

RESOLUTION

16 - 502

### OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

NO.

### RESOLUTION APPROVING NEVADA COUNTY'S CHILDREN'S MEDICAL SERVICES (CMS) PLAN WHICH INCLUDES THE CHILD HEALTH AND PREVENTION PROGRAM (CHDP), HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC), AND CALIFORNIA CHILDREN'S SERVICES (CCS) FOR FISCAL YEAR 2016/17

WHEREAS, the Child Health and Disability Prevention (CHDP), the Health Care Program for Children in Foster Care (HCPCFC), and the California Children's Services (CCS) programs provide preventive and treatment related health care services to low income children and young adults; and

WHEREAS, the California Department of Health Care Services requires that counties submit an annual plan and budget, including Certification Statements signed by the local governing body chairperson to indicate approval of the plan and compliance with applicable sections of the State Health and Safety Code; and

WHEREAS, the services provided under the CMS Plan will help eligible low-income residents have access to needed health care and preventive care.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada approves Nevada County's Children's Medical Services (CMS) Plan which includes Child Health And Disability Prevention Program (CHDP), Health Care Program for Children in Foster Care (HCPCFC), and California Children's Services (CCS) for Fiscal Year 2016/17, and that the Chair of the Board of Supervisors be and is hereby authorized to sign Plan Certifications on behalf of the County of Nevada.

Funds to be deposited into the following revenue accounts:

CHDP:	1589-40114-492-3200/440510,446210	\$ 174,572
CCS ADM:	1589-40114-492-3102/440500,440510,446210	\$406,556
HCPCFC:	1589-40114-492-3301/440510, 446210	\$ 202,604
		\$783,732

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a special meeting of said Board, held on the 25th day of October, 2016, by the following vote of said Board:

Ayes:	Supervisors Nathan H. Beason, Edward Scofield, Dan Miller, Hank Weston and Richard Anderson.
Noes:	None.
Absent:	None.
Abstain:	None.

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

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PH(1) AC\* 10/27/2016 cc:

Dan Miller, Chair

### Plan and Budget Required Documents Checklist

### **MODIFIED FY 2016-2017**

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### **Agency Information Sheet**

	Agen	cy informatio	on Sheet
County/City:	NEVADA COUN	ITY	Fiscal Year: 2016-17
		Official Age	ency
Name:	Nevada County Public Health	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Health Officer	Ken Cutler, MD, MPH		500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
	CMS	S Director (if a	applicable)
Name:	Ken Cutler	Address:	500 Crown Point Circle, Ste 110
Phone:	(530)265-1450		Grass Valley, CA 95945
Fax:	(530)271-0894	E-Mail:	Ken.Cutler@co.nevada.ca.us
		CCS Adminis	strator
Name:	Cindy Wilson	Address:	500 Crown Point Circle, Ste 110
Phone:	(530)265-7269		Grass Valley, CA 95945
Fax:	(530)271-0894	E-Mail:	Cynthia.Wilson@co.nevada.ca.us
		CHDP Dire	ctor
Name:	Ken Cutler	Address:	500 Crown Point Circle, Ste 110
Phone:	(530)265-1450		Grass Valley, CA 95945
Fax:	(530)271-0894	E-Mail:	Ken.Cutler@co.nevada.ca.us
	C	HDP Deputy	Director
Name:	Cindy Wilson	Address:	500 Crown Point Circle, Ste 110
Phone:	(530)265-7269		Grass Valley, CA 95945
Fax:	(530)271-0894	E-Mail:	Cynthia.Wilson@co.nevada.ca.us
	Clerk of the Bo	oard of Superv	visors or City Council
Name:	Julie Patterson Hunter	Address:	950 Maidu Avenue
Phone:	(530)265-1480		Nevada City, CA 95959
Fax:	(530)265-9836	E-Mail:	Julie.Patterson-Hunter@co.nevada.ca.us
	Directo	r of Social Se	rvices Agency
Name:	Mike Dent	Address:	950 Maidu Avenue
Phone:	(530)265-1340		Nevada City, CA 95959
Fax:	(530)265-9860	E-Mail:	Mike.Dent@co.nevada.ca.us

		Chief Probation	Officer
Name:	Michael Ertola	Address:	109 1/2 North Pine Street
Phone:	(530)265-1200	2	Nevada City, CA 95959
Fax:	(530)265-6280	E-Mail:	Michael.Ertola@co.nevada.ca.us

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

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

County/City:

NEVADA COUNTY

Fiscal Year: 2016-17

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.

Kufling 9/23/16 Date Signed

Signature of CHDP Director Ken Cutler, MD, MPH

Signature of Director or Health Officer Jill Blake, Public Health Director

Signature of CHDP Deputy Director Cynthia Wilson, Director of Nursing

09/26/14

**Date Signed** 

9/23/16 Date Signed

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

Signature of Local Governing Body Chairperson

Dan Miller, Chair of the Board of Supervisors

10-27-16

Date Signed

### Signature of Administrative Services Officer Suzanne Doyle, HHSA Administrative Services Officer

6/00

gel Black Signature of Director or Health Officer Jill Blake, Public Health Director

policies with which it has certified it will comply.

Signature of CCS Administrator

Cynthia Wilson, Director of Nursing

State of California - Health and Human Services Agency

County/City:

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

Signature of Local Governing Body Chairperson

Dan Miller. Chair of the Board of Supervisors

Date Signed

<u>9/26/16</u> Date Signed

Date Signed

NEVADA COUNTY

Fiscal Year: 2016-17

Department of Health Care Services - Children's Medical Services

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

seg.). 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

Children's Medical Services Plan and Fiscal Guidelines

Certification Statement - California Children's Services (CCS)

Section 2 Nevada County 9/23/2016

### Nevada County Public Health Children's Medical Service

### Agency Description FY 2016-17

### **Brief Narrative**

Nevada County is located in the rural Sierra Nevada Foothills and has a population of just less than 100,000. The three primary aggregated areas of population, Grass Valley, Nevada City, and the town of Truckee, comprise roughly 30% of the county population with the remaining 70% 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 Michael Heggarty, MFT. The HHSA is comprised of Public Health, Child Support Services, Social Services, and Behavioral Health Departments. Since December 2012, Ken Cutler, M.D., MPH, has held the position of Public Health Officer, and Jill Blake, MPA has been the Director of Public Health since November 2014. During this FY Cindy Wilson, PHN, Director of Public Health Nursing, has successfully reclassified the CMS Coordinator/Sr. PHN position to a Supervising PHN with the duties of supervising the CCS and CHDP Program and staff. This position is currently filled by Maryellen Beauchamp PHN II as Acting Supervising PHN.

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

Nursing and support staff for this FY year include the following: Maryellen Beauchamp, PHN, as the Acting Supervising PHN and CCS Nurse Case Manager; with Irene Jimenez, PHN, assisting on a temporary basis; Maryellen Beauchamp PHN and Charlene Weiss-Wenzl in CHDP, focusing on case management follow-up, Sherry Armstrong PHN in HCPCFC Case Management services; Kathryn Kestler, PHN, also in HCPCFC; Debra Pierson, HT, Lisa Lehr HT, and Dawn Graves, HT, providing clerical and administrative support.

Staffing at the Medical Therapy Unit is as follows: Carme Barsotti, PT, Senior Therapist. Rebecca Giammona, PTA; and the part-time OT position is vacant. Nevada County contracts with Permanente Medical Group for Lawrence Manhart, MD, to provide physiatrist services for quarterly clinics.

