ATTACHMENT C

CCS Plan and Budget Required Documents Checklist

MODIFIED FY 2024/2025

County/City:		City:	NEVADA COUNTY	Fiscal Year: _	2024-25
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3.	Certi	fication	Statements		
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	B. Ce	ertificati	on Statement (CCS) – Original and one photocopy		4
4.	Agen	cy Des	cription		
	A.	Brief N	arrative		5 - 6
	B.	Organi	zational Charts - CCS - Part I & Part II WCM, CCS M	&O, MTP	7 - 8
	C.	ccs s	taffing Standards Profile		Retain locally
	D.	Incumb	pent List for CCS, WCM, & CCS M&O		9 - 11
	E.		ervice Classification Statements – Include if newly e ed, or revised	established,	N/A
	F.	Duty St	tatements – Include if <u>newly established</u> , proposed	d, or revised	N/A
5.	•		tion of Performance Measures – Performance Me are due November 30, 2024.	asures for FY	N/A
6.	Data	Forms			
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	C.	CHDP	IAA with DSS biennially		Retain locally
	D.	Interde	partmental MOU for HCPCFC biennially		Retain locally
8.	Budg	jets			
	A.	CHDP	Administrative Budget (No County/City Match)		
		1.	Budget Summary		N/A
		2.	Budget Worksheet		N/A
		3.	Budget Justification Narrative		N/A

ATTACHMENT C

County/City:		/City:	NEVADA COUNTY	Fiscal Year:	2024-25
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		3.	Budget Justification Narrative		N/A
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	B.5.	ccs	MTP Budget		
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		3.	Staffing Determination - CCS MTP		28 - 29
		3.	Budget Justification Narrative		N/A
	G	Other	Forms		
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		2.	County/City Other Expenses Justification Form		N/A
9.		Mana	gement of Equipment Purchased with State Funds	6	
		1.	Contractor Equipment Purchased with DHCS Funds (DHCS1203)	Form	N/A
		2.	Inventory/Disposition of DHCS Funded Equipment F (DHCS1204)	orm	N/A
		3.	Property Survey Report Form (STD 152)		N/A
10.		Attac	hment 2 - HCPCFC Plan & Budgets Required Docu	uments	N/A

CCS Agency Information Sheet

County/City:	NEVADA COUN	TY	Fiscal Year: 2024-25				
		Official A	gency				
Name:	Nevada County Public Health	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945				
Director of Public Health	Kathy Cahill	_	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945				
	CN	IS Director (i	f applicable)				
Name:	Kathy Cahill	Address:	500 Crown Point Circle, Ste 110				
Phone:	(530)265-1450	_	Grass Valley, CA 95945				
Fax:	(530)271-0894	E-Mail:	PublicHealth@nevadacountyca.gov				
		CCS Admir	nistrator				
Name:	Maryellen Beauchamp	Address:	500 Crown Point Circle, Ste 110				
Phone:	(530)265-1425	_	Grass Valley, CA 95945				
Fax:	(530)271-0894	E-Mail:	Maryellen.Beauchamp@nevadacountyca.gov				
N/A CHDP Director							
Name:	N/A	Address:					
Phone:		_					
Fax:		E-Mail:					
	N/	A CHDP Dep	uty Director				
Name:	N/A	Address:					
Phone:		_					
Fax:		E-Mail:					
	Chief of Staff / Clerk	of the Board	of Supervisors or City Council				
Name:	Jeffrey Thorsby	Address:	950 Maidu Avenue, Suite 200				
Phone:	(530)265-1480	_	Nevada City, CA 95959				
Fax:	(530)265-9836	E-Mail:	Jeffrey.Thorsby@nevadacountyca.gov				
	Directo	or of Social S	Services Agency				
Name:	Rachel Pena	Address:	950 Maidu Avenue, Suite 120				
Phone:	(530)265-1340	_	Nevada City, CA 95959				
Fax:	(530)265-9859	E-Mail:	Rachel.Pena@nevadacountyca.gov				
		Chief Probati	on Officer				
Name:	Jeff Goldman	Address:	109 ½ North Pine Street				
Phone:	(530)265-1200	_	Nevada City, CA 95959				
Fax:	(530)265-6293	_ E-Mail:	Jeff.Goldman@nevadacountyca.gov				

Department of Health Care Services - Children's Medical Services

Certification Statement - California Children's Services (CCS)

County/City:	NEVADA COUNTY	Fiscal Year:	2024-25			
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 Ad Maryellen Beaucham	lministrator np, Sr. Public Health Nurse	Date Signed				
Signature of Director Kathy Cahill, Director		Date Signed				
	trative Services Officer , Administrative Services Officer	Date Signed				
I certify that this plan	has been approved by the local govern	ning body.				
	overning Body Chairperson of the Board of Supervisors	Date Signed				

Nevada County Public Health Children's Medical Service

Agency Description FY 2024-25

Brief Narrative

Nevada County is in the rural Sierra Nevada Foothills and has a population of just over 100,000. The three primary aggregated areas of population, Grass Valley, Nevada City, and the town of Truckee, comprise roughly 32% of the county population with the remaining 68% of the residents living in small towns and unincorporated areas.

The county has five geographical districts. Each district elects one representative to serve as a member of the Board of Supervisors, which is the legislative and executive body of county government.

