County-City Name: Fresno-Fresno Fiscal Year: 2020-21 Column 1A 1B 2A 2 3A 1 3 Non-Enhanced Annual Total Enhanced Category/Line Item State/Federal % FTE % FTE % FTE Salary Budget State/Federal (25/75)(50/50)I. Personnel Expenses PHN Last First Title (Y/N) Hughes Michael PHN I Υ 100.00% \$86,256 \$86,256.00 81.00% \$69,867 19.00% \$16,389 \$0 \$0.00 \$0 100.00% \$0 \$0 \$0.00 \$0 100.00% \$0 4 \$0 \$0.00 \$0 100.00% \$0 \$0 \$0.00 5 \$0 100.00% \$0 \$0 \$0.00 6 \$0 100.00% \$0 7 \$0 \$0.00 \$0 100.00% \$0 8 \$0 \$0.00 \$0 100.00% \$0 9 \$0 \$0.00 \$0 100.00% \$0 10 \$0 \$0.00 \$0 100.00% \$0 \$0.00 11 \$0 \$0 100.00% \$0 \$0 \$0.00 12 \$0 100.00% \$0 13 \$0 \$0.00 \$0 100.00% \$0 \$0 14 \$0.00 \$0 100.00% \$0 15 \$0 \$0.00 \$0 100.00% \$0 \$0 \$0.00 16 \$0 100.00% \$0 17 \$0 \$0.00 \$0 100.00% \$0 \$0 \$0.00 18 \$0 100.00% \$0 19 \$0 \$0.00 \$0 100.00% \$0 20 \$0 \$0.00 \$0 100.00% \$0 Total Number of PHN Staff Total FTE PHN Staff 1.00% 81.00% 19.00% Total Salaries and Wages \$86,256 \$69,868 \$16,389 Less Salary Savings \$0 \$0 \$0 Net Salaries and Wages \$69,868 \$86,256 \$16,389 Staff Benefits (Specify %) 65.17% \$56,214 \$45,533 \$10,681 I. Total Personnel Expenses \$142,471 \$115,401 \$27,070 II. Operating Expenses 1 Travel \$0 \$0 81.00% \$0 19.00% \$0 Training \$0 2 \$0 81.00% \$0 19.00% \$0 II. Total Operating Expenses \$0 \$0 \$0 III. Capital Expenses III. Total Capital Expenses IV. Indirect Expenses 1 Internal (Specify %) 17.54% \$24.987 \$24,987 2 External IV. Total Indirect Expenses \$24,987 \$24,987 V. Other Expenses V. Total Other Expenses **Budget Grand Total** \$167,458 \$115,401 \$52,057

10/27/2020 Aphivanh Xayavath 💪 (559) 600-3330 axayavath@fresnocountyca.gov Prepared By (Print & Sign) Date Phone Number E-mail Address Ann Lee 10/27/2020 Ankara Lee (559) 600-3330 alee@fresnocountyca.gov CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

# FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE Psychotropic Medications Monitoring & Oversight FY 2020-21 BUDGET JUSTIFICATION

# I. PERSONNEL EXPENSES

	Total Salaries: Total Benefits: <b>TOTAL PERSONNEL EXPENSES:</b>	\$86,256 \$56,214 <b>\$142,471</b>	Salary and Benefits for 1 FTE PHN I. Includes retirement, health insurance, OASDI, Unemployment Insurance, and Benefits Administration.
II.	<b>OPERATING EXPENSES</b>		
	1. Training	\$0	
	2. Travel	\$0	
	TOTAL OPERATING EXPENSES:	\$0	
III.	<u>CAPITAL EXPENSES</u> N/A TOTAL CAPITAL EXPENSES:	\$0 <b>\$0</b>	
IV.	INDIRECT EXPENSES a. Internal @ 17.538%:	\$24,987	Fresno County Department of Public Health's indirect rate is 22.674% of
	TOTAL INDIRECT EXPENSES:	\$24,987	personnel costs approved for use by Fresno County's Auditor Controller/Treasurer-Tax Collector. Lower rate claimed to remain within funding allocation total.
V.	OTHER EXPENSES N/A TOTAL OTHER EXPENSES:	\$0 <b>\$0</b>	
	BUDGET GRAND TOTAL:	\$167,458	