### Accomplishments for FY 2015-2016:

- Conducted 3586 CHDP Health Assessments and appropriate follow-up for low income children
- Case managed an average of approximately 337 active CCS clients per month
- Case managed 158 children placed in Foster Care
- Continued a contract with Permanente Medical Group for continuity of physiatrist services for MTU children
- Maintained a contract/MOU with Medical Managed Care through California Health and Wellness
- MTU provided OT and PT services to approximately 45 children
- MTU staff provided equipment and orthotic clinics on a quarterly basis, with multidisciplinary providers participating and case-conferencing with families
- Hired Acting Supervising PHN/CMS Coordinator
- Hired new part time HT

### Anticipated Changes for FY 2016-2017:

- Conduct extensive orientation for new part time HT
- Hire and conduct extensive orientation for new part time OT
- Conduct extensive orientation and training for Acting Supervising PHN
- Programmatic changes in CCS and CHDP as directed by California DHCS
- Develop contract/MOU with Medi-Cal Managed Care through Anthem Blue Cross
- Evaluate clinical practice and fiscal activity processes to enhance efficiencies and effectiveness throughout the CMS program.
- Significantly reduce the number of "9M" CCS only cases within the CCS Program.
- Increase the number of OTLICP qualified clients in the CCS Program.
- Partner with a new Orthoptist/Prosthetist for the MTU

State of California - Health and Human Services Agency		of Health Care S	ervices - Children'	Department of Health Care Services - Children's Medical Services
Inc	Incumbent List - California Children's Services	s Services		
For FY 2016-17, complete the table below for all personnel listed in the CCS budgets. Use <b>the same</b> job titles for both the budget and the incumbent list. Total percent for an individual incumbent should <b>not be over 100 percent</b> .	for all personnel listed in the CCS budg n individual incumbent should <b>not be ov</b>	jets. Use <b>the s</b> : rer 100 percen	<b>ame</b> job titles for t.	both the budget
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.	ril service classification statements have statements that are new or have been re le spent for each activity, and (3) change	been revised of evised. This in es in percentag	or changed. Only cludes (1) chang e of time spent f	' submit job duty jes in job duties or or enhanced and
County/City:	NEVADA COUNTY		Fiscal Year: 2016-17	2016-17
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 Nursing	Cindy Wilson, MS, RN, PHN, IBCLC	10%	z	Z
PHN Supervisor, Acting (CMS Coord.)	Maryellen Beauchamp	12.5%	Y	z
PHN II, Case Manager	Maryellen Beauchamp	72.5%	Z	Z
Public Health Nurse II, Temporary	Irene Jimenez	10%	Z	Z
Health Technician I	Lisa Lehr	39%	Z	Z
Health Technician II	Debra Pierson	95%	z	z
Health Technician II	Dawn Graves	50%	Z	z
Senior OT/PT	Carme Barsotti	5%	Z	Z

Section 2 Nevada County

9/23/2016

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and the incumbent list. Total percent Specify whether job duty statements statements and civil service classifica activities, (2) changes in percentage non-enhanced job duties or activities.	For FY 2015-16, complete the table below for all personnel listed in the CHDP budgets. Use <b>the same</b> job titles for both the budget and the incumbent list. Total percent for an individual incumbent should <b>not be over 100 percent</b> . 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 thate 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.	listed in the CHI bent should <b>no</b> t ation statement re new or have I activity, and (3)	DP budgets. U: <b>t be over 100 p</b> is have been re been revised. <sup>-</sup> changes in per	se <b>the same</b> job <b>bercent</b> . vised or change This includes (1) centage of time	titles for both d. Only submit changes in jol spent for enha	he budget job duty o duties or nced and
County/City:	NEVADA COUNTY	Γ			Fiscal Year: 2016-17	2016-17
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)
Director of PHN's	Cindy Wilson	15%	%0	85% Various	z	z
PHN Supervisor, Acting	Maryellen Beauchamp	15%	%0	50% CCS	7	z
II NHA	Various	15%	%0	85% Various	z	z
PHN II, Temp	Vacant	48%	%0	52% Various	z	z
Health Technician I	Lisa Lehr	11%	%0	25% CCS	Z	z
Health Technician II	Debra Pierson	5%	%0	75% CCS	z	Ν
Senior Health Technician	Judith Caldwell	10%	%0	85% Various	z	N
Admin Assistant I	Carol Smith	2%	%0	90% Various	z	Z

Department of Health Care Services - Children's Medical Services

State of California - Health and Human Services Agency

9/23/2016

Section 2 Nevada County

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State of California - Health and Human Services Agency	Human Services Agency		Department of Health Care Services - Children's Medical Services	alth Care Service	es - Children's M	edical Services
	Incumbent List - Health Care Program for Children in Foster Care	are Program	for Children	in Foster Car	Ø	
For FY 2015-16, complete the tak (County/City) budgets. Use <b>the s</b> should <b>not be over 100 percent</b> .	For FY 2015-16, complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) budgets. Use <b>the same</b> job titles for both the budget and the incumbent list. Total percent for an individual incumbent should <b>not be over 100 percent</b> .	l listed in the F budget and th	ICPCFC and C le incumbent lis	HDP Foster Ca t. Total percent	re Administrativ for an individu	/e al incumbent
Specify whether job duty statements statements and civil service classifica activities, (2) changes in percentage non-enhanced job duties or activities	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.	cation stateme are new or hav activity, and (	ents have been e been revised 3) changes in p	revised or char This includes ercentage of tir	iged. Only subi (1) changes ir ne spent for en	mit job duty i job duties or hanced and
County/City:	NEVADA COUNTY	Ł			Fiscal Year: 2016-17	2016-17
Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Public Health Nurse II	Kathryn Kestler	38.44%	61.56%	0% Other	z	z
Senior PHN	Donna Fry	%0	10%	90% Various	Y	z
Public Health Nurse II	Sherry Armstrong	%0	60%	40% Lead	Z	z

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Section 2 Nevada County

9/23/2016



### Senior Public Health Nurse Bargaining

Unit: Professional--Exempt

Class Code: G295

.10 FTE HCPCFC, Senior PHN, CMS Program

COUNTY OF NEVADA Revision Date: Jul 15, 2015

### SALARY RANGE

\$2,757.60 - \$3,366.40 Biweekly \$5,974.80 - \$7,293.87 Monthly \$71,697.60 - \$87,526.40 Annually

### **DEFINITION AND CLASS CHARACTERISTICS:**

Under direction, plans, assigns and directs the work of nursing and/or service delivery staff in an assigned area and/or is responsible for coordination and implementation of a specialized program(s); performs related work as required.

This is the advanced journey level classification in the Public Health Nurse series. Incumbents in this class function with minimal supervision in providing lead direction and training to professional, technical and support staff, and providing public health nursing and case management services for an assigned client caseload(s) or program (s). Incumbents typically have primary responsibility for the development, implementa-tion, administration, and/or service delivery coordination of a specialized program(s).

Incumbents may have lead responsibility over the more complex client caseloads or over several programs. This class is distinguished from the Public Health Nurse II class by its lead worker and program coordination responsibilities. It is distinguished from the Director of Public Health Nursing, which is a management classification with broader responsibility and authority for all public health nursing programs.

### **EXAMPLES OF DUTIES:**

Essential:

- Organizes, coordinates, schedules, assigns, directs and reviews the day-to-day work of public health staff; provides on-site consultation to program staff; assures quality of care and coordinates nursing services with other providers and programs; ensures smooth and efficient operation of program services
- Plans, organizes and coordinates the day-to-day operations of a specialized program; monitors program to ensure compliance with contract provisions, funding source regulations, and relevant laws, codes and regulations; performs or coordinates service delivery to target population
- Represents the program to community-based organizations and other service providers, other County departments, State or other funding sources, and community and business organizations; participates in a variety of internal and

external meetings, committees and coalitions to coordinate program activities and operations; serves as primary liaison and resource, and provides training and technical assistance

- Serves as key participant in program design, development and evaluation; drafts program budgets, contracts, grant applications, funding proposals, periodic narrative and statistical reports, and other required program documentation
- Provides public health nursing and case management services to individuals and families in homes, community facilities, and specialized clinics, independently or as part of a multidisciplinary team, by assessing health care requirements, counseling, teaching, and providing or coordinating follow-up health and social services; may provide direct client care; develops and monitors care plans; acts as client advocate
- Directs or takes lead role in epidemiological investigations and communicable disease control activities, including contact tracing and surveillance
- Develops and implements community health education programs; makes presentations
- Participates in community outreach and health promotion events such as health fairs, blood pressure and flu clinics, radio shows, etc.; provides preventive health care services and promotes public awareness of program; drafts and/or distributes newspaper articles, educational pamphlets and related information
- Collaborates and coordinates nursing activities with other community social and health agencies and programs
- Monitors the implementation of nursing standards and practices for quality assurance and legal compliance; evaluates the effectiveness of current nursing policies and practices and participates in their formulation and revision; develops and revises nursing procedure manuals and guides; disseminates information and advises staff on the interpretation and application of laws, regulations, policies and procedures

### Important:

- Maintains, prepares, and orders supplies, equipment, and medications
- Compiles and maintains records, reports, charts and statistics

### KNOWLEDGE AND SKILLS REQUIRED: Knowledge of:

- Principles and practices of work supervision, including work planning, assignment, and review
- Basic principles of program coordination, including program planning, development and implementation, grant writing, and program documentation
- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control
- General nursing principles, practices and techniques, including assessment, client care planning and delivery, patient education, and evaluation of outcomes
- Laws, rules and regulations governing the practice of public health nursing
- Medical terminology and equipment

- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Community medical and social agencies and resources
- Environmental, sociological and psychological problems affecting public health nursing

### Skill in:

- Planning, developing, implementing, and coordinating public health nursing programs in the assigned area of specialty
- Assigning, directing and reviewing the work of others in a lead capacity
- Representing the program to individuals, groups, and governing bodies, and making effective verbal and written presentations
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications, performing skilled nursing treatments and procedures, and adapting nursing skills to various environments and situations
- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical records
- Collaborating with other members of the health care team on an ongoing basis
- Establishing and maintaining effective working relationships and demonstrating sensitivity with individuals from various cultural, ethnic, physical, behavioral, socioeconomic and environmental settings

### **EDUCATION AND EXPERIENCE REQUIRED:**

Bachelor's degree from an accredited college or university in nursing or related degree. Three years of nursing experience comparable to Nevada County's Public Health Nurse II, one of which must have included supervision.