Nevada County Health and Human Services Agency (HHSA) is supervised by Ryan Gruver. The HHSA is comprised of Public Health, Child Support Services, Social Services, and Behavioral Health Departments. Sherilynn Cooke, MD, MPH is our Public Health Officer effective January 1, 2022 and Kathy Cahill, MPH is our Director of Public Health, as of July 1, 2023.

Within the Public Health Department, the CMS program consists of California Children's Services (CCS) which includes the Medical Therapy Unit (MTU); and the Health Care Program for Children in Foster Care (HCPCFC).

Nursing and support staff for this FY year include the following: Charlene Weiss-Wenzl, PHN, as the Director of Public Health Nursing (DPHN), Maryellen Beauchamp, Senior PHN, as the CCS Nurse Case Manager, Vacant, PHN in HCPCFC Case Management services; Kathryn Kestler, Senior PHN, also in HCPCFC/CWS; Katie Magliocca, Health Technician II, providing clerical and administrative support.

Staffing at the Medical Therapy Unit is as follows: Carme Barsotti, PT, Senior Therapist; Rebecca Giammona, PTA; Dustin Douros, OT; and Katie Magliocca HT II 10 hours/week. Nevada County contracts with Permanente Medical Group for Lawrence Manhart, MD, to provide physiatrist services for quarterly clinics.

Accomplishments for FY 2023-2024:

- Case managed an average of approximately 405 active CCS clients per month
- Continued a contract with Permanente Medical Group for continuity of physiatrist services for MTU children
- Carme Barsotti Sr/Lead PT successfully recruited and hired an OT who began work on 6/2024, filling a longtime vacancy of many years, critical to the services provided at the MTU.
- Established a contract with Partnership Health Plan and worked within the confines of this, transiting from previous Managed Care Providers, to continue to provide CCS administrative, MTU and medical case management services for over 430 clients beginning 1/1/2024.
- Successfully continued to provide CCS services in spite of a reduction of at least 50% Health Tech II staffing.
- Developed and implemented Continuity of Operations Plan for events such as power shutoffs, emergencies and pandemics.
- Provided PT and OT services to the approximately 56 children through the MTU.
- Held equipment and orthotic clinics on a quarterly basis at the MTU, with multidisciplinary providers participating and case-conferencing with 41 families with COVID restrictions.
- Pivoted to video sessions for MTU therapy and in person hybrid indoor/outdoor services.
- Maintained essential CCS services throughout Covid pandemic.
- Case managed children referred to CWS, including developmental assessments with referrals as appropriate and monitoring of psychotropic medications
- Continued CHDP responsibilities with a focus on dental and foster care

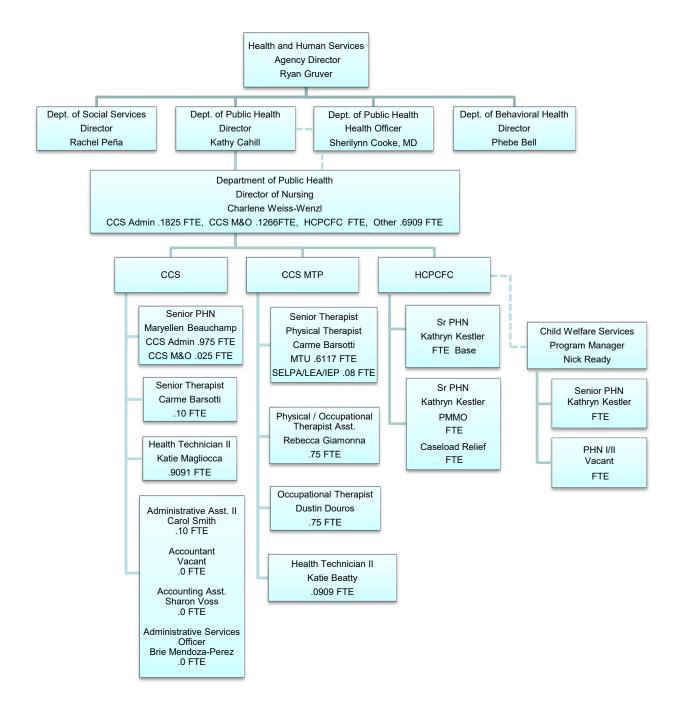
Anticipated Changes for FY 2024-2025:

- Enact programmatic changes in CCS, CHDP, CHDP-CLPP, and HCPCFC as directed by California DHCS and/or CDPH.
- Establish quarterly meetings with representatives from Partnership Health Plan to improve services, provide continuity of care when possible and avoid duplication.
- Evaluate clinical practice and fiscal activity processes to enhance efficiencies and effectiveness throughout the CMS program, considering the significant change to the CCS Program and budget in addition, the loss of CHDP Program.
- Establish a referral system for children within CWS and from CWS to MCAH.