Identify State/Federal Funding Source (Base, PM	A&O, or Caseload Relief):	Case	eload Relief
County-City Name: Fresno-Fresno		Fiscal Year:	2020-21
Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	С	D
I Total Personnel Expenses	\$312,967	\$281,670	\$31,297
II Total Operating Expenses	\$4,500	\$4,050	\$450
III Total Capital Expenses			
IV Total Indirect Expenses	\$70,963		\$70,963
V Total Other Expenses			
Budget Grand Total	\$388,430	\$285,720	\$102,710
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	Н
State Funds	\$122,785	\$71,430	\$51,355
Federal Funds (Title XIX)	\$265,645	\$214,290	\$51,355
Budget Grand Total	\$388,430	\$285,720	\$102,710
Aphivanh Xayavath Aphivanh	10/27/2020	(559) 600-3330	xayavath@fresnocountyca.gc
Prepared By (Print & Sign)	Date	Phone Number	E-mail Address
Ankara Lee Ann Lee CHDP Director Or Deputy Director (Print & Sign)	10/27/2020 Date	(559) 600-3330 Phone Number	alee@fresnocountyca.gov E-mail Address



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



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

\_\_\_\_

Caseload Relief

Count	y-City Name:	Fresno-Fresno			F	iscal Year: 2	2020-21				
Column				1A	1B	1 1	2A	2	3A	3	
		Category/Line			% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non- Enhanced State/Federal (50/50)
I. Pers	onnel Expenses										(*****)
#	Last	First	Title	PHN (Y/N)							
1 m 1	cant		PHN II	Y	100.00%	\$89,328	\$89,328.00	90.00%	\$80,395	10.00%	\$8,933
	cant		PHN II	Y	100.00%	\$89,328	\$89,328.00	90.00%	\$80,395	10.00%	\$8,933
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5				_		\$0	\$0.00		\$0	100.00%	\$0
6			11011			\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10	1			1		\$0	\$0.00		\$0	100.00%	\$0
11		-	+ +			\$0	\$0.00	-	\$0	100.00%	\$0
12					1	\$0	\$0.00	-	\$0	100.00%	\$0
13						\$0	\$0.00	-	\$0	100.00%	\$0
14				11		\$0	\$0.00		\$0	100.00%	\$0
15		1	-			\$0	\$0.00	E	\$0	100.00%	\$0
16			11111			\$0	\$0.00	1 1 1 1	\$0	100.00%	\$0
17						\$0	\$0.00		\$0		\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
	tal Number of PHN S	Staff		2	and a second						
	tal FTE PHN Staff				2.00%			90.00%		10.00%	
	Salaries and Wages					_	\$178,656		\$160,790		\$17,866
	alary Savings						\$0		\$0		\$0
	laries and Wages			75 400/			\$178,656		\$160,790		\$17,866
	enefits (Specify %)			75.18%		_	\$134,311		\$120,880		\$13,431
	I Personnel Expens	ses					\$312,967		\$281,670		\$31,297
	erating Expenses		11	<b>*</b> ••••••							
1 Tra				\$2,000			\$2,000	90.00%	\$1,800	10.00%	\$200
2 Tra			1	\$2,500		-	\$2,500	90.00%	\$2,250	10.00%	\$250
	al Operating Expension	ses					\$4,500		\$4,050		\$450
	pital Expenses										
	al Capital Expense	5									
	lirect Expenses		10	00.070/			A70.000				A70.000
	ernal (Specify %)		- 1111	22.67%			\$70,963				\$70,963
2 Ext							670.000				A70.000
	tal Indirect Expense	25					\$70,963				\$70,963
	er Expenses al Other Expenses										
							£200.400		¢005 700		¢400.740
виаде	et Grand Total						\$388,430		\$285,720		\$102,710

10/27/2020 Aphivanh Xayavath (559) 600-3330 axayavath@fresnocountyca.gov Prepared By (Print & Sign) Date Phone Number E-mail Address 10/27/2020 Ann Lee (559) 600-3330 Ankara Lee alee@fresnocountyca.gov CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