### LICENSES AND CERTIFICATES:

Possession of a valid license as a Registered Nurse issued by the California Board of Registered Nursing and a valid certificate as a Public Health Nurse issued by the California State Department of Public Health.

Possession of a valid California driver's license within 30 days of hire.

### PHYSICAL DEMANDS AND WORKING CONDITIONS:

Mobility and manual dexterity to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health assessments; vision to read handwritten and

printed materials, and examine and observe clients; hearing and speech to converse in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

### **OTHER REQUIREMENTS:**

This class description lists the major duties and requirements of the job and is not allinclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.



### **Public Health Nurse Supervisor**

Bargaining Unit: Management Employees' Association Class Code: C293

.90 FTE PHN Supervisor, CMS Program

COUNTY OF NEVADA Revision Date: Apr 29, 2016

### SALARY RANGE

\$3,087.20 - \$3,768.80 Biweekly \$6,688.93 - \$8,165.73 Monthly \$80,267.20 - \$97,988.80 Annually

### DEFINITION AND CLASS CHARACTERISTICS:

Under direction, plans, supervises, reviews and evaluates the work of assigned professional and other support staff; performs complex public health nursing duties and/or has responsibility for a specialized health care program.

This is a managerial level position in public health, responsible for major specialized public health program areas, supervising and training of public health nursing staff, and advising on complex client cases. This class is distinguished from the Director of Public Health Nursing in that the latter has overall responsibility for public health nursing services in the entire department.

### **EXAMPLES OF DUTIES:**

Essential:

- Plans, organizes, supervises and reviews the work of assigned professional and support staff.
- Provides leadership and quality review for specialized health programs, such as California Children's Services, Children's Health and Disability Program, and Health Care Program for Children in Foster Care; monitors health assessment completeness and validates medical programs found; monitors frequency and nature of services provided.
- Conducts fiscal planning and budget or grant preparation including strategic planning for budget or grant implementation.
- Provides technical consultation and guidance to staff members on difficult client cases; and/or evaluates the health needs of individuals and special population groups from a wide variety of cultural and economic backgrounds and recent immigrant populations and those choosing alternate lifestyles; and/or identifies the symptoms of physical, mental or emotional problems and refers individuals and families to appropriate financial, medical or other support services; performs follow-

up on such referrals.

- Coordinates services provided by private, public and community voluntary health and social service agencies; serves as liaison to community groups, assisting them in identifying health needs, and providing public health education.
- May serve as primary staff in communicable disease clinics or assists in other clinics; may give immunizations and conduct immunization clinics.
- Monitors and evaluates programs, projects and special services; prepares a variety
  of periodic and special reports for appropriate management review.
- Represents the County and the department in meetings with community councils and groups, other agencies and the public.

### KNOWLEDGE AND SKILLS REQUIRED:

### Knowledge of:

- Leadership and coaching for optimal performance
- Program planning, development and implementation, grant writing, and program documentation
- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control
- Advanced public health nursing principles, practices and techniques, including assessment, client care planning and delivery, patient education, and evaluation of outcomes
- Laws, rules and regulations governing the practice of public health nursing in California
- Medical terminology and equipment
- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Community medical and social agencies and resources
- Environmental, sociological and psychological problems affecting public health nursing

### <u>Skill in:</u>

- Planning, developing, implementing, and coordinating public health nursing programs in the assigned area of specialty
- Assigning, directing and reviewing the work of others in a supervisorial capacity
- Managing a complex caseload and establishing priorities for case management, treatment and referrals.
- Applying the principles of epidemiology to a wide range of social and health problems.
- Representing the program to individuals, groups, and governing bodies, and making effective verbal and written presentations
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications, performing skilled nursing treatments and procedures,

and adapting nursing skills to various environments and situations

- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical records
- · Collaborating with other members of the health care team on an ongoing basis
- Establishing and maintaining effective working relationships and demonstrating sensitivity with individuals from various cultural, ethnic, physical, behavioral, socioeconomic and environmental settings

### EDUCATION AND EXPERIENCE REQUIRED:

Bachelor's degree from an accredited college or university in nursing or related degree. Three years of senior public health nursing experience, preferably in a community setting, one year of which included supervision.

### LICENSES AND CERTIFICATES:

Possession of a valid license as a Registered Nurse and valid Public Health Nurse certificate issued by the California Board of Registered Nursing.

Possession of a valid California driver's license within 30 days of hire.

### PHYSICAL DEMANDS AND WORKING CONDITIONS:

Mobility and manual dexterity to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health assessments; vision to read handwritten and printed materials, and examine and observe clients; hearing and speech to converse in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

### OTHER REQUIREMENTS:

This class description lists the major duties and requirements of the job and is not allinclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.

### California Children's Services Caseload Summary Form

County:

NEVADA

2016-17

		<b>A</b>	В				
	CCS Caseload 0 to 21 Years	13-14 Actual Caseload	% of Grand Total	14-15 Actual Caseload	% of Grand Total	15-16 Actual Caseload	% of Grand Total
			MED	-CAL			
1	Average of Total Open (Active) Medi- Cal Children	211	69	225	69	259	73
2	Potential Case Medi-Cal	4	1	3	1	7	2
3	TOTAL MEDI-CAL (Row 1 + Row 2)	215	70	228	70	266	75
			NON ME	DI-CAL			
		Не	althy Fami	lies (OTLIC	P)		
4	Average of Total Open (Active) Healthy Families/TLI	64	21	61	19	56	15.5
5	Potential Cases Healthy Families/TLI	12	4	3	1	6	1.5
6	Total Healthy Families/TLI (Row 4 + Row 5)	76	25	64	20	62	17
		·	Straig	nt CCS			
7	Average of Total Open (Active) Straight CCS Children	14	4	31	9.5	24	7
8	Potential Cases Straight CCS Children	2	1	2	.5	3	1
9	Total Straight CCS (Row 7 + Row 8)	16	5	33	10	27	8
10	TOTAL NON MEDI- CAL (Row 6 + Row 9)	92	30	97	30	89	25
			GRAND	TOTAL			
11	(Row 3 + Row 10)	307	100.00	325	100.00	355	100.00

Section 4 Nevada County

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9/23/2016

CHDP Program Referral Data Fiscal Year 2016-17

County/City: NEVADA COUNTY	FY 13-14	-14	FY 14-15	-15	FY 15-16	-16
Basic Informing and CHDP Referrals	×	5		Ŧ		
<ol> <li>Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services</li> </ol>	CalWORKs 838	Medi-Cal 3342	CalWORKs 583	Medi-Cal 3630	CalWORKs 522	Medi-Cal 3014
<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	-	-	-	~	-	~
b. Number of Foster Care cases/recipients	0	0	0	0	0	0
c. Number of Medi-Cal only cases/recipients	0	30	n	Q	-	~

9/23/2016

Section 4 Nevada County

Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:	31	Q	m	
a. Medical and/or dental services	တ	7	7	
<ul> <li>Medical and/or dental services with scheduling and/or transportation</li> </ul>	O	O	0	
c. Information only (optional)	22	n	0	
Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	31	5	e	
Results of Assistance			• • • • • • • • • • • • • • • • • • •	
Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0		0
Number of recipients in "5" who actually received medical and/or dental services	0	0		0

Section 4 Nevada County

9/23/2016

State of California - Health and Human Services Agency <b>Memoranda of Und</b>	and Human Servid <b>Memorand</b>	lerstanding/In	partment of Health ragency Agree	Department of Health Care Services - Children's Medical Services Iteragency Agreement List	al Services
List all current Memoranda of Understanding (MOU) and/or Intera Health and Disability Prevention Program, and Health Care Prog has changed. Submit only those MOU and IAA that are new, hav counties and cities should maintain current MOU and IAA on file.	f Understanding tion Program, al ose MOU and I/ aintain current N	(MOU) and/or Interagency / nd Health Care Program for ( AA that are new, have been r //OU and IAA on file.	Agreements (IAA) Children in Foster enewed, or have	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.	ces, Child IOU or IAA oses,
County/City: NEVADA COUNTY	DUNTY			Fiscal Year: 2016-17	016-17
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)
Nevada County IAA	IAA	7/1/15-6/30/17	6/15	Cynthia Wilson	No
CHDP/Behavioral Health	MOU	9/1/15-8/31/17	8/15	Cynthia Wilson	No
CHDP/WIC MOU	MOU	9/1/15-8/31/17	8/15	Cynthia Wilson	No
HCPCFC MOU	NOM	7/1/15-6/30/17	6/15	Cynthia Wilson	No
CHDP/Head Start	NOM	7/1/16-6/30/18	6/16	Cynthia Wilson	Yes
SELPA MOU	NOM	7/1/15-6/30/18	7/15	Cynthia Wilson	No
Section 2 Neveda County					9/73/7016