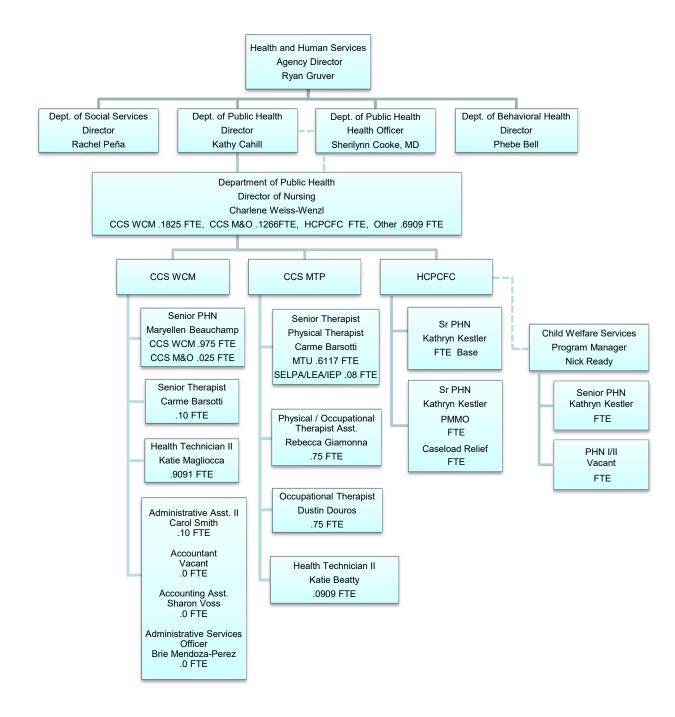
1/3/2023

2024-25 Nevada County Children's Medical Services

Part 1 - July 1, 2024 to December 31, 2024



2024-25 Nevada County Children's Medical Services Part 2 WCM - January 1, 2025 to June 30, 2025



Department of Health Care Services - Children's Medical Services

Incumbent List - California Children's Services

For FY 2024-25, 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.

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Director of Public Health Nursing	Charlene Weiss-Wenzl	18.25%	N	N
Senior Public Health Nurse, Case Manager	Maryellen Beauchamp	97.5%	N	N
Senior Therapist	Carme Barsotti	10%	N	N
Health Technician II	Katie Magliocca	90.91%	Z	N
Administrative Assistant II	Carol Smith	10%	Z	N

Department of Health Care Services - Children's Medical Services

Incumbent List - California Children's Services

For FY 2024-25, complete the table below for all personnel listed in the CCS WCM 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. **WCM**

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Director of Public Health Nursing	Charlene Weiss-Wenzl	18.25%	N	N
Senior Public Health Nurse, Case Manager	Maryellen Beauchamp	97.5%	N	N
Senior Therapist	Carme Barsotti	10%	N	N
Health Technician II	Katie Magliocca	90.91%	N	N
Administrative Assistant II	Carol Smith	10%	N	N

Department of Health Care Services - Children's Medical Services

Incumbent List - California Children's Services - Monitoring & Oversight

For FY 2024-25, 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.

Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Director of Public Health Nursing	Charlene Weiss-Wenzl	12.66%	N	N
Senior Public Health Nurse, Case Manager	Maryellen Beauchamp	2.50%	N	N

Department of Health Care Services - Children's Medical Services

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
HCPCFC/CWS MOU	MOU	7/1/23-6/30/25	6/23	Charlene Weiss-Wenzl	No
SELPA MOU	IAA	7/1/18-present	6/18	Charlene Weiss-Wenzl	No
Partnership Medi-Cal Managed Care/NCPH	MOU	1/1/24	In Progress	Charlene Weiss-Wenzl	Yes
Partnership CCS/Whole Child Model	MOU	1/1/25	In Progress	Charlene Weiss-Wenzl	Yes

CCS CASELOAD	Actual Caseload	CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

CCS Administrative Budget Summary from July 1, 2024 to December 31, 2024

Fiscal Year:	2024-25
County:	Nevada

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	-OTLICP) (Column 4 = C	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 (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
I. Total Personnel Expense	192,445	21,993	33,907	136,543	49,701	86,842
II. Total Operating Expense	5,985	685	1,054	4,246	0	4,246
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	48,111	5,498	8,477	34,136		34,136
V. Total Other Expense	0	0	0	0		0
Budget Grand Total	246,541	28,176	43,438	174,925	49,701	125,224

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	-OTLICP) (Column 4 = C	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 (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	14,088	14,088				
County	14,088	14,088				
OTLICP						
State	7,602		7,602			
County	7,602		7,602			
Federal (Title XXI)	28,234		28,234			
Medi-Cal						
State	75,037			75,037	12,425	62,612
Federal (Title XIX)	99,888			99,888	37,276	62,612

Brie Mendoza-Perez, Administrative Services Officer

Brie.Mendoza-Perez@nevadacountyca.gov

Prepared By (Signature) Prepared By (Printed Name)

Email Address

Maryellen Beauchamp

Maryellen.Beauchamp@nevadacountyca.gov

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (<u>non-OTLICP</u>) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

CCS Administrativ	e Budget Worksheet fi	rom P	Н	C	5
	o December 31, 2024		RNIA DE	PARTMENT	· OI
Fiscal Year:	2024-25	HEALT	H CAR	E SERVIC	CES