# FRESNO COUNTY HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE CASELOAD RELIEF FY 2020-21 BUDGET JUSTIFICATION

# I. <u>PERSONNEL EXPENSES</u>

	Total Salaries: Total Benefits:	\$178,656 \$134,311	Salary and Benefits for 2 FTE PHN II. Includes retirement, health insurance,
	TOTAL PERSONNEL EXPENSES:	\$312,967	OASDI, Unemployment Insurance, and Benefits Administration.
Ш.	OPERATING EXPENSES		
	1. Travel	\$2,000	Private auto mileage reimbursement at \$0.575/mile for program staff travel to complete program activities and attend State-sponsored meetings, including regional meetings, sub- committee meetings, and training specific to job duties.
	2. Training	\$2,500	Registration costs for PHNs to attend State recommended training and workshops to maintain professional competence and gain program specific skills. Also includes ancillary costs related to attending training and State-convened meetings.
	TOTAL OPERATING EXPENSES:	\$4,500	
III.	<u>CAPITAL EXPENSES</u> N/A	\$0	
	TOTAL CAPITAL EXPENSES:	\$0	
IV.	INDIRECT EXPENSES a. Internal @ 22.674%:	\$70,963	Fresno County Department of Public Health's indirect rate is 22.674% of personnel costs approved for use by
	TOTAL INDIRECT EXPENSES:	\$70,963	Fresno County's Auditor Controller/Treasurer-Tax Collector.
V.	<u>OTHER EXPENSES</u> N/A	\$0	
	TOTAL OTHER EXPENSES:	\$0	
	BUDGET GRAND TOTAL:	\$388,430	

State of California – Health and Human Services Agency

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	330	4.73%
OTLICP - Total Cases of Open (Active) OTLICP Children	656	9.41%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	5986	85.86%
TOTAL CCS CASELOAD	6972	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21

