

2   1   2   2   2   2   2   2   2   2	Gly Zip Code Authorized HCP Name, Tible Phone Email Clerk of the Box Name Phone Email E	LST East Vand orbit Way, San Bernardino (92415-0012 CFC Representative Monique Arms. Division C (309) 387-621 Monique Arms. Division C (309) 387-621 Monique Arms. Division C (309) 387-824 Immellièro bécounty go List All HCPCF  Title  Public Health Nurse II	HCPCF6 Di	Officer Name: Central Email Address: Phone: Email: Chief Proba Name: Phone: Email: Chief Proba Name: Phone: Email: Fling Phin Ves. Ves. Ves. Ves. Ves. Ves. Ves. Ves.	
2	Gly Zip Code Authorized HCP Name, Tible Phone Email Clerk of the Box Name Phone Email E	San Bemardino  (\$2415-001)  CFC Representative  Monque Ama. Division C  (\$059) 387-618  Monque Ami. Division C  (\$059) 387-618  Monque Ami. Birdhi sho  dof Supervision  Lynna Monell  (\$059) 387-384  Immoell@rob sbcounty go  List All HCPCF  Title  Public Health Nurse II  Public Health Nurse II	HCPCFG  Di  C Program St Support Staff No.	Central Email: Address: rector of Socia Name: Phone: Email: Chief Proba: Name: Phone: Email: Phone: Email: Address: Phone: Email: Address:	I Services Agency James Locurto (909) 388-9045 James Locurto (909) 388-9045 James Locurto@hss shoot ition Officer Tracy Rece (909) 387-5814 Tracy Remembrob Shoot Emailt sime Dings this shoot july all the
2 3 4 4 5 6 6 7 7 7 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Authorized HCPI Name, Title Phone Email Clerk of the Box Name Phone Email Clerk of the Box Name Phone Email Clerk of the Box Name Christine Diags Alba Flore Anneis De Less Christine Diags Alba Flore Anneis De Less Cherrile Overly Tanoka Reed Delanse Tinner Names Gome Anglus Zanchez Toga Carraby Sabirna Cordova Victoria Garcia Marinsa Uresti Terp, Westlack printippher Zorn amara Goldsten Carmen Garcia Vacant	CFC Representative  Monique Arma. Division Ci (309) 387-6218  Monique Arma. Division Ci (309) 387-6218  Monique Arma. Division Ci (309) 387-3814  Improved Ci Lyma Monell (309) 387-3824  Impublic Health Nurse II Public Health	C Program St Support Staff Mo	Phone Email: Chief Probab Name Phone Email: Chief Probab Name Phone Email: Floring Phone Email: Floring Phone Phone Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	J Services Appengy James Locurto (909) 388-0245 James Locurto (909) 388-0245 James Locurto (909) 387-514 Tracy,Revceepprob shoot  Emailt stree Diagos inhas abcount, Daffores Lhox decount; de Ouerby, thes shooten, ride Ouerby, the shoot
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2 3 4 4 5 6 6 7 7 7 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Email  Clerk of the Box  Name Phone Phone Email  Name Christine Dings Ana Rece Anato Dassus Chereile Overly Annato Dessus Chereile Overly Tanola Reed Delanse Tinner Anato Dessus Chereile Overly Tanola Reed Delanse Tinner Anato Zancher Anato Zancher Anato Zancher Anato Zancher Andere Ude To a Carraby abhina Cordova Victoria Garcia Manissa Uresti Tem Westlake Thristopher Zorn amara Goldsten Carmen Garcia Vacant Vacant Vacant Vacant Vacant Vacant Vacant Stewart Hunter Rubi Smith Stewart Hunter Stewa	Monique Amis @ dph sice or of Supervisor  Lyman Monell  (509) 387-3824  Imonell@ cob bicounty go  List All HCPCF  Tride  Public Health Nurse II  Publ	C Program St Support Staff No.	Phone Emails Chief Proba Name Phone Emails Flame Phone Emails Flame Ves	(909) 388-0245 James Locurno@hss shroution Officer Tracy Reece (909) 387-5814 Tracy Reece Emailt stine Dings inhas abcount, but Flores Links decount; de Overby, this shootin, risk Ove
2 3 4 4 5 6 6 7 7 7 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Clerk of the Box Name Name Phone Email  Name Christine Diags. Alba Flores Angelo De Jesus Chremelie Deverby Tanoka Reed Dejanae Tinner Nancy Gomez. Anchy Santhez Ander John Name Gordova Marissa Urest Ten, Westlake Ten, Westlak	and of Supervisors Lymna Moneil (509) 387-3824 Imoneilerob bbcounty go List AH HCPCF  Title:  Public Health Nurse II	C Program St Support Staff Mg	Chief Proba Name Phone Email:  PHN PHN PHN PHN PHN PHN PHN PHN PHN PH	tion Officer Tracy Reece (200) 387-5814 Tracy Reeceptrob shoot  Emailt stine Dings thus shooting ba Flores thus drounty ba Flores thus drounty the Owerby, thus shooting that Owerby, thus the Owerby, the Company the Company that Owerby, thus the Owerby, the Company the Company the Owerby, thus the Owerby, the Company the Company the Owerby, the Owerby, the Owerby, the Company the Owerby, the Owerb
