



Health Care Program for Children In Foster Care

Agency Information		County/City: San Bernardino	Fiscal Year: 2024 25
Street Address: 451 East Vanderbilt Way City: San Bernardino Zip Code: 92415-0012		Health Officer Name: Dr. Michael Sequerra	HCPFC Central Email Address:
Authorized HCPFC Representative Name, Title: Monique Amis, Division C Phone: (909) 387-6218 Email: Monique.Amis@dph.sbco		Director of Social Services Agency Name: James Locurto Phone: (909) 388-0245 Email: James.Locurto@hss.sbco	
Clerk of the Board of Supervisors Name: Lynna Monell Phone: (909) 387-3824 Email: lmonell@rob.sbcounty.go		Chief Probation Officer Name: Tracy Reece Phone: (909) 387-5874 Email: Tracy.Reece@prob.sbcounty	

List All HCPFC Program Staff


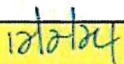
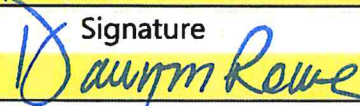
	Name	Title	Support Staff	PHN	Email
1	Christine Dejas	Public Health Nurse II	No	Yes	istine.Demas@hss.sbcounty
2	Alba Flores	Public Health Nurse II	No	Yes	albflores@hss.sbcounty
3	Arnyalo De Jesus	Public Health Nurse II	No	Yes	dejesus@hss.sbcounty
4	Cherelle Overby	Public Health Nurse II	No	Yes	cherelle.overby@hss.sbcounty
5	Tanola Reed	Public Health Nurse II	No	Yes	tanola.reed@hss.sbcounty
6	DeJanae Timmer	Public Health Nurse II	No	Yes	dejae.timmer@hss.sbcounty
7	Nancy Gomez	Public Health Nurse II	No	Yes	nancy.gomez@hss.sbcounty
8	Angeluz Sanchez	Public Health Nurse II	No	Yes	angeluz.sanchez@hss.sbcounty
9	Adriana Uretil	Public Health Nurse II	No	Yes	adriana.uretil@hss.sbcounty
10	Toya Carrab	Public Health Nurse II	No	Yes	toya.carrab@hss.sbcounty
11	Sabrina Cordova	Public Health Nurse II	No	Yes	sabrina.cordova@hss.sbcounty
12	Victoria Garcia	Public Health Nurse II	No	Yes	victoria.garcia@hss.sbcounty
13	Manissa Uresti	Public Health Nurse II	No	Yes	manissa.uresti@hss.sbcounty
14	Yem Westlake	Public Health Nurse II	No	Yes	yem.westlake@hss.sbcounty
15	Christyher Zorn	Public Health Nurse II	No	Yes	christyher.zorn@hss.sbcounty
16	Tamara Goldstein	Public Health Nurse II	No	Yes	tamara.goldstein@hss.sbcounty
17	Carmen Garcia	Public Health Nurse II	No	Yes	carmen.garcia@hss.sbcounty
18	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
19	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
20	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
21	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
22	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
23	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
24	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
25	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
26	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
27	Stewart Hunter	Public Health Program Manager	No	No	stewart.hunter@hss.sbcounty
28	Rubi Smith	Supervising Public Health Nurse	No	Yes	rubi.smith@hss.sbcounty
29	Shaunna Poulm	Supervising Public Health Nurse	No	Yes	shaunna.poulm@hss.sbcounty
30	Julianne Steele	Supervising Public Health Nurse	No	Yes	julianne.steele@hss.sbcounty
31	Susan Philo	Public Health Nurse Manager	Yes	Yes	susan.philo@hss.sbcounty
32	Trent Chandler	Accountant III / Senior Accountant	Yes	No	trent.chandler@hss.sbcounty
33	Shanice Johnson	Administrative Supervisor	Yes	No	shanice.johnson@hss.sbcounty
34	Almendra Urias	Fiscal Assistant	Yes	No	almendra.urias@hss.sbcounty
35	Ami Intri	Health Education Specialist	Yes	No	ami.intri@hss.sbcounty
36	Erica Felix	Office Assistant II	Yes	No	erica.felix@hss.sbcounty
37	Melissa Makom	Program Specialist I	Yes	No	melissa.makom@hss.sbcounty
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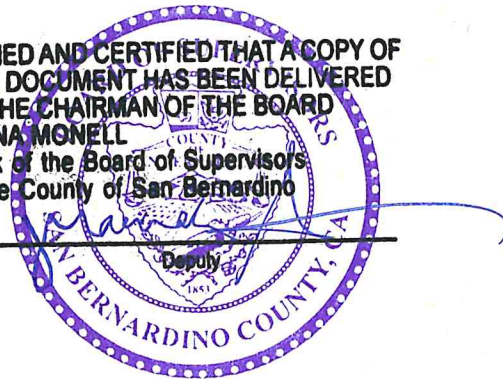
Health Care Program for Children in Foster Care