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Section 2 Nevada County

County/City: NEVADA COUNTY

Children's Medical Services Plan and Fiscal Guidelines

Fiscal Year: 2016-17

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)
Blue Cross CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	N
Blue Shield CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
Access Dental CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	Q
Delta Dental CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	N
EyeMed Vision Care CCS/HF	MOU	7/1/05 - present	10/05	Cynthia Wilson	N
SafeGuard Vision CCS/HF	MOU	7/1/05 - present	10/05	Cynthia Wilson	No
VSP Vision Svc CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	N
California Health & Wellness	MOU	11/1/13-present	11/13	Cynthia Wilson	N

Section 2 Nevada County

9/23/2016

### Interagency Agreement Nevada County CHDP and KidZKount, Placer Community Action Council, Inc. Serving Nevada County Head Start and Early Head Start

Fiscal Years 7/1/16 - 6/30/17 and 7/1/17 - 6/30/18

This Interagency Agreement ("Agreement") is entered on July 1, 2016, between the Nevada County Department of Public Health through its CHDP Program (herein referred to as "Nevada County CHDP Program") and KidZKount, Placer Community Action Council, Inc. (herein referred to as "KidZKount").

The purpose of this Interagency Agreement is to define arrangements for cross-referral and to specify services the respective participating agencies will provide in order to facilitate access to health care services for eligible individuals.

### Nevada County CHDP Program agrees to offer the following services to KidZKount, Placer Community Action Council, serving the Nevada County Head Start and Early Head Start program:

- 1. In-services for Head Start community workers (Family Advocates and Home Visitors) and Health Service Staff. The frequency of In-service training will be at the discretion of Nevada County CHDP Program, based on resource and staff availability.
  - Annual CHDP Program overview to include state and federal regulations, CHDP periodicity, use of CHDP provider and dental lists and responsibilities and coordination of CHDP and Head Start programs.
- 2. Strive to assure adequate availability of health care resources for the screening and follow-up of eligible individuals within the Head Start population:
  - a. Recruit and train CHDP providers in accordance with CHDP regulations.
  - b. Provide updated CHDP provider and dental lists.
  - c. Assist with scheduling and problem-solving transportation barriers with the Medi-Cal population in accordance with federal regulations.
  - d. Provide health education materials per supply availability.
  - e. Coordinate case-management services with Head Start Health Services staff to maximize service delivery to eligible recipients.
- 3. Attend the Health Services Advisory Board meetings at least 4 times per year for consultation and technical assistance on children's health issues.

### Head Start staff agrees to provide the following services to the CHDP Program staff:

1. Conduct Head Start in-services as needed.

Nevada County

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July 1, 2016 to June 30, 2018

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- 2. Ensure care coordination services between CHDP staff and the Head Start Health Services staff.
- 3. Coordinate care services to include treatment follow-up, assistance with scheduling and transportation, and plan future follow-up.

### Joint Responsibilities:

- 1. Both parties shall comply with all State and Federal laws and regulations concerning safeguarding information deemed confidential and/or protected under federal, state, or local law.
- 2. Both parties shall comply with all federal, state, and local laws, rules, regulations and ordinances, and shall not engage in discriminatory practices in the performance of this Agreement because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, political affiliation, mental disability, physical disability, medical condition, age, or marital status.
- 3. It is agreed that staff from both parties shall meet as needed to discuss the progress of the partnership and strategies for any necessary improvements.
- 4. Review this Agreement annually. Address changes to Agreement as needed, which shall only be amended or modified by mutual written, fully executed agreement of the Parties.

### **Duration of Agreement:**

This Agreement will remain in effect from July 1, 2016, to June 30, 2018, unless otherwise terminated by either party by providing a minimum of thirty (30) days written notice to the other.

### Insurance

Each party shall maintain at all times during the term of this Agreement insurance coverage or selfinsurance in the amounts of not less than One Million Dollars (\$1,000,000) to cover all of its operations, including general liability, automobile liability, and workers' compensation.

### Indemnity:

KidZKount agrees to indemnify, defend, and hold harmless Nevada County CHDP Program and the County of Nevada, including its officers, officials, employees, agents and volunteers thereof, from any and all liabilities, claims, demands, damages, losses, and expenses (including, without limitation, defense costs and attorney fees of litigation) which result from the negligent act, willful misconduct, or error or omission of KidZKount, except such loss or damage which was caused by the sole negligence or willful misconduct of Nevada County CHDP Program or its officers, officials, employees, agents and volunteers thereof.

Nevada County

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July 1, 2016 to June 30, 2018

### **Parties as Independent**

In providing services herein, the Parties, and their agents and employees thereof, shall each act in an independent capacity as independent contractors and not as agents or employees of the other. Each Party agrees that neither its agents nor employees have any right, entitlement, or claim against the other Party for any type of employment benefits or workers' compensation or other programs afforded to the other Party, and each Party shall hold harmless and indemnify the other against any such claim by its agents or employees.

### Notices

All notice by and between the Parties shall be given by first-class mail or personal service to the other at the addresses set forth below, and shall be deemed received the fifth (5th) day following the date of mailing or the earlier date of personal services, as the case may be:

Nevada County CHDP Program Attn. Jill Blake, Director of Public Health 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945

**Placer Community Action Council, KidZKount** Attn. Denyse Cardoza, Executive Director 1166 High Street Auburn, CA 95603

### Authority

All individuals executing this Agreement represent and warrant that they are authorized to execute and deliver this Agreement on behalf of their respective Party.

We the undersigned on behalf of Nevada County Child Health and Disability Prevention Program and KidZKount, Placer Community Action Council, Inc. approve this document.

Jill Blake, MPA Director of Public Health

andora Denvse Cardoza

Executive Director Placer Community Action Council

Date

Nevada County

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July 1, 2016 to June 30, 2018

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Approved as to Form County Counsel

Nevada County

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July 1, 2016 to June 30, 2018

Department of Health Care Services - Children's Medical Services

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

## CHDP Administrative Budget Summary for FY 2016-2017 No County/City Match

## County/City Name: NEVADA

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	\$136,683	\$0	\$136,683	\$99,856	\$36,827
II. Total Operating Expenses	\$3,718	\$0	\$3,718	0\$	\$3,718
III. Total Capital Expenses	\$0	\$0	0\$		\$0
IV. Total Indirect Expenses	\$34,171	\$0	\$34,171		\$34,171
V. Total Other Expenses	\$0	\$0	0\$		\$0
Budget Grand Total	\$174,572	\$0	\$174,572	\$99,856	\$74,716

Column	1	2	3	4	2
E E	Totol Eurodo	Total CHDP	Total Medi-Cal	Enhanced	Nonenhanced
Source of Funds	I OLAI FUIIUS	Budget	Budget	State/Federal	State/Federal
State General Funds	\$0	\$0			
Medi-Cal Funds:					
State	\$62,322		\$62,322	\$24,964	\$37,358
Federal (Title XIX)	\$112,249		\$112,249	\$74,892	\$37,357
	\$174,572				I
James Kayuh		9/23/16	(530) 470-2415	James.Kraywinkel@co.nevada.ca.us	o.nevada.ca.us
Prepared By (Signature)		Date Prepared	Phone Number	Email Address	

Prepared By (Signature)

Cynthia. Wilson@co.nevada.ca.us

(530) 265-7269 Phone Number

9/23/16 Date

Email Address

Conthia D. Wilm CHDP Director or Deputy

Director (Signature)