2	Name Phone Email  Name:  Christine Diago Alba Florey Ancelo De Lesus Cherelle Overly Tanola Reed Delanse Tinnes Name: Oberale Overly Tanola Reed Delanse Tinnes Name: Oberale Overly Tanola Reed Delanse Tinnes Anglus Sancher Anglus Sancher Anglus Sancher Anglus Sancher Anglus Sancher Toga Carraby Jabina Cordova Victoria Garcia Marissa Diresti Tem Westlake Tem Germen Garcia Vacant Vacant Vacant Vacant Vacant Vacant Vacant Vacant Vacant Stewart Hunter Stew	Lyma Monell (309) 387-3824 Imonell@cob bbcounty go List AH HCPCF Tribe Public Health Nurse II Public Health Nurse	C Program St Support Staff Mg	Name Phone: Emails  If  PHN  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	Tracy Reece (909) 387-5814 Tracy Remembrob Shoot  Email:  Immediate that shoot that shoo
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2	Christine Digos Alba Flores Alba Flores Anapslo De Jesus Cherrelle Overly Tanoka Reed DeJanae Tinner Nancy Gome Asobu Santhez Toga Carraby asobna Cordova Victoria Garcia Manisa Uresti Leny Westlake Victoria Victo	Public Health Nurse II	Staff  M2  N0  M0  M0  M0  M0  M0  M0  M0  M0  M0	Yes	stine Dinge has sbeouny, ba Flores this decounty cle Obelsen has sbeouny, also Owerby, has sbeound, and Flores showing in the Bound of the Stock of Control has sbeound or Control has sbeound or Control has sbeound a Cartal has sbeound a Cartal has sbeound a Cartal has sbeound on Control has sbeound price and the showing on Control has sbeound y Wendale has sbeound y Wendale has sbeound y Wendale has sbeound y be deep of the bound of the Control has been a Control has been y be deep of the bound a Control has been when Control has been a
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19	Marisa Dresti Tem Westlake (histopher Zorn amera Goldstein Carmen Garcia Vacant	Public Health Nurse II	No No No No No No No No	Yes Yes Yes Yes Yes Yes	ona Garcia Hss.sb.county rissa Dretti Hss.sb.county y Westlake Hss.sb.county or ther Zom III A. h.sb.count ta Goldstein III A. bb.county III Garcia III A. bb.county
14	Tem Westlake Diristogher Zorn amara Goldstein Cormen Garcia Vacant	Public Health Nurse II Fublic Health Nurse II Public Health Nurse II	No No No No No No	Yes Yes Yes Yes Yes	nssa Uresti hiss sbcounty Westlake hiss sbcounty of her Zom, dich sbcount ta Goldstein dich sbcounty en Garcia dich sbcounty
16 7. 18 18 18 18 18 18 18 18 18 18 18 18 18	amara Goldstein Cermen Garcia Vacant	Public Health Nurse II	No No No No No	755 755 755 750	ta Goldstein deh sbrount men Garcia deh sbrount
17   18   15   20   16   17   17   17   17   17   17   17	Cermen Garcia Vacant Stewart Hunter Rubi Smith Shaunna Poulin Aulicann Steele	Public Health Nurse II	No No No	Yes Yes	men Garcia deh shoounty
15 20 20 20 20 20 20 20 20 20 20 20 20 20	Vacant Stewart Hunter Rubi Smith Shauna Poulin Aulicann Steele	Public Health Nurse II Public Health Nurse II Public Health Nurse II Fublic Health Nurse II Public Health Nurse II Public Health Nurse II	No No		To be assigned upon hire
21 22 23 24 25 24 25 26 27 27 27 28 27 27 28 27 27 28 27 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Vacant Vacant Vacant Vacant Vacant Vacant Vacant Vacant Vacant Stewart Hunter Rubi Smith Shaunna Poulin fulicann Steele	Public Health Nurse II Fublic Health Nurse II Public Health Nurse II Public Health Nurse II	No		To be assigned upon hire
223 24 25 26 27 27 27 27 27 27 27 27 27 27 27 27 27	Vacant Vacant Vacant Vacant Vacant Vacant Stewart Hunter Rubi Smith Shaunna Poulin fulleann Steele	Public Health Nurse II Public Health Nurse II Public Health Nurse II		Yes	To be assigned upon hire To be assigned upon hire
24 25 25 27 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Vacant Vacant Vacant Stewart Hunter Rubi Smith Shaunna Poulin Julieann Steele	Public Health Nurse II	No	Yes	To be assigned upon hire
26 27 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Vacant Vacant Stewart Hunter Rubi Smith Shaunna Poulin Julieann Steele	Public Health Nurse ()	No.	Yes	To be assigned upon hire To be assigned upon hire
27 SE	Stewart Hunter Rubi Smith Shaunna Poulin Julieann Steele	Public Health Nurse II	No	Yes	To be assigned upon hire
30	Shaunna Poulin Julieann Steele	blic Health Program Mana pervising Public Health Nu	No No	Yes No	To be assigned upon hire shounty poshunter@dph
31 32 13 33 34 4 15 36 37 8 39 20 41	Julieann Steele	pervision Public Health Nul	No No	Yes	bi Smith has sboounty quanta Poulin doh sboount
32 1 13 Si 32 / 15 1 36 37 M 16 1 19 20 20 21 22 21 22 21 22 22 22 22 22 22 22 22	Susan Philo	pervising Public Health Nu ublic Health Nurse Manage	No.	Yes	ann Steele deh sbrounty o
34 / 15 16 37 M 38 19 20	Trent Chandler	ountant III/Senior Account	Yes	No. 1	4.Chandler@deh.sbcounsy
36 37 A 38 39 20 41	hanice Johnson Aleiandra Urias	Administrative Supervisor Fiscal Assistant	Yes	No No	re Johnson di historini indra Urias de historium,
36 39 40 41 42	Am <sub>ii</sub> Trihn Erica Felix	ealth Education Specialist Office Assistant II	Yes. Yes	No 1	my Inhouse debable county as
39 20 41 42	Melissa Malcom	Program Specialist I	You	No No	nchez-Felir il den abssunts sa Malcom il den absount
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### CALIFORNIA DEPARTMENT OF **HEALTH CARE SERVICES**