County: Fresno

				Stra	ght CCS		argeted Low Income 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 (11.75/11.75/76.5)	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													
<ol> <li>Pilar Vasquez, Administrator, (Division Manager)</li> </ol>	100.00%	112,282	112,282	4.73%	5,315	9.41%	10,565	85.86%	96,403			100.00%	96,403
2. Susan Stasikonis, Staff Analyst III	95.00%	76,882	73,038	4.73%	3,457	9.41%	6,872	85.86%	62,709			100.00%	62,709
3. Jennifer Miller, Administrative Assistant III	40.00%	49,944	19,978	4.73%	946	9.41%	1,880	85.86%	17,153			100.00%	17,153
4. Harsharn Dhillon, Rehabilitative Therapy Manager	20.00%	113,640	22,728	4.73%	1,076	9.41%	2,138	85.86%	19,514			100.00%	19,514
5. Jose Rodriguez, Senior Accountant	0.00%	70,367	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
6. Peter Jew, Business System Analyst III	0.00%	80,581	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
7. Kristeena Bump, Program Technician II	75.00%	45,657	34,243	4.73%	1,621	9.41%	3,222	85.86%	29,400			100.00%	29,400
8. VACANT, Health Education Specialist	0.00%	0	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
9. Employee Name, Position	0.00%	0	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
10. Employee Name, Position	0.00%	0	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
Subtotal	for some of	549,353	262,269		12,415		24,677		225,179				225,179
Medical Case Management		-							-	1			
1. Dr. Rajeev Verma, Public Health Physician (EXTRA HELP)	40.00%	267,488	106,995	4.73%	5,064	9.41%	10,067	85.86%	91,863	0.00%	0	100.00%	91,863
2. Dr. Khusal Mehta, Public Health Physician (EXTRA HELP)	10.00%	267,488	26,749	4.73%	1,266	9.41%	2,517	85.86%	22,966	0.00%	0	100.00%	22,966
3. Heather Woo, Supervising Public Health Nurse	100.00%	108,311	108,311	4.73%	5,127	9.41%	10,191	85.86%	92,993	0.00%	0	100.00%	92,993
4. VACANT, Head Nurse	100.00%	94,822	94,822	4.73%	4,488	9.41%	8,922	85.86%	81,412	0.00%	0	100.00%	81,412
5. Noel Almaguer, Public Health Nurse II	100.00%	100,314	100,314	4.73%	4,748	9.41%	9,439	85.86%	86,127	0.00%	0	100.00%	86,127
6. Sandy Sue Arce, Public Health Nurse II	100.00%	86,672	86,672	4.73%	4,102	9.41%	8,155	85.86%	74,415	0.00%	0	100.00%	74,415
<ol><li>Amada Ozaeta, Public Health Nurse (EXTRA HELP)</li></ol>	40.00%	75,046	30,018	4.73%	1,421	9.41%	2,824	85.86%	25,773	0.00%	0	100.00%	25,773
8. Belinda Mayugba, Staff Nurse III	100.00%	93,239	93,239	4.73%	4,413	9.41%	8,773	85.86%	80,053	0.00%	0	100.00%	80,053
9. Quy Gip, Staff Nurse III	80.00%	93,239	74,591	4.73%	3,531	9.41%	7,018	85.86%	64,042	0.00%	0	100.00%	64,042
10. Tim Yang, Staff Nurse III	80.00%	93,239	74,591	4.73%	3,531	9.41%	7,018	85.86%	64,042	0.00%	0	100.00%	64,042
11. Darawadee Martin, Staff Nurse III	100.00%	93,239	93,239	4.73%	4,413	9.41%	8,773	85.86%	80,053	0.00%	0	100.00%	80,053
12. Joseph Burgess, Staff Nurse III	100.00%	97,139	97,139	4.73%	4,598	9.41%	9,140	85.86%	83,401	0.00%	0	100.00%	83,401
13. Vivien Tagoe, Staff Nurse III	100.00%	93,239	93,239	4.73%	4,413	9.41%	8,773	85.86%	80,053	0.00%	0	100.00%	80,053
14. Marjelyn Ramiro, Staff Nurse III	100.00%	93,239	93,239	4.73%	4,413	9.41%	8,773	85.86%	80,053	0.00%	0	100.00%	80,053
15. Maribeth Jensen, Staff Nurse III	100.00%	93,239	93,239	4.73%	4,413	9.41%	8,773	85.86%	80,053	0.00%	0	100.00%	80,053
16. Kelly Stevens, Staff Nurse II	10.00%	81,176	8,118	4.73%	384	9.41%	764	85.86%	6,970	0.00%	0	100.00%	6,970
17. Megan Milburn, Staff Nurse II	0.00%	80,102	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	0
18. Shavonne Smith, Staff Nurse II	100.00%	80,102	80,102	4.73%	3,791	9.41%	7,537	85.86%	68,774	0.00%	0	100.00%	68,774
19. Khamsay Vanhelsdingen, Staff Nurse II	100.00%	76,723	76,723	4.73%	3,631	9.41%	7,219	85.86%	65,873	0.00%	0	100.00%	65,873
20. Veronica Reyna, Staff Nurse II	100.00%	80,558	80,558	4.73%	3,813	9.41%	7,580	85.86%	69,165	0.00%	0	100.00%	69,165
21. Latoya Woods, Staff Nurse II	10.00%	71,763	7,176	4.73%	340	9.41%	675	85.86%	6,161	0.00%	0	100.00%	6,161
22. Ku Lee, Public Health Nurse I	100.00%	74,649	74,649	4.73%	3,533	9.41%	7,024	85.86%	64,092	0.00%	0	100.00%	64,092
23. Marilyn Conde, Physical Therapist III	100.00%	104,295	104,295	4.73%	4,937	9.41%	9,813	85.86%	89,545	0.00%	0	100.00%	89,545

State of California – Health and Human Services Agency

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	330	4.73%
OTLICP - Total Cases of Open (Active) OTLICP Children	656	9.41%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	5986	85.86%
TOTAL CCS CASELOAD	6972	100%