### CHDP Administrative Budget Worksheet for FY 2016-2017 No County/City Match State and State/Federal

## County/City Name: NEVADA

Column	1A	1B	-	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
Director/DPHN - Wilson, C.	15.00%	\$114,891	\$17,234	%000.0	\$0	100.00%	\$17,234	85.000%	\$14,649	15.000%	\$2,585
Acting Supervising PHN - Beauchamp 15.00%	15.00%	\$88,179	\$13,227	%000.0	\$0	100.00%	\$13,227	85.000%	\$11,243	15.000%	\$1,984
Public Health Nurse - Various	15.00%		\$12,024	%0	\$0	100.00%	\$12,024	85.000%	\$10,221	15.000%	\$1,804
Public Health Nurse - Temp	48.00%		\$38,478	%0	\$0	100.00%	\$38,478	85.000%	\$32,707	15.000%	\$5,772
Caldwell	10.00%		\$4,772	%0	\$0	100.00%	\$4,772	%0.0	\$0	100.00%	\$4,772
	5.00%		\$2,160	%0	\$0	100.00%	\$2,160	%0.0	\$0	100.00%	\$2,160
Health Technician - Lehr	11.00%	\$35,823	\$3,941	%0	\$0	100.00%	\$3,941	%0.0	\$0	100.00%	\$3,941
Admin Assistant - Smith	5.00%		\$2,365	%0	\$0	100.00%	\$2,365	%0.0	\$0	100.00%	\$2,365
9.											
10.											
Total Salaries and Wages											4
Less Salary Savings											
Net Salaries and Wages			\$94,200		\$0		\$94,200		\$68,819		\$25,381
Staff Benefits (Specify %) 45.10%			\$42,483		\$0		\$42,483		\$31,037		\$11,446
I. Total Personnel Expenses			\$136,683		\$0		\$136,683		\$99,856		\$36,827
II. Operating Expenses											
Travel			\$390		\$0		\$390		\$0		\$390
2. Training - conference fees			\$0		\$0		\$0		\$0		\$0
Office - Supplies, Postage, Duplication			\$1,000		\$0		\$1,000				\$1,000
<ol> <li>Equipment Maint Internet connection \$2,815</li> </ol>			\$2,078		\$0		\$2,078				\$2,078
5. County Direct - Recruitment			\$250		\$0		\$250				\$250
							\$0				
II. Total Operating Expenses			\$3,718		\$0		\$3,718				\$3,718

# CHDP Administrative Budget Worksheet for FY 2016-2017 No County/City Match State and State/Federal

## County/City Name: NEVADA

5	Nonenhanced State/Federal (50/50)						\$12,301	\$21,869	\$34,171					\$74,716
5A	% or FTE													
4	Enhanced State/Federal (25/75)													\$99.856
4A	% or FTE													
3	Total Medi-Cal Budget (4 + 5)						\$12,301	\$21,869	\$34,171					\$174.572
3A	Total Medi-Cal %													
2	Total CHDP Budget						\$0	\$0	\$0					\$0
2A	CHDP % or FTE													
1	Total Budget (1A x 1B or 2 + 3)						\$12,301	\$21,869	\$34,171					\$174 572
1B	Annual Salary													
1A	% or FTE													
Column	Category/Line Item	I. Capital Expenses			I. Total Capital Expenses	IV. Indirect Expenses	1. Internal (Specify %)  9.00%	2. External (Specify %) 16.00%	IV. Total Indirect Expenses	V. Other Expenses			V. Total Other Expenses	Budget Grand Total

<u>James Kraywinkel@co.nevada.ca.us</u> Email Address Cynthia.Wilson@co.nevada.ca.us Email Address (530) 265-7269 Phone Number (530) 470-2415 Phone Number 723/16 Date Prepared 9/23/10 Date Vanus Krayn Prepared By (Signature)

CHDP Director or Deputy Director (Signature)

### NEVADA COUNTY Children's Medical Services FY 2016-2017 No Match CHDP Budget Justification Narrative

(1) Personnel Expens	se		Justification Narrative
			Salaries are based actual individual CHDP staff salaries from the FY
Total Salarie Total Benefi			16/17 County CHDP budget. Benefits are based actual individual CHDP staff benefits from the FY
Total Benefi	115	<b>φ4</b> Ζ,403	16/17 County CHDP budget. Annual Worker's Comp charge is
			inlcuded in beneifts
Total Personnel Expe	nse	\$ 136,683	
Personnel	Positions		
	of Public Health		This position is budgeted for 15%, when added to the 15% PHN
Nursing(Wil	son)		Supervisor, is a reduction of 20% from FY 15/16
	ordinator/Acting PHN		This position is budgeted for 15%, when added to the 15% Director
Supervisor (	(Beauchamp)		of Public Health Nursing, is a reduction of 20% from FY 15/16
3. PHN II (K	(estler)		This position is budgeted for 15%, which when added to the PHN Temp, is an increase of .03% from FY 15/16
			This position is budgeted for 48%, which when added to the PHN, is
4. PHN II (T	emp-TBD)		an increase of .03% from FY 15/16
C. Oanian III			This position is budgeted for 10%, which is a decrease of 15% from
5. Senior He	ealth Tech (Caldwell)		FY 15/16. This position was budgeted in the county match budget in FY 15/16.
			This position is budgeted for 5%, which is a decrease of 20% from
6. Health Te	ech II (Pierson)		FY 15/16.
			This position is budgeted at 11%, which is a decrease of 14% from
7. Health Te	ech II (Lehr)		FY 15/16. This position was budgeted in the county mathc budget in
8 Administr	ative Assistant		FY 15/16. This poistion is budgeted at 5%, which is a reduction of 5% from FY
(Smith)			15/16.
(2) Operating Expens	ses	<b>\$</b> 200	Justification Narrative
Travel		\$390	Includes travel to statewide conferences, regional meetings, travel for approved training, daily program activities, personal vehicle use
			mileage and actual cost for lodging and meals for overnight travel.
			This, with the \$0 in training, is a reduction of \$610 from FY 15/16
Training			This, with \$390 traininig, is a reduction of \$610 from FY 15/16
Office Supp	lies	\$1,000	Includes office supplies, postage, printing, copying, etc. This, when
			last year's county match budget is included, is an overall reduction of \$856.
Equipment I	Maintenance	\$2,078	Includes county charges for computers and internet connections.
			This is a reduction of \$737 from FY 15/16.
County Dire	ect - Recruitment	\$250	Anticipated recruitment costs for vacant temp PHN position.
		¢0 740	-
Total Operating Expe	nses -	\$3,718	-
(3) Capital Expense		\$ -	
(4) Indirect Expense			Justification Narrative
Internal - 9.0	00%	\$12,301	CHDP Program's share of costs based on 9.00% of Personnel costs
			(136,683 X 9.00%) and reflects anticipated program costs as shown
	6.00%	¢04.000	in the 16/17 County budget.
External - 10	0.00%	\$∠1,809	CHDP program's share of costs is based on the County's Indirect Cost Allocation Plan (A-87) and HHS Agency Cost Allocation as
			budgeted for FY 16/17. (136,693 X 16.00%)
	otal Indirect Expense	\$ 34,171	
(5) Other Expenses		\$ -	-
B	Budget Grand Total	\$ 174,572	

### Foster Care Administrative Budget Summary Fiscal Year 2016-2017 County/City Match County/Title XIX Federal Funds County/City Name: NEVADA

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County/City/Federal (25/75)	Nonenhanced County/City/Federal (50/50)
I. Total Personnel Expense	\$165,145	\$130,925	\$34,220
II. Total Operating Expense	\$2,500	\$0	\$2,500
III. Total Capital Expense			
IV. Total Indirect Expense	\$70,690		\$70,690
V. Total Other Expense			
Budget Grand Total	\$238,336	\$130,925	\$107,410

Column	Source of Funds Total	ounty-City Funds	Federal Funds (Title XIX)	Sudget Grand Total
	Total Funds	\$86,436	\$151,899	\$238,336
2	Enhanced County- City/Federal (25/75)	\$32,731	\$98,194	
3	Nonenhanced County- City/Federal (50/50)	\$53,705	\$53,705	

Source County-City Funds: County Realignment

<u>James.Kraywinkel@co.nevada.ca.us</u>	Email Address	Cynthia. Wilson@co.nevada.ca.us	Email Address	
(530) 470-2415	Phone Number	(530) 265-7269	Phone Number	
11/EZ/6	Date Prepared	9/23/10	Date	
James haynell	Prepared By (Sighature)	Comthe Contraction	CHDP Director or Deputy	Director (Signature)

### Foster Care Administrative Budget Worksheet Fiscal Year 2016-2017 County-City/Federal Match County/Title XIX Federal Funds County/City Name: NEVADA