Certification Statement	County/City: San Bernardino	Fiscal Year: 2024-25
<p>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 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, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.</p>		

Monique Amis, Division Chief		
HCPCFC/County Authorized Representative	Signature	Date
Dawn Rowe, Chair Board of Supervisors		DEC 17 2024
Local Governing Body Chairperson Name,	Signature	Date

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

By _____





Health Care Program for Children in Foster Care

Base Budget Worksheet				County/City Name: San Bernardino			Fiscal Year: 2024-25				
Column	1A	1B	1	2A	2	3A	3				
# Name	DSS	PHN	Title	Total Base FTE %	Annual Salary	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total		
										1	Christine Diggs
2	Christopher Zorn	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
3	Cherrille Overby	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
4	Dejaeae Tinner	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
5	Nancy Gomez	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
6	Amyluz Sanchez	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
7	Adaeze Ude	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
8	Sabrina Cordova	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
9	Marissa Uresti	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
10	Vacant	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
11	Vacant	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
12	Vacant	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
13	Vacant	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
14	Vacant	No	Yes	Public Health Nurse II	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158
15	Vacant	No	Yes	Public Health Nurse II	55%	\$101,578	\$55,868	90%	\$50,281	10%	\$5,587
16	Shaunna Poulin	No	Yes	Supervising Public Health	45%	\$112,499	\$50,625	20%	\$10,125	80%	\$40,500
17	Julianne Steele	No	Yes	Supervising Public Health	43%	\$112,499	\$48,375	20%	\$9,675	80%	\$38,700
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages					\$1,576,958		\$1,349,963		\$226,995		
Staff Benefits (Specify %)				48.93%	\$771,606		\$660,537		\$111,069		
I. Total Personnel Expenses					\$2,348,564		\$2,010,500		\$338,064		
II. Total Operating Expenses (List in Narrative)					\$8,072				\$8,072		
III. Total Capital Expenses (List in Narrative)					\$0				\$0		
IV. Indirect Expenses (List in Narrative)					\$413,747				\$413,747		
1. Internal (Specify %)				17.617%	\$0				\$0		
2. External (Specify %)				0%	\$0				\$0		
IV. Total Indirect Expenses (List in Narrative)					\$413,747				\$413,747		
V. Total Other Expenses (List in Narrative)					\$0				\$0		
Budget Grand Total					\$2,770,383		\$2,010,500		\$759,883		

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health 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 HCPFC 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 Regulations Section 432.2.

Monique Amis, Division Chief
 Authorized HCPFC Signor Name, Title
 Signature: *[Handwritten Signature]*
 Date: *[Handwritten Date]*



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name: San Bernardino	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN staffing increase by 1.20 FTE (14.55%) due to moving part of the SPH classifications to the Administrative Budget. This budget change allowed for an increase in FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
<p>Travel - \$3,172 This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel. <u>Private Mileage</u> – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate. <u>Motorpool</u> – This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g., great distances, multiple staff traveling to one location). <u>Other Travel</u> – This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.</p> <p>Training - \$4,900 This includes costs for anticipated training needs for program staff (PHN I/II), including continuing education and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of the clients served. The amount per each FTE in the HCPCFC budget approximately \$318.</p>			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage is 17.617% of Personnel Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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 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