2024-25
Nevada

				Straight CCS Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (Non-OTLICP)						
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	6 months pro- rated 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 (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense													
Program Administration													
Charlene Weiss-Wenzl, Director of Public Health Nursing	18.25%	78,584	14,341	11.43%	1,639	17.62%	2,527	70.95%	10,175			100.00%	10,175
2. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Subtotal		78,584	14,341		1,639		2,527		10,175				10,175
Medical Case Management													
Maryellen Beauchamp, Senior Public Health Nurse	97.50%	63,037	61,461	11.43%	7,024	17.62%	10,829	70.95%	43,608	60.00%	26,165	40.00%	17,443
2. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Subtotal		63,037	61,461		7,024		10,829		43,608		26,165		17,443
Other Health Care Professionals													
Carme Barsotti, Senior Therapist	10.00%	48,714	4,871	11.43%	557	17.62%	858	70.95%	3,456	60.00%	2,074	40.00%	1,382
2. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Subtotal		48,714	4,871		557		858		3,456		2,074		1,382
Ancillary Support													
Katie Magliocca, Health Tech II	90.91%	27,585	25,078	11.43%	2,866	17.62%	4,419	70.95%	17,793			100.00%	17,793
2. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Subtotal		27,585	25,078		2,866		4,419		17,793				17,793
Clerical and Claims Support							, i						
Carol Smith, Administrative Assist II	10.00%	35,932	3,593	11.43%	411	17.62%	633	70.95%	2,549	0.00%	0	100.00%	2,549
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Subtotal		35,932	3,593		411		633		2,549		0		2,549

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

CCS Administrati	ve Budget Worksheet fr	Tom!	Н	C	5
	to December 31, 2024		NIA DE	PARTMENT	OI
Fiscal Year:	2024-25	HEALT	H CAR	RE SERVIC	ES

			-	·										
					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	6 months pro- rated 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 (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Total Salaries and Wages				109,344	11.43%	12,496	17.62%	19,265	70.95%	77,581	36.40%	28,239	63.60%	49,342
Staff Benefits (Specify %)	76.00%			83,101	11.43%	9,497	17.62%	14,642	70.95%	58,962		21,462		37,500
I. Total Personnel Expense				192,445	11.43%	21,993	17.62%	33,907	70.95%	136,543		49,701		86,842
II. Operating Expense (for six months)														
1. Travel				0	11.43%	0	17.62%	0	70.95%	0	36.40%	0	63.60%	0
2. Training				0	11.43%	0	17.62%	0	70.95%	0	36.40%	0	63.60%	0
3. Phones				1,686	11.43%	193	17.62%	297	70.95%	1,196			100.00%	1,196
General Office Supplies				1,375	11.43%	157	17.62%	242	70.95%	976			100.00%	976
5. Copier & Postage				2,674	11.43%	306	17.62%	471	70.95%	1,897			100.00%	1,897
Memberships- Lucille Packard Children's Hospital				250	11.43%	29	17.62%	44	70.95%	177			100.00%	177
7.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
II. Total Operating Expense (for six months)				5,985		685		1,054		4,246		0		4,246
III. Capital Expense (for six months)														
1.					11.43%	0	17.62%	0	70.95%	0				0
2.					11.43%	0	17.62%	0	70.95%	0				0
3.					11.43%	0	17.62%	0	70.95%	0				0
III. Total Capital Expense (for six months)				0		0		0		0				0
IV. Indirect Expense														
Indirect Cost Rate	25.00%			48,111	11.43%	5,498	17.62%	8,477	70.95%	34,136			100.00%	34,136
	0.00%			0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
IV. Total Indirect Expense (for six months)				48,111		5,498		8,477		34,136				34,136
V. Other Expense (for six months)														
Maintenance & Transportation				0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
2.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
3.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
4.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
5.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
V. Total Other Expense (for six months)				0		0		0		0				0
Budget Grand Total (for six months)				246,541		28,176		43,438		174,925		49,701		125,224

County:

Nevada

		530-265-1708		
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number	
	Maryellen Beauchamp		530-265-1425	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number	

CCS CASELOAD	Actual Caseload	CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

CCS Administrative Budget Summary from January 1, 2025 to June 30, 2025

Fiscal Year:	2024-25
County:	Nevada

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non	iumns 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 (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)	
I. Total Personnel Expense	192,445	21,993	33,907	136,543	50,114	86,429	
II. Total Operating Expense	5,985	685	1,054	4,246	0	4,246	
III. Total Capital Expense	0	0	0	0		0	
IV. Total Indirect Expense	48,111	5,498	8,477	34,136		34,136	
V. Total Other Expense	0	0	0	0		0	
Budget Grand Total	246,541	28,176	43,438	174,925	50,114	124,811	

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)				
Column	1	2	3	4	5	6		
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)		
Straight CCS								
State	14,088	14,088						
County	14,088	14,088						
OTLICP								
State	7,602		7,602					
County	7,602		7,602					
Federal (Title XXI)	28,234		28,234					
Medi-Cal								
State	74,935			74,935	12,529	62,406		
Federal (Title XIX)	99,990			99,990	37,585	62,405		

Brie Mendoza-Perez, Administrative Services Officer

Brie.Mendoza-Perea@nevadacountyca.gov

Prepared By (Signature) Prepared By (Printed Name)

Email Address

Maryellen Beauchamp

Maryellen.Beauchamp@nevadacountyca.gov

CCS Administrator (Signature)

CCS Administrator (Printed Name)

Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

		Department of Health Care Services – Integrated Systems of Care Division
CCS Adminis	strative Budget Worksheet	HCS
from January	1, 2025 to June 30, 2025	CALIFORNIA DEPARTMENT OF
Fiscal Year:	2024-25	HEALTH CARE SERVICES
County:	Nevada	

