

California Children Services (CCS) Monitoring & Oversight (M&O)

Budget Workbook Instructions

- 1 To begin developing your budget, please reference the Fiscal Year (FY) 2024-25 CCS Case Management Allocation Information Notice.
- 2 Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Please ensure your data into these cells. Rows may be expanded as needed.
- 3 Within each sheet of this reporting workbook are cells shaded in grey. **DO NOT ENTER DATA INTO THESE CELLS.** These cells will automatically pull data from previously entered information.
- 4 **Agency Information Tab - (CCS M&O)**
This tab requests county contact information and a list of all program staff. To complete this tab please do the following:
 - Complete all yellow highlighted cells
 - Using the drop down box, enter your County/City Name and FY
 - Using the appropriate tab list all program staff, titles, and emails
 - Director or Designee Signature is Required
- 5 **Budget Worksheet Tab (CCS M&O)**
This tab requests the county's proposed budget for Personnel, Operating, Capital, Indirect, and Other Expenses. To complete this tab please do the following:
 - Complete all yellow highlighted cells
 - All data within the grey cells will auto-populate from the Agency tab. **DO NOT ENTER DATA**
 - Director or Designee Signature is Required
- 6 **Budget Narrative Tab (CCS M&O)**
This tab is used to provide a narrative description of the county's proposed budget based on the data provided in the Budget Worksheet tab. To complete this tab provide a narrative description of all costs for each of the following budget line items:
 - I. Personnel Expenses: *Please be sure to specify each staff's role, time allocation, and other personnel costs to support the program.*
 - II. Operating Expenses: *This line item should include operating expenses such as travel costs, staff training, etc.*
 - III. Capital Expenses
 - IV. Indirect Expenses (Internal and External)
 - V. Other Expenses
 - Director or Designee Signature is Required
- 7 **Summary Table Tab (CCS M&O)**
This tab is a summary of the county's proposed budget and will auto-populate once the other tabs are complete. This document only requires the Director or Designee signature. No other data should be entered.

8 Budget Submission Instructions

Budgets must be submitted to the ISCD Budget Portal. Please ensure that you are submitting the following documents:

- I. CCS Monitoring and Oversight Budget workbook in Excel Format
- II. CCS Monitoring and Oversight Budget workbook with Electronic Signature (PDF Format)

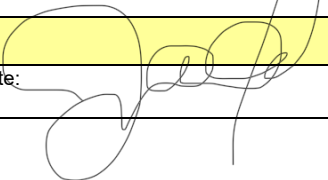
Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact ISCDFiscal@dhcs.ca.gov.

Counties should be prepared to provide DHCS with documentation to demonstrate compliance with program requirements upon request.

Questions may be directed to: ISCDFiscal@dhcs.ca.gov.



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

| | | | |
|--|--------------------------------------|---|---|
| | | County: | Fiscal Year: |
| | | San Bernardino | 2024-25 |
| Street Address: | 451 E Vanderbilt Way | Central Email Address: | San Bernardino County Public Health Michael A. Sequeira, M.D. michael.sequeira@dph.sbcounty.gov |
| City: | San Bernardino | | |
| Zip Code: | 92408 | | |
| Program Administrative Representative | | Deputy Director | |
| Name, Title: | Jennifer St.Antoine, Program Manager | Name: | |
| Phone: | (909) 458-1632 | Phone: | |
| Email: | jstantoine@dph.sbcounty.gov | Email: | |
| List All Program Staff (CCS M&O) | | | |
| Name: | Position/Classification: | Email: | |
| Jennifer St.Antoine | Program Manager | jstantoine@dph.sbcounty.gov | |
| Mayra Gómez | Accountant | mayra.gomez@dph.sbcounty.gov | |
| Vacant | Staff Analyst II | TBD | |
| Vacant | Staff Aide | TBD | |
| Vacant | Staff Aide | TBD | |
| Kennedy Parker-Tucker | Program Specialist I | kennedy.parker-tucker@dph.sbcounty.gov | |
| Veronica Zavala-Lopez | Office Specialist | veronica.zavala-lopez@dph.sbcounty.gov | |
| LaPorsha Newborn | Office Assistant II | laporsha.newborn@dph.sbcounty.gov | |
| <i>Additional rows may be added above this line.</i> | | | |
| Authorized Director: | | Signature and Date: | |
| Jennifer St.Antoine, Program Manager | |  | |