Date

[Handwritten Signature] 12/2/24



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet										County/City Name: San Bernardino		Fiscal Year: 2024-25	
Column	1A			1B	1	2A		2	3A		3		
I. Personnel Expenses		Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total					
#	Name	Title	DSS	PHN									
1	Tamara Goldstein	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158		
2	Tanoka Reed	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420	10%	\$10,158		
3	Vacant	Public Health Nurse II	No	Yes	58%	\$58,915	\$58,915	90%	\$53,024	10%	\$5,892		
4					0%	\$0	\$0	0%	\$0	100%	\$0		
5					0%	\$0	\$0	0%	\$0	100%	\$0		
6					0%	\$0	\$0	0%	\$0	100%	\$0		
7					0%	\$0	\$0	0%	\$0	100%	\$0		
8					0%	\$0	\$0	0%	\$0	100%	\$0		
9					0%	\$0	\$0	0%	\$0	100%	\$0		
10					0%	\$0	\$0	0%	\$0	100%	\$0		
View additional rows by selecting the "+" to the left.													
Total Net Salaries and Wages						\$262,071		\$235,864			\$26,207		
Staff Benefits (Specify %)						\$128,231		\$115,408			\$12,823		
I. Total Personnel Expenses					48.93%	\$390,302		\$351,272			\$39,030		
II. Total Operating Expenses (List in Narrative)						\$3,880					\$3,880		
III. Total Capital Expenses (List in Narrative)						\$0					\$0		
IV. Indirect Expenses (List in Narrative)													
1. Internal (Specify %)													
2. External (Specify %)					17.617%	\$68,760		\$68,760			\$68,760		
IV. Total Indirect Expenses (List in Narrative)					0%	\$0		\$0			\$0		
V. Total Other Expenses (List in Narrative)						\$0		\$0			\$0		
Budget Grand Total						\$462,942		\$351,272			\$111,670		

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health 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 HCPFC 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 Regulations Section 432.2.

Monique Amis, Division Chief
 Authorized HCPFC Signor Name, Title
 Signature:  Date: 8/2/24

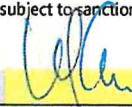



Health Care Program for Children In Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name:	Fiscal Year:
		San Bernardino	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate PHN staffing increase by 0.28FTE (10.85%) due to moving the SPH classifications to the Administrative Budget. This budget change allowed for an increase in FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel -\$1950 This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel. Private Mileage - This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the approved federal rate. Motorpool - This is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conferences, and meetings. Fleet vehicles are generally used when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from use of a vehicle from Fleet (e.g. great distances, multiple staff traveling to one location). Other Travel - This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling outside the County to attend meetings, training, or conferences, as required.			
Training -\$1930 This includes costs for anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager), including continuing education and staff development (e.g., supervisory, professional, staff behavior modification). The selected training subject matter is intended to better prepare staff to address the needs of the clients served. The amount per each FTE in the HCPCFC budget approximately \$748.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect cost percentage is 17.617% of Personnel Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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 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


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/Personnel Expenses			
Aggregate PHN staffing increase by 0.62FTE (8.96%) due to moving the SPH classifications to the Administrative Budget. This budget changed allowed for an increase in FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel - \$1,203			
This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel.			
Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses 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 Expenses Identify and Explain All Other Expense Line Items			

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 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	Date