				Straight CCS Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (Non-OTLICP)						
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	6 months pro- rated 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 (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Personnel Expense (for six months)													
Program Administration													
Charlene Weiss-Wenzl, Director of Public Health Nursing	18.25%	78,584	14,341	11.43%	1,639	17.62%	2,527	70.95%	10,175			100.00%	10,175
2. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Subtotal		78,584	14,341		1,639		2,527		10,175				10,175
Medical Case Management													
Maryellen Beauchamp, Senior Public Health Nurse	97.50%	63,037	61,461	11.43%	7,024	17.62%	10,829	70.95%	43,608	60.50%	26,383	39.50%	17,225
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Subtotal		63,037	61,461		7,024		10,829		43,608		26,383		17,225
Other Health Care Professionals					,				,,,,,		,,,,,		
Carme Barsotti, Senior Therapist	10.00%	48,714	4,871	11.43%	557	17.62%	858	70.95%	3,456	60.50%	2,091	39.50%	1,365
2. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Subtotal	0.0070	48,714	4,871	11:4070	557	17.0270	858	70.0070	3,456	0.0070	2,091	100:0070	1,365
Ancillary Support		40,714	4,071		001		000		0,400		2,001		1,000
Katie Magliocca, Health Tech II	90.91%	27,585	25,078	11.43%	2,866	17.62%	4,419	70.95%	17,793			100.00%	17,793
Employee Name, Position	0.00%	0	20,070	11.43%	2,000	17.62%	7,413	70.95%	0			100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Employee Name, Position	0.00%	0	n	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Employee Name, Position	0.00%	0	n	11.43%	0	17.62%	0	70.95%	0			100.00%	0
Subtotal	0.0070	27,585	25,078	11.4370	2,866	17.02/0	4,419	10.0070	17,793			100.0070	17,793
Clerical and Claims Support		21,000	20,010		2,000		4,419		11,195				11,193
Carol Smith, Administrative Assist II	10.00%	35,932	3,593	11.43%	411	17.62%	633	70.95%	2,549	0.00%	0	100.00%	2,549
Employee Name, Position	0.00%	0	0,093	11.43%	0	17.62%	033	70.95%	2,349	0.00%	n	100.00%	2,349
Employee Name, Fosition 3. Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Employee Name, 1 Osition Employee Name, Position	0.00%	0	0	11.43%	0	17.62%	0	70.95%	0	0.00%	0	100.00%	0
Subtotal	0.0070	35,932	3,593		411	17.02/0	633	10.90/0	2,549		0	100.00 /0	2,549

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

CCS Administrative Budget Worksheet from January 1, 2025 to June 30, 2025

from January	/ 1, 2025 to June 30, 2025	CALIFORNIA DEPARTMENT OF
Fiscal Year:	2024-25	HEALTH CARE SERVICES
County:	Nevada	

					Straight CCS Optional Targeted Low Income Children's Program (OTLICP)				Medi-Cal (Non-OTLICP)					
Column		1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item		% FTE	6 months pro- rated 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 (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Total Salaries and Wages				109,344	11.43%	12,496	17.62%	19,265	70.95%	77,581	36.70%	28,474	63.30%	49,107
Staff Benefits (Specify %)	76.00%			83,101	11.43%	9,497	17.62%	14,642	70.95%	58,962		21,640		37,322
I. Total Personnel Expense (for six months)				192,445	11.43%	21,993	17.62%	33,907	70.95%	136,543		50,114		86,429
II. Operating Expense (for six months)														
1. Travel				0	11.43%	0	17.62%	0	70.95%	0	36.70%	0	63.30%	0
2. Training				0	11.43%	0	17.62%	0	70.95%	0	36.70%	0	63.30%	0
3. Phones				1,686	11.43%	193	17.62%	297	70.95%	1,196			100.00%	1,196
General Office Supplies				1,375	11.43%	157	17.62%	242	70.95%	976			100.00%	976
5. Copier & Postage				2,674	11.43%	306	17.62%	471	70.95%	1,897			100.00%	1,897
6. Memberships- Lucille Packard Children's Hospital				250	11.43%	29	17.62%	44	70.95%	177			100.00%	177
7.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
II. Total Operating Expense (for six months)				5,985		685		1,054		4,246		0		4,246
III. Capital Expense (for six months)														
1.					11.43%	0	17.62%	0	70.95%	0				0
2.					11.43%	0	17.62%	0	70.95%	0				0
3.					11.43%	0	17.62%	0	70.95%	0				0
III. Total Capital Expense (for six months)				0		0		0		0				0
IV. Indirect Expense														
Indirect Cost Rate	25.00%			48,111	11.43%	5,498	17.62%	8,477	70.95%	34,136			100.00%	34,136
	0.00%			0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
IV. Total Indirect Expense(for six months)				48,111		5,498		8,477		34,136				34,136
V. Other Expense (for six months)														
Maintenance & Transportation				0	11.43%	0	17.62%	0	70.95%	0			100.00%	0
2.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
3.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
4.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
5.					11.43%	0	17.62%	0	70.95%	0			100.00%	0
V. Total Other Expense (for six months)				0		0		0		0				0
Budget Grand Total (for six months)				246,541		28,176		43,438		174,925		50,114		124,811

	Brie Mendoza-Perez, Administrative Services Officer		530-265-1708
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number
	Maryellen Beauchamp		530-265-1425
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number

CCS CASELOAD	Actual Caseload	CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

CCS Administrative Budget Summary from July 1, 2024 to June 30, 2025

Fiscal Year:	2024-25
County:	Nevada

	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	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)		
I. Total Personnel Expense	384,891	43,986	67,814	273,086	99,815	173,271		
II. Total Operating Expense	11,970	1,370	2,108	8,492	0	8,492		
III. Total Capital Expense	0	0	0	0		0		
IV. Total Indirect Expense	96,222	10,996	16,954	68,272		68,272		
V. Total Other Expense	0	0	0	0		0		
Budget Grand Total	493,083	56,352	86,876	349,850	99,815	250,035		