### **Health Care Program for Children in Foster Care**

Certification Statement	County/City:	Fiscal Year:
	San Bernardino	2024-25
I certify that the Health Care Program comply with all applicable state an including all federal laws and regula granted to states for medical assistance (42 U.S.C. Section 1396 et seq.). I further of	nd federal and state law ations governing recipient se pursuant to Title XIX of t	s and regulations, s of federal funds he Social Security Act
promulgated by DHCS pursuant to the Manual. I further agree that this HCPCFC	ese authorities, including may be subject to sanction	the HCPCFC Program
promulgated by DHCS pursuant to the Manual. I further agree that this HCPCFC	ese authorities, including	the HCPCFC Program
promulgated by DHCS pursuant to the Manual. I further agree that this HCPCFC	ese authorities, including may be subject to sanction	the HCPCFC Program
promulgated by DHCS pursuant to the Manual. I further agree that this HCPCFC	ese authorities, including may be subject to sanction	the HCPCFC Program
promulgated by DHCS pursuant to the Manual. I further agree that this HCPCFC this HCPCFC vio	ese authorities, including may be subject to sanction plates any of the above.	the HCPCFC Program
promulgated by DHCS pursuant to the Manual. I further agree that this HCPCFC this HCPCFC vio	ese authorities, including may be subject to sanction plates any of the above.	the HCPCFC Program as or other remedies if

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD LYNNA MONELL Clerk of the Board of Supervisors of the County of San Bernardino



		Base Budget Worksheet	et Work	hoet				County/City Name:	lame:	Fiscal Year:	
			-				-	San Bernardino	0	2024-25	
Column	mn				1A	18	1	ZA	2	34	3
l. Pe	. Personnel Expenses				Total Base	American Colored	Total Budge	Enhanced	Enhanced	Non-	Non-
*	Name	Title	SSG	NHA	FTE %	Allinual Salary	Alitiual Salary Total budget	FTE%	Total	Enhanced FTE %	Enhanced Total
-	Christine Diggs	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
	Christopher Zorn	Public Health Nurse II	No.	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
m	Cherrelle Overby	Public Health Nurse II	S <sub>o</sub>	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
4	Dejanae Tinner	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
2	Nancy Gomez	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
9	Anyluz Sanchez	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
7	Adaeze Ude	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
8	Sabrina Cordova	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
6	Marissa Uresti	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
9	10 Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
=	11 Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
12	12 Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	3601	\$10,158
13	13 Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
4	14 Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
72	15 Vacant	Public Health Nurse II	No	Yes	828	\$101,578	\$55,868	%06	\$50,281	10%	\$5,587
16	16 Shaunna Poulin	Supervising Public Health	No	Yes	45%	\$112,499	\$20'05\$	20%	\$10,125	80%	\$40,500
17	17 Julieanne Steele	Supervising Public Health	No	Yes	43%	\$112,499	\$48,375	20%	\$29'6\$	80%	\$38,700
View	View additional rows by selecting the "+" to the left.	ig the "+" to the left.							1		
Total	Total Net Salaries and Wages		1				\$1,576,958		\$1,349,963		\$226,995
Staff	Staff Benefits (Specify %)		48.93%	3%			\$771,606		\$660,537		\$111,069
Tot	. Total Personnel Expenses						\$2,348,564		\$2,010,500		\$338,064
II. To	I. Total Operating Expenses (List in Narrative)	st in Narrative)				_	\$8,072				\$8,072
III. Tc	I. Total Capital Expenses (List in Narrative)	n Narrative)					0\$				05
7.	IV. Indirect Expenses (List In Narrative)	rrative)						_			
-	Internal (Specify %)		17 617%	7%			\$413,747				\$413,747
7	External (Specify %)		960	2	-	T.	0\$				0\$
≥.	V. Total Indirect Expenses (List in Narrative)	in Narrative)					\$413,747				\$413,747
۰ ا	V. Total Other Expenses (List in Narrative)	Narrative)					\$0	196			\$0
					Budge	Budget Grand Total	\$2,770,383		\$2,010,500		\$759,883

and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Regulations Section 432.2