Department of Health Care Services - Integrated Systems of Care Division

#### CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21

County: Fresno

				Stra	ight CCS		argeted Low Income s Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line kem	% 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 (11.75/11.75/76.5)	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)
24. Margaret Altamirano, Staff Nurse III	100.00%	80,236	80,236	4.73%	3,798	9.41%	7,549	85.86%	68,889	0.00%	0	100.00%	68,889
25. Jing Yang, Staff Nurse (Extra Help)	40.00%	92,872	37,149	4.73%	1,758	9.41%	3,495	85.86%	31,895	0.00%	0	100.00%	31,895
25. VACANT, Public Health Physician	0.00%	187,998	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	0
25. VACANT, Public Health Nurse I	100.00%	75,336	75,336	4.73%	3,566	9.41%	7,088	85.86%	64,682	0.00%	0	100.00%	64,682
26. VACANT, Staff Nurse I	100.00%	60,606	60,606	4.73%	2,869	9.41%	5,702	85.86%	52,035	0.00%	0	100.00%	52,035
27. VACANT, Public Health Nurse I	0.00%	75,336	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	0
Subtotal	10.0000.21	2,971,705	1,951,345		92,361	-	183,602		1,675,380	-	0		1,675,380
Other Health Care Professionals													
1. Martha Orejel, Medical Social Worker II	90.00%	58,884	52,996	4.73%	2,508	9.41%	4,986	85.86%	45,501	0.00%	0	100.00%	45,501
2. Ariana Robles-Solis Medical Social Worker II	100.00%	69,104	69,104	4.73%	3,271	9.41%	6,502	85.86%	59,331	0.00%	0	100.00%	59,331
3. VACANT, Medical Social Worker I	0.00%	50,279	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	0
Subtotal	-	178,267	122,100		5,779	-	11,488		104,832	The second second	0		104,832
Ancillary Support													-
1. Sonya Mendoza, Senior Administrative Case Worker	100.00%	54,649	54,649	4.73%	2,587	9.41%	5,142	85.86%	46,920			100.00%	46,920
2. Bobbi Taylor, Senior Administrative Case Worker	100.00%	48,476	48,476	4.73%	2,294	9.41%	4,561	85.86%	41,620			100.00%	41,620
3. Rudy Constantino, Administrative Case Worker II	100.00%	46,439	46,439	4.73%	2,198	9.41%	4,369	85.86%	39,871			100.00%	39,871
4. Pa Lee, Administrative Case Worker II	0.00%	37,579	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
5. Rebecca Lopez, Administrative Case Worker II	100.00%	46,439	46,439	4.73%	2,198	9.41%	4,369	85.86%	39,871			100.00%	39,871
6. Luz Reyes, Administrative Case Worker II	100.00%	47,739	47,739	4.73%	2,260	9.41%	4,492	85.86%	40,988			100.00%	40,988
7. Laurie Roberts, Administrative Case Worker II	0.00%	42,805	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
8. Angel Rodriguez, Administrative Case Worker II	100.00%	37,579	37,579	4.73%	1,779	9.41%	3,536	85.86%	32,264			100.00%	32,264
9. Bernard Thao, Administrative Case Worker II	0.00%	40,202	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
10. Anita Tristan, Administrative Case Worker II	100.00%	39,493	39,493	4.73%	1,869	9.41%	3,716	85.86%	33,908			100.00%	33,908
11. Michael Vue Administrative Case Worker II	100.00%	40,202	40,202	4.73%	1,903	9.41%	3,783	85.86%	34,517			100.00%	34,517
12. Tiffany Acosta, Administrative Case Worker II	100.00%	43,312	43,312	4.73%	2,050	9.41%	4,075	85.86%	37,187			100.00%	37,187
13. Zulema Alderete, Administrative Case Worker I	100.00%	32,806	32,806	4.73%	1,553	9.41%	3,087	85.86%	28,166			100.00%	28,166
14. Yuidico Garza-Wayne, Administrative Case Worker I	100.00%	32,190	32,190	4.73%	1,524	9.41%	3,029	85.86%	27,638			100.00%	27,638
15. Robert Romans, Administrative Case Worker I	50.00%	32,190	16,095	4.73%	762	9.41%	1,514	85.86%	13,819			100.00%	13,819
16. Fallon Smith O'Keefe, Administrative Case Worker I	100.00%	32,114	32,114	4.73%	1,520	9.41%	3,022	85.86%	27,572			100.00%	27,572
17. VACANT, Administrative Case Worker I	100.00%	32,568	32,568	4.73%	1,542	9.41%	3,064	85.86%	27,962			100.00%	27,962
18. VACANT, Administrative Case Worker I	100.00%	32,568	32,568	4.73%	1,542	9.41%	3,064	85.86%	27,962			100.00%	27,962
19. VACANT, Administrative Case Worker I	100.00%	32,568	32,568	4.73%	1,542	9.41%	3,064	85.86%	27,962			100.00%	27,962
20. VACANT, Administrative Case Worker I	0.00%	32,568	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
21. VACANT, Administrative Case Worker I	0.00%	32,568	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
22. VACANT, Administrative Case Worker I	0.00%	32,568	0	4.73%	0	9.41%	0	85.86%	0			100.00%	0
Subtotal		849,622	615,237		29,123		57,887		528,227				528,227
Clerical and Claims Support		-											