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County- City/Federal (25/75)	% or FTE	Nonenhanced County- City/Federal (50/50)
I. Personnel Expenses							
1. Public Health Nurse - Kestler	61.56%	\$80,163	\$49,348	75%	\$37,011	25%	\$12,337
2. Public Health Nurse - Armstrong	60.00%	\$72,553	\$43,532	85%	\$37,002	15%	\$6,530
3. Senior PHN - Fry	10.00%	\$88,572	\$8,857	75%	\$6,643	25%	\$2,214
4.							
5.							
6.		2					
7.						~	
8.							
9.							
10.		_					
Total Salaries and Wages							E.
Less Salary Savings							
Net Salaries and Wages		÷	\$101,737		\$80,656		\$21,081
Staff Benefits (Specify %) 62.33%			\$63,408		\$50,269		\$13,139
I. Total Personnel Expenses			\$165,145		\$130,925		\$34,220
II. Operating Expenses							
1. Travel			\$2,500		\$0		\$2,500
2. Training							
II. Total Operating Expenses			\$2,500		\$0		\$2,500
III. Capital Expenses							
1.							
2.							
II. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %) 42.805%			\$70,690				\$70,690
2. External							
IV. Total Indirect Expenses			\$70,690				\$70,690
V. Other Expenses							
1.							
2.							
V. Total Other Expenses							
Budget Grand Total			\$238,336		\$130,925		\$107,410
Budget erund rotar			+===,===		+,		÷,

Tames Krayund Prepared By (Signature)

9/23/16 Date Prepared

(530) 470-2415 James.Kraywinkel@co.neva Phone Number Email Address

(530) 265-7269 Cynthia.Wilson@co.nevada. 23/16 nthia Owilion 9 **Email Address** CHDP Director or Deputy Director (Signature) Date **Phone Number** 

### Nevada County Children's Medical Services FY 2016-2017 HCPCFC Administrative Budget Justification Narrative

(1) Personnel Expenses		Justification Narrative
Total Salaries	\$101,737	Salaries are based actual individual HCPCFC staff salaries from the FY 16/17 County HCPCFC budget.
Total Benefits	\$63,408	Benefits are based actual individual HCPCFC staff benefits from the FY 16/17 County HCPCFC budget.
Total Personnel Expenses	\$165,145	
Personnel Positions		
PHN II (Kestler)		This position is budgeted for 61.56% under Match budget and 38.44% under the No County Match budget for a total of 100%, which is the same as FY 15/16.
PHN I (Armstrong)		This position is budgeted for 60%, which is 10% higher than the FY 15/16 budget
Senior PHN - Fry		This position is budgeted at 10%, which is the same as FY 15/16.
(2) Operating Expenses		Justification Narrative
(2) Operating Expenses Travel	\$2,500	Justification Narrative Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16.
	\$2,500 \$0	Travel expense is \$2,500, which is an increase of
Travel		Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16.
Travel Training	\$0	Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16.
Travel Training Total Operating Expenses (3) Capital Expense	\$0 <b>\$2,500</b>	Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16.
Travel Training Total Operating Expenses	\$0 <b>\$2,500</b> \$0	Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16. Justification Narrative Indirect is based upon total Match and No Match salaries X indirect rate of 32.75 as approved by CDPH for FY 16/17. 165,145+50,705=215,850 X .3275 =
Travel Training Total Operating Expenses (3) Capital Expense (4) Indirect Expense	\$0 <b>\$2,500</b> \$0	Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16. Justification Narrative Indirect is based upon total Match and No Match salaries X indirect rate of 32.75 as approved by CDPH
Travel Training Total Operating Expenses (3) Capital Expense (4) Indirect Expense Internal 42.805% Total Indirect Expense (5) Other Expenses	\$0 <b>\$2,500</b> \$0 \$70,690 <b>\$70,690</b> \$0	Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16. Justification Narrative Indirect is based upon total Match and No Match salaries X indirect rate of 32.75 as approved by CDPH for FY 16/17. 165,145+50,705=215,850 X .3275 =
Travel Training Total Operating Expenses (3) Capital Expense (4) Indirect Expense Internal 42.805% Total Indirect Expense	\$0 <b>\$2,500</b> \$0 \$70,690 <b>\$70,690</b> \$0	Travel expense is \$2,500, which is an increase of \$1,000 from FY 15/16. Justification Narrative Indirect is based upon total Match and No Match salaries X indirect rate of 32.75 as approved by CDPH for FY 16/17. 165,145+50,705=215,850 X .3275 =

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Department of Health Care Services – Children's Medical Services

# HCPCFC Administrative Budget Summary Fiscal Year 2016-2017

# County/City Name: NEVADA

Column	<b>-</b>	2	°
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$50,706	\$50,706	\$0
II. Total Operating Expenses	\$0	0\$	\$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	0\$		\$0
V. Total Other Expenses			
<b>Budget Grand Total</b>	\$50,706	\$50,706	\$0

Column		2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	\$12,676	\$12,676	\$0
Federal Funds (Title XIX)	\$38,029	\$38,029	0\$
Budget Grand Total	\$50,705		

Dome llaguel

Date Prepared Prepared By (Signature)

9/23/16

(530) 470-2415 Phone Number (530) 265-7269 Phone Number

James.Kraywinkel@co.nevada.ca.us

Email Address

Cynthia.Wilson@co.nevada.ca.us Email Address

*9|ع3|| دہ* Date CHDP Director or Deputy Director (Signature)

# HCPCFC Administrative Budget Worksheet Fiscal Year 2016-2017

## County/City Name: NEVADA

Column	1A	18	•	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses							
1. Public Health Nurse - Kestler	38.44%	\$80,163	\$30,815	100%	\$30,815	%0	\$0.00
2. 3.							
4.							×
5.							
7.							
8.							
0. 10.							
10. Total Calariae and Waree							
I Diai Jaiaries ariu wages Il ess Salarv Savinos							
Net Salaries and Wages			\$30,815		\$30,815		\$0
Staff Benefits (Specify %) 64.55%			\$19,891		\$19,891		\$0
I. Total Personnel Expenses			\$50,706		\$50,706		\$0
II. Operating Expenses				100		10001	0.9
1. Iravel 2. Training			D¢	0.70	D¢	100%	DA
L. Total Operating Expenses			\$0		\$0		\$0
L. Total Capital Expenses				V			
1. Internal (Specify %) 0.00%			\$0				\$0
2. External IV. Total Indirect Expenses			\$0				\$0
V. Other Expenses							
1							
V. Total Other Expenses							
Budget Grand Total			\$50,706		\$50,706		\$0
James (Layuh)		9/23/16	(230) 7	(530) 470-2415		inkel@co	James.Kraywinkel@co.nevada.ca.us
Prepared By (Signature)		Date prepared	Phone	Phone Number	E	Email Address	· SSS
Prost Hailon O Line Trees		alzelu.	(230)	(530) 265-7269		on@co.n	Cynthia. Wilson@co.nevada.ca.us.
ity Directo	re)	Date	Phone	Phone Number		Email Address	SS
			L C				

Revised April 2005

### Nevada County Children's Medical Services FY 16/17 HCPCFC Administrative Budget Justification Narrative

(1) Personnel Expenses		Justification Narrative
Total Salaries	\$30,815	Salaries are based on actual individual HCPCFC staff salaries from the FY 16/17 County HCPCFC budget.
Total Benefits	\$19,891	Benefits are based on actual individual HCPCFC staff benefits from the FY 16/17 County HCPCFC budget.
Total Personnel Expenses	\$50,706	
Personnel Positions PHN II (Kestler)		This position is budgeted for 38.44% under No County Match budget and 61.56% under the County Match budget for a total of 100%, which is the same as FY 15/16.
(2) Operating Expenses Travel	\$0	Justification Narrative Travel expense is \$0, which added to \$2,500 in the county Match budget is an increase of \$1,000 over FY 15/16
Training Total Operating Expenses	\$0 <b>\$0</b>	
(3) Capital Expense	\$0	
(4) Indirect Expense Internal	\$0	Justification Narrative No indirect will be applied to the No County Match budget
External	N/A	Not allowable by State HCPCFC
Total Indirect Expense	\$0	•
(5) Other Expenses	\$0	
Budget Grand Total	\$50,706	
	20	

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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	22.17	6.60%
OTLICP - Total Cases of Open (Active) OTLICP Children	90.33	26.91%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal ( <u>non</u> -OTLICP) Children	223.19	66.49%
TOTAL CCS CASELOAD	335.69	100%

**CCS Administrative Budget Summary** 

Fiscal Year:

2016-17

County:

NEVADA

	Col 1 = Col 2+3+4	Straight CCS	OTLICP		Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	(c + 6)
Column	1	2	3	4	5	9 💉
Category/Line Item	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
<ol> <li>Total Personnel Expense</li> </ol>	310,066	20,478	83,435	206,155	72,484	133,671
II. Total Operating Expense	19,092	1,260	5,138	12,694	291	12,403
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	93,020	6,143	25,030	61,846		61,846
V. Total Other Expense	5,400	357	1,453	3,590		3,590
Budget Grand Total	427,578	28,238	115,056	284,285	72,775	211,510