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title

Date

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	Base Budget Narrative	County/City Name: San Bernardino	Fiscal Year: 2024-25
I. Personnel I	Expenses Identify and Explain Any Changes in Personnel/Personnel Ex		]
Aggregate Pl	HN staffing increase by 1.20 FTE (14.55%) due to moving part of the subdiget changed allowed for an increase in FTE.		the Administrative
II. Operating	Expenses Identify and Explain All Operating Expense Line Items		
Travel-\$3,172	2		
Private Milea not limited to \$0.655, but the Motorpool - seminars/convehicle, or in traveling to cother Travel traveling outs Training -\$4,8 This includes development to better prejapproximatel	costs for anticipated training needs for program staff (PHN I/II), incluic (e.g., supervisory, professional, staff behavior modification). The selepare staff to address the needs of the clients served. The amount per y \$318.	conduct program ac the rate of reimburs hicles for travel to tr mployee is not able to eet (e.g., great distant subsistence costs incorred. ding continuing edu ected training subject	tivities, including but ement per mile is aining, to use his/her private ces, multiple staff urred by staff cation and staff t matter is intended
II. Capital Exp	penses Identify and Explain All Capital Expense Line Items	CHESTON OF THE STATE OF THE STA	
V. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items The indirect cost percentage is 17.617% of Personne Costs (Salaries )	plus Fringe benefits).	
External:			
V. Other Expe	nses Identify and Explain All Other Expense Line Items		
	the state of the s		
	the Health Care Program for Children in Foster Care (HCPCFC) will cor vs and regulations, including all federal laws and regulations governir		

and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature

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	NG.		C Oversignit	nanher	WOI PSHICEL			San Bernardino	0	2024-25	
ပိ	Column				1A	18	1	24	2	3A	3
- I	I. Personnel Expenses				Total Base	Annual		Enhanced	Enhanced	Non-	Non-
#	# Name	Title	DSS	PHN	FTE %	Salary	l otal Budget	FTE %	Total	Enhanced FTE %	Enhanced Total
-	Tamara Goldstein	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
2	2 Tanoka Reed	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
m	3 Vacant	Public Health Nurse II	No	Yes	58%	\$101,578	\$58,915	%06	\$53,024	10%	\$5,892
4					%0	80	\$0	%0	0\$	100%	\$0
2					%0	\$0	\$0	%0	0\$	100%	0\$
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Vie	View additional rows by selecting the "+" to the left.	to the left.									
P	Total Net Salaries and Wages						\$262,071		\$235,864		\$26,207
Sta	Staff Benefits (Specify %)		48	48.93%			\$128,231		\$115,408		\$12,823
<u> </u>	. Total Personnel Expenses			-6			\$390,302		\$351,272		\$39,030
=	I. Total Operating Expenses (List in Narrative)	ıtive)					\$3,880				\$3,880
≡	III. Total Capital Expenses (List in Narrative)	(e)					\$0				\$0
≥	IV. Indirect Expenses (List in Narrative)										
	Internal (Specify %)		17.	17.617%			\$68,760				\$68,760
7	External (Specify %)			%0			\$0				0\$
≥	IV. Total Indirect Expenses (List in Narrative)	ve)					\$68,760				\$68,760
>	V. Total Other Expenses (List in Narrative)	(					0\$				\$0
					Budget	Budget Grand Total	\$462,942		\$351,272		\$111,670

with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's governing recipients of federal 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 certify that the HCPCFC will comply Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 432.2. I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations

Monique Amis, Division Chief

.

Signature

Date

Authorized HCPCFC Signor Name, Title





1	Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	A Lancas Control
I Personnel I	Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses	San Bernardino	2024-25
	HN staffing increase by 0.28FTE (10.85%) due to moving the SPH classifications to the Administrati	ive Budget. This budget changed	allowed for an
II. Operating	Expenses Identify and Explain All Operating Expense Line Items		
Travel -\$195			
Private Milea other county Motorpool – generally use distances, mi Other Travel training or co Training -\$15 This includes (e.g., supervis clients served	s three general categories of travel expense: private mileage, motorpool expenses, and other trave age - This is reimbursement to staff for use of their private vehicles to conduct program activities, it work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the costs incurred to use County Fleet Department vehicles for travel to training, seed when an employee is not able to use his/her private vehicle, or in cases where financial savings ultiple staff traveling to one location).  - This category includes airfare, meals, lodging, and other approved subsistence costs incurred by onferences, as required.  930  5 Costs for anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager), incopy, professional, staff behavior modification). The selected training subject matter is intended to d. The amount per each FTE in the HCPCFC budget approximately \$748.	ncluding but not limited to, train iding to the approved federal rat eminars/conferences, and meetin will result from use of a vehicle for staff traveling outside the Count cluding continuing education and	e.  igs. Fleet vehicles are  om Fleet (e.g., great  y to attend meetings.
IV. Indirect Ex	xpenses Identify and Explain All Indirect Expense Line Items		
Internal:	The indirect cost percentage is 17.617% of Personne Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expe	enses Identify and Explain All Other Expense Line Items		
all federal lav Section 13	the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state ws and regulations governing recipients of federal funds granted to states for medical assistance p 196 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuprogram goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to any of the above.	ursuant to Title XIX of the Social ant to these authorities, and that	Security Act (42 U.S.C. tall listed expenses
Monique Ami	is, Division Chief	the plata	1
		gnature	Date