State of California - Health and Human Services Agency

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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	330	4.73%
OTLICP - Total Cases of Open (Active) OTLICP Children	656	9.41%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	5986	85.86%
TOTAL CCS CASELOAD	6972	100%

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21

County: Fresno

					Stra	ight CCS		argeted Low Income 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 (11.75/11.75/76.5)	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)
1. Alibra Carter, Supervising Office Assistant		100.00%	49,764	49,764	4.73%	2,355	9.41%	4,682	85.86%	42,726	0.00%	0	100.00%	42,726
2. Tamara Brown, Office Assistant III		100.00%	40,563	40,563	4.73%	1,920	9.41%	3,817	85.86%	34,826	0.00%	0	100.00%	34,82
3. Melissa Figueroa, Office Assistant III		100.00%	40,563	40,563	4.73%	1,920	9.41%	3,817	85.86%	34,826	0.00%	0	100.00%	34,82
4. Natasha Jones, Office Assistant III		100.00%	32,823	32,823	4.73%	1,554	9.41%	3,088	85.86%	28,181	0.00%	0	100.00%	28,18
5. Melinda Kelley, Office Assistant III		100.00%	32,863	32,863	4.73%	1,555	9.41%	3,092	85.86%	28,215	0.00%	0	100.00%	28,21
6. Teresa Valladolid, Office Assistant III		100.00%	40,563	40,563	4.73%	1,920	9.41%	3,817	85.86%	34,826	0.00%	0	100.00%	34,82
7. Anna Camiro Ibanez, Office Assistant I		0.00%	26,524	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	
8. Sherrel Foster, Office Assistant I		100.00%	29,752	29,752	4.73%	1,408	9.41%	2,799	85.86%	25,544	0.00%	0	100.00%	25,54
9. VACANT, Office Assistant I		100.00%	26,081	26,081	4.73%	1,234	9.41%	2,454	85.86%	22,393	0.00%	0	100.00%	22,393
10. VACANT, Office Assistant I		0.00%	26,081	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	(
11. Yuliya Kochkina, Supervising Account Clerk	0	0.00%	49,425	0	4.73%	0	9.41%	0	85.86%	0	0.00%	0	100.00%	
12. Eleuterio Rodriguez, Account Clerk II		55.00%	38,740	21,307	4.73%	1,009	9.41%	2,005	85.86%	18,294	0.00%	0	100.00%	18,29
Subtotal	1.1		433,742	314,279	·	14,875	(	29,571	-	269,831		0		269,83
Total Salaries and Wages				3,265,230	4.73%	154,550	9.41%	307,228	85.86%	2,803,449	0.00%	0	100.00%	2,803,44
Staff Benefits (Specify %)	85.76%			2,800,261	4.73%	132,542	9.41%	263,478	85.86%	2,404,240		0		2,404,24
I. Total Personnel Expense				6,065,491	4.73%	287,092	9.41%	570,706	85.86%	5,207,689		0	- 10 million (1990)	5,207,689
II. Operating Expense														
1. Travel				8,325	4.73%	394	9.41%	783	85.86%	7,148	0.00%	0	100.00%	7,14
2. Training				1,740	4.73%	82	9.41%	164	85.86%	1,494	0.00%	0	100.00%	1,49
3. Office Expense				21,000	4.73%	994	9.41%	1,976	85.86%	18,030			100.00%	18,03
4. Postage				20,425	4.73%	967	9.41%	1,922	85.86%	17,536			100.00%	17,53
5. Small Tools				4,200	4.73%	199	9.41%	395	85.86%	3,606			100.00%	3,60
6. Household Expenses				10,600	4.73%	502	9.41%	997	85.86%	9,101			100.00%	9,10
7. Maintenance - Equipment & Security				20,812	4.73%	985	9.41%	1,958	85.86%	17,869			100.00%	17,86
8. Facility Services - Rent, Utilities				58,114	4.73%	2,751	9.41%	5,468	85.86%	49,895			100.00%	49,89
9. Data Processing - including Communication				47,479	4.73%	2,247	9.41%	4,467	85.86%	40,764			100.00%	40,76
10. Translation Services				5,000	4.73%	237	9.41%	470	85.86%	4,293			100.00%	4,29
11. File Conversion to Electronic				6,500	4.73%	308	9.41%	612	85.86%	5,581			100.00%	5,58
II. Total Operating Expense				204,195		9,666		19,212		175,317		0		175,31
III. Capital Expense														
1.				1.1	4.73%	0	9.41%	0	85.86%	0				
2.					4.73%	0	9.41%	0	85.86%	0		1000		
3.					4.73%	0	9.41%	0	85.86%	0				
III. Total Capital Expense				0		0		0		0				
IV. Indirect Expense				-				-						
1. Indirect Cost Rate	14.80%			897,693	4.73%	42,490	9.41%	84,465	85.86%	770,739			100.00%	770,73
				0	4.73%	0	9.41%	0	85.86%	0			100.00%	(