Health Care Program for Children in Foster Care

Administrative Budget Worksheet				County/City Name: San Bernardino		Fiscal Year: 2024-25		
Column	1A	1B	1	2A	2	3A	3	
I. Personnel Expenses	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
# Name	DSS	PHN						
1 Christine Blear	No	Yes	0%	\$0	\$0	0%	\$0	
2 Albi Flores	No	Yes	0%	\$0	\$0	0%	\$0	
3 Angello De Jesus	No	Yes	0%	\$0	\$0	0%	\$0	
4 Charnelle Duvrty	No	Yes	0%	\$0	\$0	0%	\$0	
5 Tanika Reed	No	Yes	0%	\$0	\$0	0%	\$0	
6 Dajana Torres	No	Yes	0%	\$0	\$0	0%	\$0	
7 Nancy Gomez	No	Yes	0%	\$0	\$0	0%	\$0	
8 Amely Sanchez	No	Yes	0%	\$0	\$0	0%	\$0	
9 Juliana Lile	No	Yes	0%	\$0	\$0	0%	\$0	
10 Lynn Carthy	No	Yes	0%	\$0	\$0	0%	\$0	
11 Sabrina Cordeve	No	Yes	0%	\$0	\$0	0%	\$0	
12 Victoria Garcia	No	Yes	0%	\$0	\$0	0%	\$0	
13 Marissa Uresti	No	Yes	0%	\$0	\$0	0%	\$0	
14 Tracy Westdale	No	Yes	0%	\$0	\$0	0%	\$0	
15 Christopher Zam	No	Yes	0%	\$0	\$0	0%	\$0	
16 Tamara Goldstein	No	Yes	0%	\$0	\$0	0%	\$0	
17 Carmen Garcia	No	Yes	0%	\$0	\$0	0%	\$0	
18 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
19 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
20 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
21 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
22 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
23 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
24 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
25 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
26 Vacant	No	Yes	0%	\$0	\$0	0%	\$0	
27 Dawnen Hunter	No	No	60%	\$120,816	\$42,356	0%	\$163,172	
28 Rubi Smith	No	Yes	100%	\$112,424	\$112,499	0%	\$224,923	
29 Shawana Roufin	No	Yes	96%	\$192,494	\$74,249	0%	\$266,743	
30 Julianna Steele	No	Yes	55%	\$112,424	\$61,875	0%	\$174,299	
31 Susan Phlo	Yes	Yes	50%	\$135,751	\$67,876	0%	\$203,627	
32 Tracie Chandler	Yes	No	2%	\$46,291	\$1,724	0%	\$48,015	
33 Sherice Johnson	Yes	No	40%	\$48,519	\$33,408	0%	\$81,927	
34 Alexandra Utes	Yes	No	20%	\$46,435	\$9,327	0%	\$55,762	
35 Amy Flynn	Yes	No	7%	\$56,505	\$4,083	0%	\$60,588	
36 Erica Felix	Yes	No	2%	\$48,798	\$2,399	0%	\$51,197	
37 Melissa Malcolm	Yes	No	1%	\$75,121	\$7,122	0%	\$82,243	
38 ID	0	0	0%	\$0	\$0	0%	\$0	
39 ID	0	0	0%	\$0	\$0	0%	\$0	
40 ID	0	0	0%	\$0	\$0	0%	\$0	
41 ID	0	0	0%	\$0	\$0	0%	\$0	
42 ID	0	0	0%	\$0	\$0	0%	\$0	