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	0	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)	) + 6)
Column	1	2	3	4	5	9
Source of Funds	Total Budget	Straight CCS State/County (50/50)	Uptional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	14,119	14,119				
County	14,119	14,119				
OTLICP						
State	6,903		6,903			
County	6,903		6,903			
Federal (Title XXI)	101,250		101,250	and the second secon		
Medi-Cal	and the second se					
State	123,949			123,949	18,194	105,755
Federal (Title XIX)	160,336			160,336	54,581	105,755
James (Layer )	James	James Kraywinkel	9/12/2016	<u>James.</u>	James. Kraywinkel@co.nevada.ca.us	<u>ada.ca.us</u>
Prepared By (Signature)	Prepared E	Prepared By (Printed Name)	Date	a	Email Address	

Contraction Contractor CCS Administrator (Signature) Revised 8/25/2016

CCS Administrator (Printed Name) Cynthia Wilson

<u>9/23/16</u> Date

Cynthia.Wilson@co.nevada.ca.us Email Address

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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	22.17	6.60%
OTLICP . Total Cases of Open (Active) OTLICP Children	90.33	26.91%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal ( <u>non</u> -OTLICP) Children	223.19	66.49%
TOTAL CCS CASELOAD	335.69	100%

# **CCS Administrative Budget Worksheet**

2016-17 Fiscal Year:

NEVADA County:

International state         1         2         3         4					Straight CCS	t ccs	Optional T Children's	Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (I	Medi-Cal (Non-OTLICP)		
Chancel         Training and provision         Training and provision <t< th=""><th>Column</th><th>1</th><th>2</th><th>3</th><th>4A</th><th>4</th><th>5A</th><th>5</th><th>6A</th><th>9</th><th>7A</th><th>7</th><th>8A</th><th>8</th></t<>	Column	1	2	3	4A	4	5A	5	6A	9	7A	7	8A	8
Production         ······         ······         ······         ······         ······         ·······         ·······         ·······         ·······         ········         ········         ··········         ············         ··················         ························         ····································	Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal 6.046.04831	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 materiane.         Open to the second of the sec	l. Personnel Expense													
1 (matching)         (14)(1)	Program Administration													
Mathematical and a second	1. Cynthia Wilson, CCS Director, PHN Director		114,891	11,489	6.60%	759	26.91%	3,092	66.49%	7,639			100.00%	7,639
3 University in the point         000         0         000         0         000         0 </td <td></td> <td></td> <td>96'338</td> <td>12,125</td> <td>6.60%</td> <td>801</td> <td>26.91%</td> <td>3,263</td> <td>66.49%</td> <td>8,062</td> <td></td> <td></td> <td>100.00%</td> <td>8,062</td>			96'338	12,125	6.60%	801	26.91%	3,263	66.49%	8,062			100.00%	8,062
International (all conditional) (all condit	Ś	%00'0	0	0	6.60%	0	26.91%	0	66.49%	0		のないので、「「「「「」」」	100.00%	0
Unitable         Constant	4. Employee Name, Position	%00.0	0	0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
Submittal         State		0.00%	0	0	6.60%	0	26.91%	0	66.49%	0		and the second	100.00%	0
Instruction	Subtotal		211,889	23,614		1,560		6,355		15,701				15,701
1 watering the function function function function for the function functin function function function function function fun	Medical Case Management													
100%         6300         6300         6304         5314         7546         7546         7346 <th< td=""><td></td><td></td><td>96,998</td><td>70,324</td><td>6.60%</td><td>4,644</td><td>26.91%</td><td>18,923</td><td>66.49%</td><td>46,756</td><td>82.00%</td><td>38,340</td><td>18.00%</td><td>8,416</td></th<>			96,998	70,324	6.60%	4,644	26.91%	18,923	66.49%	46,756	82.00%	38,340	18.00%	8,416
000%         0         0         0	2. Irene Jimenez, PHN	10.00%	83,200	8,320	6.60%	549	26.91%	2,239	66.49%	5,532	76.54%	4,234	23.46%	1,298
000%         0         00%         0         00%         0         00%         0         00%         0         00%         0        0 </td <td>3. Employee Name, Position</td> <td>0.00%</td> <td>0</td> <td>0</td> <td>6.60%</td> <td>0</td> <td>26.91%</td> <td>0</td> <td>66.49%</td> <td>0</td> <td>0.00%</td> <td>0</td> <td>100.00%</td> <td>0</td>	3. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
000%         0         00%         0         00%         0         00%         0         00%         0         00%         0         00%         0      <	4. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
000%         0         660%         0         261%         0         664%         0         000%         0         0	5. Employee Name, Position	0.00%	0	0	6.60%	ò	26.91%	0	66.49%	0	0.00%	0	100.00%	0
00%         0	6. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
000%         0         00%         0         00%         0         00%         0         00%         0         00%         0         00%         0      <	7. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
1         10,10         76,44         5,13         5,13         2,162         5,14         2,574         5,74         5,74           1         2,000         6,000         6,000         6,000         6,000         6,000         0,000		0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
T         50%         7,00         66%         26%         26%         66%         26%         00%	Subtotal		180,198	78,644	Street of the street	5,193		21,162		52,288		42,574		9,714
metaacui, Sanie OTPT         5 00%         72001         5 00%         700%         00	Other Health Care Professionals				「「「「「「「「									
uplower manufaction00%000	1. Carme Barsotti, Senior OT/PT	5.00%	72,001	3,600	6.60%	238	26.91%	696	66.49%	2,394	%00'0	0	100.00%	2,394
quipe Name, Pacition0.00% <th< td=""><td>2. Employee Name, Position</td><td>%00.0</td><td>0</td><td>0</td><td>6.60%</td><td>0</td><td>26.91%</td><td>0</td><td>66.49%</td><td>0</td><td>%00.0</td><td>0</td><td>100.00%</td><td>0</td></th<>	2. Employee Name, Position	%00.0	0	0	6.60%	0	26.91%	0	66.49%	0	%00.0	0	100.00%	0
Name         Zada         Zada <th< td=""><td></td><td>0.00%</td><td>0</td><td>0</td><td>6.60%</td><td>0</td><td>26.91%</td><td>0</td><td>66.49%</td><td>0</td><td>%00.0</td><td>0</td><td>100.00%</td><td>0</td></th<>		0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	%00.0	0	100.00%	0
Report         Report         Ref         R	Subtotal		72,001	3,600		238		696		2,394		0		2,394
Bit Person, Hailth Tech I         Big 00%         41,03         6.60%         2,710         2.61%         10,04         6.64%         2,720         7         1000%         1000	Ancillary Support													
p(p(e) Function(00%)(0(0(00%)	1. Debra Pierson, Health Tech II	95.00%	43,190	41,031	6.60%	2,710	26.91%	11,041	66.49%	27,280			100.00%	27,280
p(b)e Name, Position000%0006.60%00.61%006.64%0001000%1000%1000%p(p)e Name, Position0.00%000<	2. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
pipoke Name, Position         000%         0         0         6.64%         0         6.64%         0         6.64%         0         0         1000% <td>3. Employee Name, Position</td> <td>0.00%</td> <td>0</td> <td>0</td> <td>6.60%</td> <td>0</td> <td>26.91%</td> <td>0</td> <td>66.49%</td> <td>0</td> <td></td> <td></td> <td>100.00%</td> <td>0</td>	3. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
ployee Name, Position         000%         0         0         6.60%         0         0.61%         0         <	4. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
And Claims Support         43,100         41,031         5,710         7,104         7,104         5,720         7,10         7,104         1,1000         1,1000         1,1000         1,1000         1,1010         1,10100         1,10100 <th< td=""><td>5. Employee Name, Position</td><td>0.00%</td><td>0</td><td>0</td><td>6.60%</td><td>0</td><td>26.91%</td><td>0</td><td>66.49%</td><td>0</td><td></td><td></td><td>100.00%</td><td>0</td></th<>	5. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
chill         5600%         43,190         21,595         6.60%         1,426         26.91%         5.811         66.49%         1,436         0.00%         0 <th< td=""><td>Subtotal</td><td></td><td>43,190</td><td>41,031</td><td></td><td>2,710</td><td></td><td>11,041</td><td></td><td>27,280</td><td></td><td></td><td></td><td>27,280</td></th<>	Subtotal		43,190	41,031		2,710		11,041		27,280				27,280
600%         21,90         21,95         6.60%         1,426         2.61%         5,811         66.49%         14,38         0.00%         0         100.00%           39.00%         34,963         13,656         6.60%         901         26.91%         3,669         66.49%         14,58         0.00%         0         100.00%           30.00%         34,963         13,656         6.60%         901         26.91%         3,669         66.49%         0.00%         0         100.00%           0.00%         0         0         26.91%         3,669         66.49%         0.00%         0         100.00%         100.00%           0.00%         0         0         26.91%         0         0         66.49%         0         0         0         100.00%	Clerical and Claims Support													
Lise Left, Health Tech I         33.00%         34.963         13.636         6.00%         901         26.1%         3.669         66.49%         9.066         0.00%         0         100.00%           Employee Name, Position         0.00%         0         0         26.91%         0         0         0         0         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%         0         100.00%	1. Dawn Graves, Health Tech II	50.00%	43,190	21,595	6.60%	1,426	26.91%	5,811	66.49%	14,358	%00.0	0	100.00%	14,358
Employee Name, Position         0.00%         0         0         0         26.91%         0         0         0         0.00%         0         100.00%           Employee Name, Position         0.00%         0         0         0         0         0         0         0         000%         0         100.00%         <		39.00%	34,963	13,636	6.60%	901	26.91%	3,669	66.49%	9,066	0.00%	0	100.00%	9,066
Employee Name, Position         0.00%         0         0         6.60%         0         26.31%         0         66.49%         0         0.00%         0         100.00%           Employee Name, Position         0.00%         0         0         6.60%         0         26.31%         0         66.49%         0         0.00%         0         100.00%		0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
Employee Name, Position         0.00%         0         0         6.60%         0         26.91%         0         66.49%         0         0.00%         0         100.00%	4. Employee Name, Position	0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0
		0.00%	0	0	6.60%	0	26.91%	0	66.49%	0	0.00%	0	100.00%	0