Authorized HCPCFC Signor Name, Title

## CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Date

### **Health Care Program for Children in Foster Care**

	Caseload Relief Budget Narrative	County/City Name: San Bernardino	Fiscal Year: 2024-25
I. Personnel	Expenses Identify and Explain Any Changes in Personnel/Pers	onnel Expenses	
Aggregate P This budget	HN staffing increase by 0.62FTE (8.96%) due to moving the SI changed allowed for an increase in FTE.	PH classifications to the Admi	nistrative Budget.
	Expenses Identify and Explain All Operating Expense Line Iter	ms	
Private Milea	three general categories of travel expense: private mileage, ge – This is reimbursement to staff for use of their private vel	hicles to conduct program ac	tivities, including but
III. Capital Ex	o. <u>training, meetings, and/or other county work locations. At perses Identify and Explain All Capital Expense Line Items</u>	present, the rate of reimburs	ement per mile is
IV. Indirect Ex	spenses Identify and Explain All Indirect Expense Line Items	in it has	
Internal:	The indirect cost percentage is 17.617% of Personne Costs	(Salaries plus Fringe benefits)	
External:			
V. Other Expe	enses Identify and Explain All Other Expense Line Items		
and state la states for me that the HCP	the Health Care Program for Children in Foster Care (HCPCFC ws and regulations, including all federal laws and regulations edical assistance pursuant to Title XIX of the Social Security A CFC will comply with all rules promulgated by DHCS pursuan ogram goals, scope, and activity requirements. I further agree other remedies if this HCPCFC violates a	governing recipients of fede ct (42 U.S.C. Section 1396 et s at to these authorities, and the that this HCPCFC may be su	ral funds granted to seq.). I further certify at all listed expenses
Monique Ami	is, Division Chief	Uh.	20124

Signature



		Administrative Budget V	Norksher	rt				County/City F Sen Bernardir		Fiscal Year: 2024-25	
	nin sonnel Expenses				1A	18	1	2A	2	3A Non-	Non-
-	Varne	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Enhanced	Enhanced
1	Dynstone Diges	Public Health Nurse II	No	Yes	0%	\$0	\$0			FTE %	Total
1	Nbs Flores Angela De Jesss	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0 \$0	\$0			0%	50
10	Cherrelle Overtry	Public Health Nurse II	No	Yes	0%	\$0	10	*****		0%	\$0
	anoka Reed Dejanse Tinner	Public Heelth Nurse II Public Heelth Nurse II	No	Yes	0%	50	\$0			0%	\$0
1	lancy Gomez	Public Health Nurse II	No	Yes	0%	50	\$0			0%	\$0
	knyluz Sanchez kdaeze Ude	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0 \$0	\$0 \$0	Q%.		0%	50
ī	aya Carraty	Public Health Nurse II	No	Yes	2%	\$0	10		******	0%	\$0
#	iebrine Cordove Actoria Garda	Public Heelth Nurse II Public Heelth Nurse II	No No	Yes	0% 0%	\$0 10	10	0.00	******	100%	50
3   1	Aartssa Uresti	Public Health Nurse II	No	Yes	17%	50	50	0%	30	100%	\$0
1	erry Westlake Perstopres Zorn	Public Health Nurse II Public Health Nurse II	No No	Yes	2%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
1	amara Goldstein	Public Health Nurse It	No	Yes	0%	50	\$0	016	\$0	100%	10
	Carmen Garcia /acant	Public Health Nurse II Public Health Nurse II	No No	Yes	0% 6%	\$0	10	0%	\$0	100%	50
Ì	hant	Public Health Nurse II	No	Yes	C%	\$0	\$0	0%	\$0	100%	50
	/acant	Public Health Nurse II Public Health Nurse II	No No	Yes	£96 €%	50	\$0 \$0	£16.	\$0	100%	50
	hount	Public Health Nume II	No	Yes	0%	\$0	50	0%	50	100%	30
1	facant facant	Public Health Nurse II Public Health Nurse II	No I No	Yes	0%	\$0 50	10	0%	\$0	100%	\$0
ħ	acant	Public Hesith Nurse II	No	Yes	0%	\$0	\$0	0%	50	100%	50
, ,	factinit Reviert Hunter	Public Health Nurse II Public Health Frogram Manager	No No	Yes	6% 40%	\$0 \$120,894	\$0 \$48,358	0%	\$0	100%	\$48,158
3 6	bubi Smith	Supervising Public Health Nurse	No	Yes	100%	\$112.499	\$112,499	UN.	\$0	100%	\$112,49
	Pautrina Poulin ulieann Steele	Supervising Public Health Nurse Supervising Public Health Nurse	No	Yes	55%	\$112,499 \$112,499	\$74,249 \$61,875	0% 0%	\$0 \$0	100%	\$74,249 \$61,579
i İs	usan Philo	Public Health Nurse Manager	Yas	Yes	50%	\$135.751	\$67,976	Otto	\$0	100%	\$57,878
	rent Chendler herece Johnson	Accountant III/Senior Accountant Administrative Supervisor I	Yes	No	2% 40%	\$66,291 \$98,519	\$1,724 \$39,408	0%	\$0	100%	\$1724
T.	Ve'andra Uries	Fiscal Assistant	Yes	No	20%	\$46,635	\$9,127	0%	\$0	100%	\$9,327
IE	uny Triba Irica Felix	Health Education Specialist II Office Assistant II	Yes	No	7% 20%	\$66,905 \$45,796	\$4,683 \$8,759	0% 0%	\$0	100%	\$4,683 \$8,759
	Aefessa Malcom	Program Specialist I	Yes	No	1%	573 171	\$732	0%	\$0	100%	5732
0		0	0	0	0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0
0		0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
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0		0	0	0	2%	50	\$0	0%	\$0	100%	50
0		is c	0	0	0% 0%	\$0 \$0	\$0 Q\$	0%	\$0 \$0	100%	\$0 \$0
0	Control of the Control of the Control	6	0	0	C%	62	50	0%	\$0	100%	\$0
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100		0	0	0	0%	50 10	\$0	0%	\$0 \$0	100%	\$0
O		0	0	0	076	10	\$0	0%	50	100%	10
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0		0	0	0	C%	\$0	\$0	0%	50	100%	\$0 \$0
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lo		0	0	0	0%	50	50	0%	50	100%	SO
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D		0	10	0	2%	50	\$0	0%	\$0	100%	\$0
0		0	0	0	0% 0%	50	\$0 \$0	C%	\$0 \$0	100%	\$0 \$0
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0		o .	0	0	Ç%	50	50	7%	50	100%	50
0		0	0	0	2% C%	50 30	\$0 \$0	.9% 0%	\$0 \$0	100%	\$0 \$0
0	CONTRACTOR OF THE PARTY OF THE	0	0	0	UN UN	10	50	0% 0%	\$0	100%	\$0
0	AND DESCRIPTIONS	0	0	0	0% 0%	50 50	\$0 \$0	2%	\$0 \$0	100%	\$0 \$0
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0		0 D	0	0	9%	10	50	6%	\$0	100%	\$0
0		0	0	0	0% 0%	\$10 \$0	\$0 \$0	17% 0%	\$0 \$0	100%	\$0
'n		A. Contract of the contract of	0	0	0% 0%	\$0	50	O%	\$0	100%	\$0
W (	additional rows by selecting the "+" to Net Salaries and Wages lenefits (Specify %)	the left.	0	0	(%	- 34	\$0	C%	\$0	100%	50
al I	Net Salaries and Wages						\$429,469			*****	\$429.48
t	Personnel Expenses		48	100			\$110,740 \$639,638			<del>::::::</del>	\$210,14
ot	ol Operating Expenses (List in Narrati	re)					\$10631			******	130 99
ne	al Capital Expenses (list in Narrative)						50			****	\$0
In	ternal (Specify %) stemal (Specify %)			17%			\$112,665				\$112.68
	uernai (specify %)		)	4			50	1 .			50
ö	al Indirect Expenses (List in Narrative	1					1112,685				\$117 CO