43 ID	0	0	0%	\$0	\$0	0%	\$0	
44 ID	0	0	0%	\$0	\$0	0%	\$0	
45 ID	0	0	0%	\$0	\$0	0%	\$0	
46 ID	0	0	0%	\$0	\$0	0%	\$0	
47 ID	0	0	0%	\$0	\$0	0%	\$0	
48 ID	0	0	0%	\$0	\$0	0%	\$0	
49 ID	0	0	0%	\$0	\$0	0%	\$0	
50 ID	0	0	0%	\$0	\$0	0%	\$0	
51 ID	0	0	0%	\$0	\$0	0%	\$0	
52 ID	0	0	0%	\$0	\$0	0%	\$0	
53 ID	0	0	0%	\$0	\$0	0%	\$0	
54 ID	0	0	0%	\$0	\$0	0%	\$0	
55 ID	0	0	0%	\$0	\$0	0%	\$0	
56 ID	0	0	0%	\$0	\$0	0%	\$0	
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59 ID	0	0	0%	\$0	\$0	0%	\$0	
60 ID	0	0	0%	\$0	\$0	0%	\$0	
61 ID	0	0	0%	\$0	\$0	0%	\$0	
62 ID	0	0	0%	\$0	\$0	0%	\$0	
63 ID	0	0	0%	\$0	\$0	0%	\$0	
64 ID	0	0	0%	\$0	\$0	0%	\$0	
65 ID	0	0	0%	\$0	\$0	0%	\$0	
66 ID	0	0	0%	\$0	\$0	0%	\$0	
67 ID	0	0	0%	\$0	\$0	0%	\$0	
68 ID	0	0	0%	\$0	\$0	0%	\$0	
69 ID	0	0	0%	\$0	\$0	0%	\$0	
70 ID	0	0	0%	\$0	\$0	0%	\$0	
71 ID	0	0	0%	\$0	\$0	0%	\$0	
72 ID	0	0	0%	\$0	\$0	0%	\$0	
73 ID	0	0	0%	\$0	\$0	0%	\$0	
74 ID	0	0	0%	\$0	\$0	0%	\$0	
75 ID	0	0	0%	\$0	\$0	0%	\$0	
76 ID	0	0	0%	\$0	\$0	0%	\$0	
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81 ID	0	0	0%	\$0	\$0	0%	\$0	
82 ID	0	0	0%	\$0	\$0	0%	\$0	
83 ID	0	0	0%	\$0	\$0	0%	\$0	
84 ID	0	0	0%	\$0	\$0	0%	\$0	
85 ID	0	0	0%	\$0	\$0	0%	\$0	
86 ID	0	0	0%	\$0	\$0	0%	\$0	
87 ID	0	0	0%	\$0	\$0	0%	\$0	
88 ID	0	0	0%	\$0	\$0	0%	\$0	
89 ID	0	0	0%	\$0	\$0	0%	\$0	
90 ID	0	0	0%	\$0	\$0	0%	\$0	
91 ID	0	0	0%	\$0	\$0	0%	\$0	
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93 ID	0	0	0%	\$0	\$0	0%	\$0	
94 ID	0	0	0%	\$0	\$0	0%	\$0	
95 ID	0	0	0%	\$0	\$0	0%	\$0	
96 ID	0	0	0%	\$0	\$0	0%	\$0	
97 ID	0	0	0%	\$0	\$0	0%	\$0	
98 ID	0	0	0%	\$0	\$0	0%	\$0	
99 ID	0	0	0%	\$0	\$0	0%	\$0	
View additional rows by entering the "*" to the left.								
Total Net Salaries and Wages				\$428,265			\$428,265	
Staff Benefits (Specify %)	43.3%			\$110,146			\$110,146	
I. Total Personnel Expenses				\$538,411			\$538,411	
II. Total Operating Expenses (List in Narrative)				\$10,999			\$10,999	
III. Total Capital Expenses (List in Narrative)				\$0			\$0	
IV. Indirect Expenses (List in Narrative)				\$0			\$0	
1. Internal (Specify %)	7.67%			\$112,685			\$112,685	
2. External (Specify %)	0%			\$0			\$0	
V. Total Indirect Expenses (List in Narrative)				\$112,685			\$112,685	
V. Total Other Expenses (List in Narrative)				\$0			\$0	
Budget Grand Total				\$761,105			\$761,105	