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

| | | | County/City Name: | Fiscal Year: | |
|---|----------------------|-------------------------|-------------------|---------------|------------------|
| | | | San Bernardino | 2024-25 | |
| I. Personnel Expenses | | | Total FTE % | Annual Salary | Total Budget |
| # | Name | Position Classification | | | |
| 1 | Jennifer St.Antoine | Program Manager | 10% | \$159,054 | \$15,905 |
| 2 | Mayra Gómez | Accountant | 10% | \$129,716 | \$12,972 |
| 3 | Vacant | Staff Analyst II | 100% | \$79,367 | \$79,367 |
| 4 | Vacant | Staff Aide | 100% | \$68,726 | \$68,726 |
| 5 | Vacant | Staff Aide | 100% | \$68,726 | \$68,726 |
| 6 | Kennedy Parker-Tuch | Program Specialist I | 50% | \$108,973 | \$54,487 |
| 7 | Veronica Zavala-Lop | Office Specialist | 50% | \$78,500 | \$39,250 |
| 8 | LaPorsha Newborn | Office Assistant II | 50% | \$61,931 | \$30,966 |
| 9 | 0 | 0 | 0% | \$0 | \$0 |
| 10 | 0 | 0 | 0% | \$0 | \$0 |
| <i>(insert additional rows above this line as needed)</i> | | | | | |
| Total Support Staff FTE % | | | 100% | | |
| Total Net Salaries and Wages | | | | | \$370,398 |
| Staff Benefits (Specify %) | | 46.35% | | | \$171,679 |
| I. Total Personnel Expenses | | | | | \$542,077 |
| II. Total Operating Expenses <i>(Provide Details in Narrative)</i> | | | | | \$41,577 |
| III. Total Capital Expenses <i>(Provide Details in Narrative)</i> | | | | | \$0 |
| IV. Indirect Expenses <i>(Provide Details in Narrative)</i> | | | | | |
| 1. | Internal (Specify %) | 10.998% | | | \$59,618 |
| 2. | External (Specify %) | Flat | | | \$6,132 |
| IV. Total Indirect Expenses <i>(Provide Details in Narrative)</i> | | | | | \$65,750 |
| V. Total Other Expenses <i>(Provide Details in Narrative)</i> | | | | | \$5,070 |
| Budget Grand Total | | | | | \$654,474 |

I certify under penalty of perjury under the laws of the State of California that the foregoing 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.

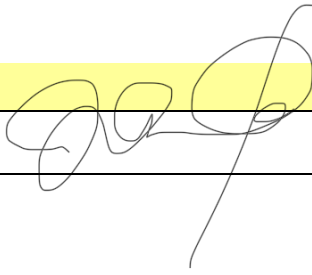
Jennifer St.Antoine, Program Manager
 Authorized Director: _____ Signature and Date: _____



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

| | | | |
|--|--|-------------------|--------------|
| | | County/City Name: | Fiscal Year: |
| | | San Bernardino | 2024-25 |
| I. Personnel Expenses: <i>Identify Personnel Expenses, specifying roles and M&O activities, time allocations, and costs supporting M&O activities.</i> | | | |
| These positions will be assigned to the CCS M&O unit, which will collaborate with DHCS regarding the development of a Memorandum of Understanding (MOU) associated with monitoring protocols established by DHCS to ensure appropriate oversight of the county and state responsibilities for the CCS program. These positions will attend CCS program onboarding training established by DHCS to properly follow the six (6) core administrative domains: Access to Care, Administrative, Authorizations, Case Management/Care Coordination, Eligibility, and Quality. They will manage all M&O activities for the San Bernardino County CCS Program. | | | |
| II. Operating Expenses: <i>Identify and explain all expenses included in the "Operating Expenses" line item of the Budget Worksheet.</i> | | | |
| Operating expenses include computers, printer, desk phones, cell phones, VPN costs, network costs, and office supplies . | | | |
| III. Capital Expenses: <i>Identify and explain all expenses included in the in the "Capital Expenses" line item of the Budget Worksheet.</i> | | | |
| N/A | | | |
| IV. Indirect Expenses: <i>Identify and explain all expenses included in the "Indirect Expenses" line items (Internal and External) of the Budget Worksheet.</i> | | | |
| Internal: | The current indirect rate for the San Bernardino County CCS program is 10.998%. | | |
| External: | External indirect rate is a flat rate implemented by the County of San Bernardino. | | |
| V. Other Expenses: <i>Identify and explain all expenses included in the "Other Expenses" line item of the Budget Worksheet .</i> | | | |
| The budget amount is set for travel expenses that may be incurred by our M&O staff. At this time it is unknown if the CCS program onboarding training established by DHCS will require any travel expenses. | | | |

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: Jennifer St.Antoine, Program Manager | Signature:  |
|--|---|



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

Table with 2 columns: Category/Line Item, Total Budget. Rows include Personnel Expenses (\$542,077), Operating Expenses (\$41,577), Capital Expenses (\$0), Indirect Expenses (\$65,750), Other Expenses (\$5,070), and Grand Total (\$654,474).

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.

Signature and Date section with a yellow highlight and a handwritten signature over the text 'Signature and Date:'.