State of California - Health and Human Services Agency

Revised 2/10/20

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	330	4.73%
OTLICP - Total Cases of Open (Active) OTLICP Children	656	9.41%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	5986	85.86%
TOTAL CCS CASELOAD	6972	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2020-21

County: 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	A8	8
Category/Line Item	% FTE	Annuai 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 (11.75/11.75/76.5)	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)
V. Total Indirect Expense	6	1.1	897,693		42,490		84,465		770,739	1.000	Level J	1	770,739
V. Other Expense		1		2.00	1			10.00					
1. Maintenance & Transportation			40,000	4.73%	1,893	9.41%	3,764	85.86%	34,343		1	100.00%	34,343
2.				4.73%	0	9.41%	0	85.86%	0		15 -	100.00%	0
3.	1		8	4.73%	0	9.41%	0	85.86%	0	3- 11		100.00%	0
4.				4.73%	0	9.41%	0	85.86%	0		4	100.00%	0
5.		1500000		4.73%	0	9.41%	0	85.86%	0		No. of the second	100.00%	0
/. Total Other Expense			40,000	12	1,893		3,764	1-1-1-1	34,343		1	-	34,343
ludget Grand Total		1000	7,207,379		341,141		678,147		6,188,088	-	0		6,188,088

Sum Stor	Susan Stasikonis	10-15-2020	(559)600-6383	
Prepared, By (Signature)	Prepared By (Printed Name)	Date Prepareo	Phone Number	
APV-2	Pilar Vasquez	10-26-20	(559)600-6595	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number	

#### State of California – Health and Human Services Agency Revised 2/11/20

CCS CASELOAD	Actual Caseload	Percent of Total CC: Caseload		
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	330	4.73%		
OTLICP - Total Cases of Open (Active) OTLICP Children	656	9.41%		
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	5986	85.86%		
TOTAL CCS CASELOAD	6972	100%		

Department of Health Care Services - Integrated Systems of Care Division

#### CCS Administrative Budget Summary

Fiscal Year: 2020-21

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 (11.75/11.75/76.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)			
I. Total Personnel Expense	6,065,491	287,092	570,706	5,207,689	0	5,207,689			
II. Total Operating Expense	204,195	9,666	19,212	175,317	0	175,317			
III. Total Capital Expense	0	0	0	0		0			
IV. Total Indirect Expense	897,693	42,490	84,465	770,739		770,739			
V. Total Other Expense	40,000	1,893	3,764	34,343		34,343			
Budget Grand Total	7,207,379	341,141	678,147	6,188,088	0	6,188,088			

	Col 1 = Col 2+3+4	Col 1 = Col 2+3+4 Straight CCS		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 (11.75/11.75/76.5)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi Cal State/Federal (50/50)		
Straight CCS								
State	170,570	170,570				A CONTRACTOR		
County	170,571	170,571						
OTLICP					E			
State	79,682		79,682					
County	79,682		79,682		and the second			
Federal (Title XXI)	518,783	1-14 i v	518,783					
Medi-Cal		a harden and						
State	3,094,044			3,094,044	0	3,094,04		
Federal (Title XIX)	3,094,044			3,094,044	0	3,094,04		