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6			
Column	1	2	3	4	5	6	
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)	
Straight CCS							
State	28,176	28,176					
County	28,176	28,176					
OTLICP							
State	15,204		15,204				
County	15,204		15,204				
Federal (Title XXI)	56,468		56,468				
Medi-Cal							
State	149,972			149,972	24,954	125,018	
Federal (Title XIX)	199,878			199,878	74,861	125,017	

Brie Mendoza-Perez, Administrative Services Officer

Brie.Mendoza-Perez@nevadacountyca.gov

Prepared By (Signature) Prepared By (Printed Name) Email Address

Maryellen Beauchamp

Maryellen.Beauchamp@nevadacountyca.gov

Email Address

CCS CASELOAD	Actual Caseload	CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	48	11.43%
OTLICP - Total Cases of Open (Active) OTLICP Children	74	17.62%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (<u>non</u> -OTLICP) Children	298	70.95%
TOTAL CCS CASELOAD	420	100%

Department of Health Care Services – Integrated Systems of Care Division

CCS Administrative Budget Summary from July 1, 2024 to June 30, 2025

Fiscal Year:	2024-25
County:	Nevada



California Children's Services (CCS) Monitoring & Oversight (M&O) Agency Information

		County:		Fiscal Year:	
		Nevada		2024-25	
City: Zip Code:		Cen	tral Email Address:	ph.fiscal@nevadacountyca.gov	
Dii	rector		De	eputy Director	
Phone:	Kathy Cahill, Director of Public F 530-265-1732 kathy.cahill@nevadacountyca.g		Name: N/A Phone: N/A Email: N/A		
List All Program Staff (CCS M&C					
Name: Position/Classificat		on:		Email:	
		Nursing charlene.		weiss-wenzl@nevadacountyca.go	
Char Weiss-Wenzl	Director of Public Health		charlene.	weiss-wenzl@nevadacountyca.gov	
Char Weiss-Wenzl Maryellen Beauchamp	Director of Public Health N Senior Public Health N			weiss-wenzl@nevadacountyca.gov .beauchamp@nevadacountyca.gov	
Maryellen Beauchamp	Senior Public Health N				
	Senior Public Health N				
Maryellen Beauchamp	Senior Public Health N				



California Children Servies (CCS) Monitoring & Oversight (M&O) Budget Summary

	County Name	Fiscal Year		
	Nevada	2024-25		
Category/Line Item	Total Budget			
I. Total Personnel Expenses	\$38,236			
II. Total Operating Expenses	\$0			
III. Total Capital Expenses	\$0			
IV. Total Indirect Expenses	\$9,559			
V. Total Other Expenses	\$0			
Budget Grand Total	\$47,	795		

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Authorized Director: Kathy Cahill, Director	Signature and Date:



California Children's Services (CCS) Monitoring & Oversight (M&O) Budget Worksheet

				County/City Name:	
				Nevada	2024-25
I. Personnel Expenses	Position Classificati		Total FTE %	Annual Salary	Total Budget
# Name			40.000/	0.457.407	# 40.007
1 Char Weiss-Wenzl	Director of Public Hea		12.66%	\$157,167	\$19,897
2 Maryellen Beauchamp	Senior Public Health	Nurse	2.50%	\$126,074	\$3,152
3 0	0		0%	\$0	\$0
4 0	0		0%	\$0	\$0
5 0	0		0%	\$0	\$0
6 0	0		0%	\$0	\$0
7 0	0		0%	\$0	\$0
8 0	0		0%	\$0	\$0
9 0	0		0%	\$0	\$0
10 0	0		0%	\$0	\$0
(insert additional rows abo	ove this line as need	ed)			
Total Support Staff FTE %			0%		
Total Net Salaries and Wa					\$23,049
Staff Benefits (Specify %)		65.89%			\$15,187
I. Total Personnel Exper	nses				\$38,236
II. Total Operating Expe	nses (Provide Details in	n Narrative)			\$0
III. Total Capital Expens	es (Provide Details in N	arrative)			\$0
IV. Indirect Expenses (P.	rovide Details in Narrativ	e)			
1. Internal (Specify %)		25%			\$9,559
2. External (Specify %)		0%			\$0
IV. Total Indirect Expens	ses (Provide Details in I	Varrative)			\$9,559
V. Total Other Expenses	(Provide Details in Nari	rative)			\$0
Budget Grand Total					\$47,795

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Authorized Director: Kathy Cahill, Director Signature and Date:



Department of Health Care Services

California Children Servies (CCS) Monitoring & Oversight (M&O) Budget Narrative

			County/City Name:	Fiscal Year:	
			Nevada	2024-25	
I. Personnel supporting M	Expenses: Identify Personnel Expenses, spec &O activities.	cifying roles and M&O	activities , time alloc	eations, and costs	
Maryellen Be Develop and and oversight implementation for review of o	Venzl, Director of Public Health Nursing at 12.6 auchamp, Senior Public Health Nurse at 2.50% implement the policies and procedures for all at Maintain and update roles and responsibilities on. Review and comply with CCS Program guic compliance findings. Update CCS clients on new tenues to share CCS program policies, best program policies, best program policies.	FTE. Benefits at 65. aspects of CCS prograss as new requirement dance and updates frow processes and policy	am operations, comp s arise to remain cur om DHCS as well as cies (grievance proce	rent for develop a process ess).	
II. Operating Worksheet.	Expenses: Identify and explain all expenses in	ncluded in the "Opera	ting Expenses" line i	tem of the Budget	
N/A					
III. Capital Ex	xpenses: Identify and explain all expenses incl	luded in the in the "Ca	pital Expenses" line	item of the Budget	
N/A					
	xpenses: Identify and explain all expenses included Budget Worksheet.	cluded in the "Indirect	Expenses" line items	s (Internal and	
Internal:	25% Indirect cost rate as approved by CDPH t	for FY 24/25.			
External:					
V. Other Exp Worksheet	enses: Identify and explain all expenses include	ded in the "Other Expe	enses" line item of th	e Budget	
N/A					
and/or belief, the accessible to the (CCS) program to states for meaning to the states for meaning and the states for the states and the states for th	penalty of perjury under the laws of the State of Calinat the information submitted is true, accurate, and the California Department of Health Care Services (In will comply with all applicable federal and state lawedical assistance. Additionally, county CCS prograntems of Care Division's Plan and Fiscal Guidelines and the California in the California i	complete, and that the condition of the condition of the conditions, inclusing the conditions, inclusing will adhere to all rules Manual. I understand ar	corresponding document addition, that the cour ding those governing reset forth by DHCS und ad acknowledge that su	nts and records are ava nty California Children's ecipients of federal fund ler these authorities, incubing submitting false information	ilable and Services Is granted luding the on may
Authorized Di	rector: Kathy Cahill, Director	Signature:			

MTP Staffing and Budget Summary

Revised 3/6/24

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
					(C3+C4+C5)	(=C8)	(=C7)		(C7+C8+C9)
County Name	FY 2024-25 Total Est. MTP Caseload	Total Budgeted MTP Administrative Positions (FTEs) (Section A)	Total Budgeted MTP Treatment Positions (FTEs) (Section B)	Total Budgeted SELPA Interagency Activities (FTEs) (Section C)	Total Budgeted MTP Positions (FTEs)	FY 2024-25 Estimated MTP Funding (County)	FY 2024-25 Estimated MTP Funding (State - No AB3632)	FY 2024-25 Estimated MTP Funding (AB 3632 State Only)	FY 2024-25 Total Estimated MTP Budget
Nevada	53	0.00	2.77	0.08	2.84	\$203,010	\$203,010	\$163	\$406,183

Autocalculates Autocalculates

Revised 03/6/2024

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year:	2024-25
County	NEVADA



Column		1	2	3
Category/Line Item		% FTE	Annual Salary	Total Budget (1 x 2)
I. COUNTY EMPLOYED MTU STAFF				
MTP Administrative Positions				
Employee Name, Position		0.00%	-	-
2. Employee Name, Position		0.00%	-	-
3. Employee Name, Position		0.00%	-	-
4. Employee Name, Position		0.00%	-	-
5. Employee Name, Position		0.00%	-	-
Subtotal			-	-
Treatment Staff				
Carme Barsotti, Senior Therapist		61.17%	97,428	59,597
Dustin Douros, Occupational Therapist	i	75.00%	82,555	61,916
3. Rebecca Giamonna, Physical/Occup T	herapist Assistant	75.00%	73,795	55,346
Katie Magliocca, Health Technician		9.09%	55,170	5,015
5. Employee Name, Position		0.00%	-	-
6. Employee Name, Position		0.00%	-	-
7. Employee Name, Position		0.00%	-	-
8. Employee Name, Position		0.00%	-	-
9. Employee Name, Position		0.00%	-	-
Subtotal			308,948	181,874
Total Salaries and Wages				181,874
Staff Benefits (Specify %)	74.95%			136,315
Total Personnel Expenses, County Employed MTU	J Staff			318,189
Travel Costs				-
Internal Indirect Costs (Specify %)	25.00%			79,547
I. TOTAL, COUNTY EMPLOYED MTU STAFF				\$ 397,736
II. CONTRACT THERAPISTS				
Physical and Occupational Therapy Contrac	ts			
Contractor Name, Position				-
Contractor Name, Position				
Contractor Name, Position				-
Contractor Name, Position				-
5. Contractor Name, Position				-
II. TOTAL, CONTRACT THERAPISTS				\$ -
III. COUNTY STAFF FOR SELPA/LEA/IEP FUNC	TIONS			

Column		1	2	3
Category/Line Item		% FTE	Annual Salary	Total Budget (1 x 2)
MTP Administrative Positions				
Employee Name, Position		0.00%	-	-
2. Employee Name, Position		0.00%	1	-
3. Employee Name, Position		0.00%	-	-
4. Employee Name, Position		0.00%	-	-
5. Employee Name, Position		0.00%	-	-
Subtotal			-	-
Treatment Staff				
Carme Barsotti, Senior Therapist		0.08%	97,428	78
Employee Name, Position		0.00%	-	-
3. Employee Name, Position		0.00%	-	-
4. Employee Name, Position		0.00%	-	-
5. Employee Name, Position		0.00%	-	-
6. Employee Name, Position		0.00%	-	-
7. Employee Name, Position		0.00%	-	-
8. Employee Name, Position		0.00%	-	-
9. Employee Name, Position		0.00%	-	-
Subtotal			97,428	78
Total Salaries and Wages	T			78
Staff Benefits (Specify %)	67.00%			52
Total Personnel Expenses for SELPA/LEA/IEP Fur	nctions			130
Travel Costs	<u> </u>			-
Indirect Costs (Specify %)	25.00%			33
III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTION	ONS			\$ 163
IV. MTU EXPENDITURES				
1. MTU Supply and Equpment Costs				
a. Medical Supplies				1,400
b. General Office Supplies				2,000
c. Computers and related equipment				1,900
d. Item 4	0.14.4.1			-
2. MTU Conference Costs	Subtotal			5,300
a. Item 1				-
b. Item 2 c. Item 3				<u>-</u>
d. Item 4	Subtotal			-
3. Training/Education	Subioidi			-
a. Staff Training				1,000
b. Item 2				1,000
c. Item 3				
d. Item 4				-
u. Itelli 4				-