Lordly that the Health Care Program for Collider's in Fester Care (ICCCTC) will comply with all applicable state and federal and state lows and regulations, including all letteral laws and regulations. governing registers on federal funds granted or states for mendical assistance pursuant to 11M keV of the Social Security Act (20 LSC, rejection 1944; in Level). In other careful comply with all fixed expenses affects to program goals, scope, and said |p. 47 of filteral. I further agree that this ICCCT (may be arbiject to section or other removeds if this MeXCCT dividates any of the above. MCPCC states for similar in Support and Support (as program goals).

Signative Date

poplar

Morroue Amis, Drysion Chief



Health Core Program for Children in Foster Care

		Caseload Relief Budge	t Works	hoot				County/City San Bernard		Fiscal Year; 2024-25	- 0
Column Personn	el Expenses				1A Total Base	18		2A	2	34	Non-
# Name	e	Title	220	PHN	FTE%	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Enhanced
1 Christ 2 Alba	dre Diggs	Public Health Nurse II	No	Yes	bnc .	\$0	\$0	9%	\$0	100%	\$0
3 Ange	elo De Jesus	Public Health Nurse II Public Health Nurse II	No No	Yes	100%	\$101.578 \$101.178	\$101,576 \$101,578	90%	\$91,420 \$91,420	10%	\$10,158 \$10,158
5 Tanol	relie Cuertsy ka Reed	Public Health Nurse II Public Health Nurse II	No	Yes	\$1% 0%	\$0 \$0	\$0	C%	\$0	100% 100%	\$0
6 Dejan 7 Nanc	nae Tinner v Gomez	Public Health Nurse II Public Health Nurse II	No No	Yes	0% 0%	\$0 \$0	50	0%	50	100%	\$0
8 IPru'U	az Sanchez	Public Health Nurse II	No	Yes	4%	\$0	\$0	0%	\$0 \$0	100%	\$0
9 Adam 10 Toys	Carrathy	Public Health Nurse II Public Health Nurse II	No	Yes	100%	\$101,578	\$0 \$101,578	90%	\$20 \$91,420	10%	\$10.158
11 Sabrie 12 Victor	na Contove ria Garcia	Public Health Nurse II Public Health Nurse II	No No	Yes	100%	\$0 \$101578	\$0 \$101,578	90%	\$0 \$91,420	100%	\$0 \$10,158
13 Meris 14 Terry	sa Uresti	Public Health Nurse II	No	Yes	0%	50	\$0	C%	\$0	100%	10
15 Chran	tugher Zom	Public Health Nurse II Public Health Nurse II	No	Yes	0% 2%	\$0 \$0	\$0 \$0	0%	\$0	100%	50
16 (Tama 17 (Carme	rra Goldstavn ren Garda	Public Health Nurse II Public Health Nurse II	No	Yes	100%	\$0 \$101578	\$0 \$101.578	90%	\$0 \$91,420	100%	\$10,158
18 Vacan		Public Health Nurse II	No	Yes	100%	E191576	\$101,578	90%	\$91,420	10%	\$10,158
19 Vacan 20 Vacan	N.	Public Health Nurse II Public Health Nurse II	No	Yes	92%	\$101578	\$93,452 \$0	90%	\$84,107	10%	\$9.345
21 Vacan 22 Vacan		Public Health Nurse II Public Health Nurse II	No No	Yes	(M)	10	\$0 \$0	C%	\$0 \$0	100%	\$0 \$0
23 Vacan	Level College College	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0	\$0	17%	\$0	100%	\$0
25 Vacan	t and the same of	Public Health Nurse II	No	Yes	0%	\$0 \$0	\$0 \$0	0% 0%	\$0	100%	20
26 Vacun 27 Stews		Public Health Nurse II Public Health Program Manager	No No	Yes No	0% 0%	\$0 \$0	\$0 \$0	0% 0%	\$0	100%	50