Susan Stasikonis Prepared By (Printed Name)

Pliar Vasquez

sstasikonis@fresnocountyca.gov Email Address

CCS Administrator (Signature)

CCS Administrator (Printed Name)

pvasquez@fresnocountyca.gov Email Address

# Children's Medical Services Plan and Fiscal Guidelines fro Fiscal Year 2020-21

# California Children's Services Fresno County Budget Narrative FY 2020-21

I. Personnel Expenses						
Total Salaries:	\$	3,265,230				
Total Benefits:	\$	2,800,261	Staff benefits represent an estimated 85.76% of salaries; this is an increase of 1.5% from the previous fiscal year. This estimate was reached by using an average of the actual County benefits budgeted for this fiscal year. Anticipated salary adjustments and promotions are included.			
Total Personnel Expenses:	\$	6,065,491				
			Staffing Changes			
Public Health Physician	Represents a total .5 FTE from 2 Extra Help positions. Only one Extra Help position at 0.5 FTE was budgeted on the previous FY.					
Public Health Nurse	Represents a 5.4 FTE including 1.0 FTE vacant position. There is no change in FTE from the previou FY.					
Staff Nurse	Represents a 13.2 FTE including 2.0 FTE vacant position. This is a decrease of 4.8 FTE from previous FY due to staff re-assignment to non-CCS activities and to meet allocation. Note: Four Staff Nurses ha reduced FTEs due to their re-assignment to County's COVID 19 response activities.					
Medical Social Worker	Represents 1.9 FTE.This is a 0.1 FTE decrease from previous FY due to staff re-assignment to non- CCS activities. Note: One staff has reduced FTE due to reassignment to County's COVID 19 response activities.					
Admitting Case Worker	of 4.	5 FTE from pre	Interviewer. Represents 15.5 FTE with 3.0 FTE vacant positions. This is a decrease vious FY to meet allocation . Note: One staff has a reduced FTE due to re- nty's COVID 19 response activities.			

II. Operating Expenses		
Travel	\$ 8,325.00	Based on expenditures: Milage, Meals, Lodging, Freight, Parking, Garge Fees, etc., this is a 22.8% decrease from previous FY.
Training	\$ 1,740.00	Includes registration and/or tuition fees for CCS trainings, seminars, conferences, etc. This is a 18.4% decrease from the previous FY based on expenditures and to meet allocation.
Office Expenses	\$ 21,000.00	Represents a 26.5% decrease from previous FY based on expenditures and to meet allocation.
Postage	\$ 20,425.00	Represents a 8.4% decrease from previous FY based on expenditures and to meet allocation.
Small Tools	\$ 4,200.00	Represents a 26.3% decrease from previous FY based on expenditures and to meet allocation.
Household Expenses	\$ 10,600.00	Based on expenditures, no change from previous FY.
Maint-Equip, Bldg, & Security	\$ 20,812.00	Represents a 26.2% decrease from previous FY based on expenditures and to meet allocation.
Facility Services(rent, utilities)	\$ 58,114.00	Represents a 44% decrease from previous FY based on expenditures and to meet allocation.
Data Processing including Commu	\$ 47,479.00	Combining Data Processing and Communications, this represents a 16% decrease from previous FY based on expenditures and to meet allocation.
Translation Services	\$ 5,000.00	Represents a 67% decrease from previous FY based on expenditures and to meet allocation.
File Conversion to Electronic	\$ 6,500.00	There was no amount budgeted in the previous FY.
Total Operating Expenses:	\$ 204,195.00	

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

# California Children's Services Fresno County Budget Narrative FY 2020-21

IV. Indirect Expenses		
Internal @ 14.80%	\$ 897,693.00	Represents a 2.6% decrease from previous fiscal year. Fresno's actual indirect rate
External @ 0%	\$ -	No amount budgeted in previous FY.
Total Indirect Expenses:	\$ 897,693.00	

V. Other Expenses		
Maintenance & Transportation	\$ 40,000.00	Represents a 10% decrease from previous FY based on expenditures and to meet
Total Other Expenses:	\$ 40,000.00	
Budget Grand Total:	\$ 7,207,379.00	