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
Subtotal			1,000
Miscellaneous MTU Costs			
a. Communications - Cell Phones			1,600
b. Communications - Zoom			384
c. Item 3			-
d. Item 4			-
Subtotal			1,984
IV. TOTAL, MTU EXPENDITURES			\$ 8,284
BUDGET GRAND TOTAL			\$ 406,183

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)	\$	203,010	
County Funds	\$	203,010	
MTP (State 100%) (Section III)			
State General Funds (2)	\$	163	
Total State General Funds (1 + 2)	\$	203,173	

Brie Mendoza-Perez	11/4/2024
Prepared By	Date Prepared
Charlene Weiss-Wenzl	
Approved By	Date Approved

Medical Therapy Program Staffing Determination Tool

Revised 3/6/2024

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year:	2024-25								
County:	N	evada		Date:	5/1/2024				
Total no. of MTUs in county: 1			Total no. of MTU satellites in county: 0			0			
Total no. of children on MTP caseload per CMS Net:			53						
Please explain if									
Total number of c	hildren on wait	ting list for services	s, receiving no serv	ices:	PT		ОТ		
Total # of children	on waiting list	t, receiving service	s temporarily throug	gh a vendor:	PT		ОТ		
Total # of children	on waiting list	t:			PT	0	ОТ	0	
	_				•		•		
A. MTP Adminis	strative Posi	tions							
MTP Administrative Positions*	# County Positions		Total Administrative Positions	*Must be State approved positions based on Ch. 4 and caseload reviews - see instructions					
Chief Therapist			0.00						
Asst Chief									
Therapist(s)			0.00						
MTU Supervisors MTU Clerks			0.00						
Total Adm Pos:	0.00	0.00	0.00						
B. Calculating FTE's for Treatment Needs**				** Calculation reflects licensed OT/PT staff needed to meet treatment needs. See instructions. Therapy Assistant/Aide conversions cannot be used to increase the number of therapy staff submitted on the MTP Baseline Budgets. **					
1	2	3	4	5	6	7	8	9	10
Total weekly prescribed PT hours	Total weekly prescribed OT hours	Total prescribed hours (Col 1+Col 2)	Total hours for consultation* (see below for explanation)	Total treatment hours = prescribed hrs + consult hours (Col 3+4)	Standard hours per week for full- time employee	Total paid break time per week (in hours)	Total weekly work hours available for 1.0 FTE	Expected Tx hrs/wk at 75% direct therapy service (Col 8 x 0.75)	Total treating FTE's needed to staff MTP (Col 5/Col 9)
38.2	27.0	65.17	12.60	77.77	40.0	2.50	37.50	28.13	2.77
# PT cases: # OT cases:	53 52	* Calculated hours for consultation = # PT cases x 0.12 = 6.36 * Calculated hours for consultation = # OT cases x 0.12 = 6.24 Total consultation hours (used for Column 4 above) = 12.60							

C. Calculating Interagency Liaison and IEP Hours for Treatment FTEs

These numbers should be taken from the timestudies submitted to CMS

Timestudy	Total Interagency Liaison Hours	Total Interagency IEP Hours	Total Interagency hours for timestudy month	Total Interagency Hours for quarter***	
Prior year 4 th quarter	3.25	6.00	9.25	27.75	
Current year 1 st quarter	6.50	5.50	12.00	36.00	
Current year 2 nd quarter	10.00	7.00	17.00	51.00	
Current year 3 rd quarter	7.50	4.00	11.50	34.50	
Т	149.25				
Week	2.87				
	Weekly hours available for treatment by one FTE 37.5				

Medical Therapy Program Staffing Determination Tool

Revised 3/6/2024

Carme Barsotti / Signature of Chief Therapist / Unit Supervisor

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year:	2024-25			
County:	Nevada		Date:	5/1/2024
Total treatment FTE's needed for SELPA interagency activities			0.08	
	Treatment Positions		0.77	1
	r prescription treatment hours:		2.77	
FIEs needed to	FTEs needed for IEP and Interagency liaison hours:		0.08	
Total MTP Treatment Positions:		2.84		
E. MTP Positi	on Summary			
Based on the ab	oove calculations, the following MT	P FTE positions ar	e needed to meet the c	caseload of the County identified above.
			_	
Total MTP Admi	nistrative Positions:	0.00		
Total MTP Treat	ment Positions:	2.84		
TOTAL MTP FT	E POSITIONS:	2.84		
			_	

29 rev 03/02/18

Maryellen Beauchamp / Signature of CCS Administrator