				Straight CCS	rt ccs	Optional Children	Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (I	Medi-Cal (Non-OTLICP)		
Column	-	2	8	4A	4	5A	5	6A	9	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 × 2 or 4 + 5 +6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal 6.016.01831	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)
Subtotal		78,153	35,231		2,327		9,480		23,424		0		23,424
Total Salaries and Wages		a state of the second se	182,120	6.60%	12,028	26.91%	49,006	66.49%	121,087	35.16%	42,574	64.84%	78,513
Staff Benefits (Specify %) 70.2	70.25%		127,946	6.60%	8,450	26.91%	34,429	66.49%	85,068		29,910		55,158
I. Total Personnel Expense	ないであるからない		310,066	6.60%	20,478	26.91%	83,435	66.49%	206,155		72,484		133,671
II. Operating Expense			A STATE AND A STAT			A SHOW AND AND							
1. Travel			1,247	6.60%	82	26.91%	336	66.49%	829	35.16%	291	64.84%	538
2. Training			0	6.60%	0	26.91%	0	66.49%	0	35.16%	0	64.84%	0
3. Insurance - Worker's Comp			5,895	6.60%	389	26.91%	1,586	66.49%	3,919		Carlo Car	100.00%	3,919
4. Computers, connections, and software	のです。		6,000	6.60%	396	26.91%	1,615	66.49%	3,989		and the second se	100.00%	3,989
5. General Office/Postage/Duplication	A CONTRACTOR OF A CONTRACTOR A		3,400	6.60%	225	26.91%	915	66.49%	2,261		State of the second	100.00%	2,261
6. Direct county charges			1,350	6.60%	68	26.91%	363	66.49%	898			100.00%	898
7. Communication			1,200	6.60%	62	26.91%	323	66.49%	798	100 m 4		100.00%	798
II. Total Operating Expense			19,092		1,260		5,138		12,694		291		12,403
III. Capital Expense					State States						and the second se		all and all
1.			0	6.60%	0	26.91%	0	66.49%	0				0
2		A NUMBER OF	0	6.60%	0	26.91%	0	66.49%	0				0
°.			0	6.60%	0	26.91%	0	66.49%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Internal 9.0	9.00%		27,906	6.60%	1,843	26.91%	7,509	66.49%	18,554			100.00%	18,554
	21.00%		65,114	6.60%	4,300	26.91%	17,521	66.49%	43,292			100.00%	43,292
IV. Total Indirect Expense			93,020		6,143		25,030		61,846				61,846
V. Other Expense													South States and States
1. Maintenance & Transportation			5,400	6.60%	357	26.91%	1,453	66.49%	3,590			100.00%	3,590
2.			0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
ю			0	6.60%	0	26.91%	0	66.49%	0		· · · · · · · · · · · · · · · · · · ·	100.00%	0
4.			0	6.60%	0	26.91%	0	66.49%	0			100.00%	0
Ċ.			0	6.60%	0	26.91%	0	66.49%	0		States and and	100.00%	0
V. Total Other Expense			5,400		357		1,453	and the start	3,590			State of the state	3,590
Budget Grand Total			427,578		28,238		115,056		284,285	and the second	72,775		211,510
James Bayund		James Kraywinkel	nkel	9/12/	9/12/2016		James. Kraywinkel@co.nevada.ca.us	kel@co.neva	ada.ca.us		(530) 47	(530) 470-2415	
Prepared By (Signature)	H	Prepared By (Printed Name)	d Name)	Date PI	Date Prepared		<u>ч</u> Ш	E-Mail address			Telephone Number with Area Code	er with Area C	ode
	V	A is a second					0	(				1000	

(530) 265-7269 Telephone Number with Area Code Cynthia.Wiilson@co.nevada.ca.us E-Mail address 39 역/ <u>고</u> 3/ /6 Date Signed Conthie Wilson CCS Administrator (Printed Name) Contraint Contraint Contraint Contraint CCS Administrator (Signature) Revised 8/25/2016

### Children's Medical Services Nevada County CCS Budget Justification Narrative Fiscal Year 2016-2017

I. PERSONNEL EXPENSES	5	-		
Total Salaries:	\$182,120	Salaries are based actual individual CCS staff salaries from the FY 16-17 County CCS budget.		
Total Benefits:	\$127,946	Benefits are based actual individual CCS staff benefits from the FY 16-17 County CCS budget.		
Total Personnel Expenses:	\$310,066			
Director of PHN's (Wilson)	This position i	s budgeted at 10%, which is a 5% increase as budgeted in FY 15/16.		
CMS Coordinator/PHN Supervisor (Beauchamp)	This position is budgeted for 12.5% which is a 37.5% decrease as budgeted in FY 15/16.			
PHN II/ Case Manager (Beauchamp)	This position i	s budgeted for 72.5% which is a 17.5% decrease from the FY 14/15 budget.		
PHN II/ Case Manager (Jimenez)	This position i	s budgeted for 10.0% which is a decrease of 2.5% from FY 15/16.		
Supervising OT/PT	This position i	s budgeted at 5.0%, which is an increase of 2.5% from FY 15/16.		
Health Tech (Pierson)	This position i	s budgeted at 95%, which is an increase of 20% from FY 15/16.		
Health Tech (Graves)	This position i	s budgeted at 50% which is the same as that budgeted in FY 15/16.		
Health Tech (Lehr)	This position i	s budgeted at 39% which is an incease of 14% from FY 15/16.		

II. OPERATING EXPENSES	-	
Travel	\$1,250	When combined with training, this is a decrease of \$750 from FY 15/16.
Training	\$0	When combined with travel, this is a decrease of \$750 from FY 15/16.
Office Supplies/Printing/Postage	\$3,400	This is a decrease of \$1,600 from FY 15/16.
Insurance	\$5,895	Worker's Comp charges as stated in the County budgete. This is an increase of \$3,895 from FY 15/16.
IT Sup-Software, Internal, Ph/Rem	\$6,000	Equip Maint charges are decreased based upon charges to CCS by county administration/IS department. This is a decrease of \$1,000 from FY 15/16.
Other direct	\$1,350	Direct charges from county departments not included in the Cost Allocation which may include, but is not limited to HR and facilities charges. This is a reduction of \$150 from FY 15/16.
Communication/Fax	\$1,200	Independent fax line for CCS program. This is a decrease of \$150 from FY 15/16.
Total Operating Expenses:	\$19,095	

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III. CAPITAL EXPENSES		
Total Capital Expenses:	0	None

IV. INDIRECT EXPENSES		
1. Internal (9.00%)	\$27,906	This amount includes charge from Public Health Administration. Remaining indirect charges will be absorbed by program realignment
2. External (21.00%)	\$65,114	This amount include charges from Nevada County administrative departments and HHS Agency charges. The remainder will be picked up by realignment.
Total Indirect Expenses:	\$93,020	

V. OTHER EXPENSES		
Maintenance & Transportation	\$5,400	Transportation, meals and lodging for CCS clients. This is a increase of \$330 from FY 15/16 county budget.
Total Other Expenses:	\$5,400	
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Budget Grand Total	\$427,581	

Nevada	County
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