28   Rubi S	Smith ma Poulin	Public Health Program Manager Supervising Public Health Nurse Supervising Public Health Nurse	No	Yes	2% 9%	02	\$0	0%	\$0	100%	\$0
30 Miese	nn Steele	Supervising Public Health Nurse Supervising Public Health Nurse	No	Yes	996	\$0	\$0 \$0	0% 0%	\$0 \$2	100%	\$0
31 Susan	Chandler	Public Health Nurse Manager Accountant III/Senior Accountant	Yes	Yes	0% 3%	50	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
3 Shanio	ce Johnson	Administrative Supervisor I Fiscal Assistant	Yes	No No	5% M	50	\$0	0%	\$0	100%	10
Amy T	Tritan	Health Education Speculist II	Yes	No	2%	50	\$0	0% 0%	\$0 \$3	100%	\$0 \$0
	Felot sa Malcom	Office Assistant II Program Specialist I	Yes	No Na	0%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0
18 D		0	0	0	0% U%	\$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
10 0		0	0	0	0%	50	10	0%	\$0	100%	\$0
12 0		0	0	0	9% 9%	\$0 \$0	\$0	0%	\$0 \$0	100%	\$0
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16 O		0	0	0	0%	10 50	\$0 \$0	0%	\$0 \$ii	100%	\$0
8 0 4 0		0	0	0	9% 9%	50 50	\$0	0% 0%	50	100%	\$0
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6 D		0	0	0	0% 5%	\$0 \$0	\$0	0% 0%	50	100%	\$0 \$0
9 0		0	0	0	0% 0%	50 50	\$0	0% 0%	\$0 \$0	100%	\$0
0 0		jo	0	0	2%	\$0	\$0	3%	\$0	100%	50
1 0		0	0	0	2% 2%	\$0	\$0 \$0	0% 3%	50	100%	\$0
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60		0	0	0	3%	30	\$0	-0%	50	100%	\$0
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0 8		9	0	0	0%	\$9	\$0	2%	\$0 \$0	100%	\$0 \$0
00		1	0	0	2%	50	50	3%	\$0	100%	20
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4 0		0	0	0	0% 3%	50 50	\$0 \$0	2% 2%	SO SO	100%	\$0 \$0
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90		0	0	0	0%	\$9 \$9	\$0	2% 2%	\$0 \$0	100%	\$0
0 0		0	0	0	0% 0%	50	\$0 \$0	296	\$0	100%	50
20	THE PROPERTY.	0	0	0	\$96	\$0	\$0	2%	\$0 \$0	100%	\$0 \$0
3 D 4 O		0	0	9	5% 6%	50 50	\$0	3% 5%	\$0 \$0	100%	50
5 O		0	0	0	E% 0%	50	\$0	6% 2%	\$0 \$0	100%	50
7 0		0	0	٥	C%	50	SO	2%	50	100%	\$0 \$0
90		0	0	0	0%	02	\$0 \$0	5% 0%	\$0 \$0	100%	50
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2 0		0	U	0	5%	02	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
3 D		0	0	0	D15	50	50 50	0% 0%	\$0 \$0	100%	\$0 \$0
5 D		0	0	0	ON.	\$0 \$0	\$0	9%	30	100%	\$0
7 0		0	0	0	U	\$0	\$0 \$0	0% 9%	\$0 \$0	100%	\$0 \$0
9 0		8	0	0	6%	\$0 \$0	\$0 \$0	0% 0%	\$0	100%	\$0
Call PHIN F	anal sows ty selecting the "«	* to the left.		_			-				
cal Direct	Support Staff FTE %				502% DN	•••••	*******	OK.	****	<del></del>	****
iff Berneht	alaries and Wages is (Specify %)		489	15	****		\$702,519	****	\$432,627		\$70,752
otal Perso	onnel Expenses erating Expenses List in Nar	ntiw)					\$1,046,657		\$10,111		1104 586
Total Cap	ital facenses (Ust in Nama)	ive)					\$0				\$0
	Expenses (Ust in Narrative)		*751	7.5	****		\$1844.5		******	******	\$184,425
Internal	(specify 76)										
Externa	i (Specify %) il (Specify %) frect (sperises (List in Narra	the:	G.				\$0 5184,425		\$942,171		\$0

Learthy but the Health Care Program for Children's fester Care (PCCPC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing regulation to Idential Health operated to Test Set of the Seculal Seculary Act (JULICS Section 5) et expl. In their certify that the HCCPC will comply with all rules promulgisated by OHCS persuants to these authorities, and that all faired expenses atthirs to program goal (a) lope, and archity requirements. I hurshar agree that this HCCPC may be unjoined to accident or other remediant 1 this HCCPC Volume any of the above. HCCPC salfing is limited to PARK Health (N. 1999, page that the OHCS Accident Section 1 this HCCPC will be a market or other remediant 1 this HCCPC Volume any of the above. HCCPC or jurger space and the space of the Section 1 this HCCPC will be supported and the space of the HCCPC or purpose space that the space of the HCCPC or purpose space and the space of the HCCPC or purpose space and the space of the HCCPC or purpose space and the space of the HCCPC or purpose space or purpose or purpose or purpose of the HCCPC or purpose space and the HCCPC or purpose space or purpose and the HCCPC or purpose space and the HCCPC or purpose sp

Managus Amis, Disson Chief
Authorised InCircl Spror Name, Tide
Signature
Date



Authorized HCPCFC Signor Name, Title

## CALIFORNIA DEPARTMENT OF **HEALTH CARE SERVICES**

Date

### **Health Care Program for Children in Foster Care**

	Administrative Budget Narrative	County/City Name: San Bernardino	Fiscal Year: 2024-25
	expenses Identify and Explain Any Changes in Personnel/Perso		
Aggregate st	affing for Administrative Budget costs are determinded based	on guidance provided by D	HCS and standards
established f	or HCPCFC support staff. Benefit rate is 48.93%		
	Expenses Identify and Explain All Operating Expense Line Item	ns	
Travel - \$1,20			
This includes	three general categories of travel expense: private mileage, r	notorpool expenses, and oth	ner travel.
Private Milea	ge – This is reimbursement to staff for use of their private veh	icles to conduct program ac	tivities, including but
not limited to	o, training, meetings, and/or other county work locations. At p	oresent, the rate of reimburs	ement per mile is
III. Capital Ex	penses Identify and Explain All Capital Expense Line Items		
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:	The indirect cost percentage is 17.617% of Personne Costs (S	Salaries plus Fringe benefits)	
External:			
V. Other Expe	enses Identify and Explain All Other Expense Line Items		
and state law states for me that the HCP	the Health Care Program for Children in Foster Care (HCPCFC) ws and regulations, including all federal laws and regulations of the Social Security According to the Social Security Program goals, scope, and activity requirements. I further agree	governing recipients of fede It (42 U.S.C. Section 1396 et It to these authorities, and th that this HCPCFC may be su	ral funds granted to seq.). I further certify at all listed expenses
Monique Am	other remedies if this HCPCFO violates are	ny of the above.	Aday

Signature



		Budget	Budget Summary				County/City:					Fiscal Year;			
							San Bernardino					2024-25		September 1	
Funding Source:		base			PMM&O			Caseload Relief		Ű	County/City-Federal	E		Administrative	
A	89	U	٥	8	υ	۵	8	υ	Q	8	C	D	8	υ	٥
Category/Line Item	Total Budget	Enhanced	Non-Enhanced Total Budget	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$2,348,564	\$2,010,500	\$338,064	\$390,302	\$351,272	\$39,030	\$1,046,857	\$942,171	\$104,686	os	\$0	0\$	\$639,638		\$639,638
II. Total Operating Expenses	\$8.072	05	\$8,072	\$3,880	80	\$3.880	\$3,658	05	\$3,658	80	05	0\$	\$30,999		\$30,999
III. Total Capital Expenses	0\$		05	05		05	05		05	80		0\$	0\$		03
IV. Total Indirect Expenses	\$413,747		\$413,747	868,760		\$68,760	\$184,425		\$184,425	80		\$0	\$112,685		\$112,685
V. Total Other Expenses	05		0\$	05		05	05		0\$	\$0		05	0\$		05
Budget Grand Total	\$2,770,383	\$2,010,500	\$759,883	\$462,942	\$351,272	\$111,670	\$1,234,940	\$942,171	\$292,769	905	03	05	\$783,322		\$783,322
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Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$882,567	\$502,625	\$379,942	\$143,653	\$87,818	\$55,835	2381,927	\$235,543	\$146,385	0\$	0\$	05	\$391,661		\$391,661
Federal Funds (Title XIX)	\$1.887.817	\$1.507.875	\$379,942	\$319,289	\$263,454	\$55,835	\$853,013	\$706,628	\$146,385	05	0\$	0\$	\$391,661		\$391,661
Budget Grand Total	\$2,770,383	\$2,010,500	\$759,883	\$462942	\$351,272	\$111,670	\$1,234.940	\$942.171	\$292,769	05	05	05	\$783,322		\$783,322
Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title	e, Title	Sgnatuir	Date	hex			1								1