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 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 activities 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 a Public Health Nurse Supervisor, Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Morisco Amis, Division Chief
Authorized HCPCFC Signor Name, Title

Signature: Date:

Health Care Program for Children in Foster Care

Casefold Relief Budget Worksheet						County/City Name: San Bernardino		Fiscal Year: 2024-25	
Column		1A	1B	1	2A	2	3A	3	
					Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
I. Personnel Expenses									
#	Name	Title	DS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total
1	Christine Dwyer	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
2	Alba Flores	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
3	Angelita De Jesus	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
4	Cherrille Quintero	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
5	Tamara Reed	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
6	Dejuana Tenner	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
7	Nancy Gomez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
8	Aracelis Sanchez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
9	Adriana Lida	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
10	Tanya Carrizo	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
11	Sabrina Concha	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
12	Victoria Garcia	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
13	Martina Uresti	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
14	Tanya Westhoff	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
15	Christine Zam	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
16	Tamara Goharian	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
17	Carmon Garcia	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
18	Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420
19	Vacant	Public Health Nurse II	No	Yes	92%	\$79,472	\$79,472	80%	\$63,578
20	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
21	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
22	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
23	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
24	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
25	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
26	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0
27	Shawnti Hunter	Public Health Program Manager	Yes	Yes	0%	\$0	\$0	0%	\$0
28	Rubal Smith	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0
29	Shauna Poulis	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0
30	Judaeen Steele	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0
31	Shawn Hilde	Public Health Nurse Manager	Yes	Yes	0%	\$0	\$0	0%	\$0
32	Travis Chandler	Accountant II/Senior Accountant	Yes	No	0%	\$0	\$0	0%	\$0
33	Shantia Johnson	Administrative Supervisor I	Yes	No	0%	\$0	\$0	0%	\$0
34	Amyjandra Lopez	Fiscal Assistant	Yes	No	0%	\$0	\$0	0%	\$0
35	Amy Tilden	Health Education Specialist II	Yes	No	0%	\$0	\$0	0%	\$0
36	Erica Falc	Office Assistant I	Yes	No	0%	\$0	\$0	0%	\$0
37	Melissa Malcolm	Program Specialist I	Yes	No	0%	\$0	\$0	0%	\$0
38	0	0	0	0	0%	\$0	\$0	0%	\$0
39	0	0	0	0	0%	\$0	\$0	0%	\$0
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50	0	0	0	0	0%	\$0	\$0	0%	\$0
51	0	0	0	0	0%	\$0	\$0	0%	\$0
52	0	0	0	0	0%	\$0	\$0	0%	\$0
53	0	0	0	0	0%	\$0	\$0	0%	\$0
54	0	0	0	0	0%	\$0	\$0	0%	\$0
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56	0	0	0	0	0%	\$0	\$0	0%	\$0
57	0	0	0	0	0%	\$0	\$0	0%	\$0
58	0	0	0	0	0%	\$0	\$0	0%	\$0
59	0	0	0	0	0%	\$0	\$0	0%	\$0
60	0	0	0	0	0%	\$0	\$0	0%	\$0
61	0	0	0	0	0%	\$0	\$0	0%	\$0
62	0	0	0	0	0%	\$0	\$0	0%	\$0
63	0	0	0	0	0%	\$0	\$0	0%	\$0
64	0	0	0	0	0%	\$0	\$0	0%	\$0
65	0	0	0	0	0%	\$0	\$0	0%	\$0
66	0	0	0	0	0%	\$0	\$0	0%	\$0
67	0	0	0	0	0%	\$0	\$0	0%	\$0
68	0	0	0	0	0%	\$0	\$0	0%	\$0
69	0	0	0	0	0%	\$0	\$0	0%	\$0
70	0	0	0	0	0%	\$0	\$0	0%	\$0
71	0	0	0	0	0%	\$0	\$0	0%	\$0
72	0	0	0	0	0%	\$0	\$0	0%	\$0
73	0	0	0	0	0%	\$0	\$0	0%	\$0
74	0	0	0	0	0%	\$0	\$0	0%	\$0
75	0	0	0	0	0%	\$0	\$0	0%	\$0
76	0	0	0	0	0%	\$0	\$0	0%	\$0
77	0	0	0	0	0%	\$0	\$0	0%	\$0
78	0	0	0	0	0%	\$0	\$0	0%	\$0
79	0	0	0	0	0%	\$0	\$0	0%	\$0
80	0	0	0	0	0%	\$0	\$0	0%	\$0
81	0	0	0	0	0%	\$0	\$0	0%	\$0
82	0	0	0	0	0%	\$0	\$0	0%	\$0
83	0	0	0	0	0%	\$0	\$0	0%	\$0
84	0	0	0	0	0%	\$0	\$0	0%	\$0
85	0	0	0	0	0%	\$0	\$0	0%	\$0
86	0	0	0	0	0%	\$0	\$0	0%	\$0
87	0	0	0	0	0%	\$0	\$0	0%	\$0
88	0	0	0	0	0%	\$0	\$0	0%	\$0
89	0	0	0	0	0%	\$0	\$0	0%	\$0
90	0	0	0	0	0%	\$0	\$0	0%	\$0
91	0	0	0	0	0%	\$0	\$0	0%	\$0
92	0	0	0	0	0%	\$0	\$0	0%	\$0
93	0	0	0	0	0%	\$0	\$0	0%	\$0
94	0	0	0	0	0%	\$0	\$0	0%	\$0
95	0	0	0	0	0%	\$0	\$0	0%	\$0
96	0	0	0	0	0%	\$0	\$0	0%	\$0
97	0	0	0	0	0%	\$0	\$0	0%	\$0
98	0	0	0	0	0%	\$0	\$0	0%	\$0
99	0	0	0	0	0%	\$0	\$0	0%	\$0
View additional rows by selecting the "+" to the left.									
Total PHN FTE %					692%		\$19,452	438%	\$13,107
Total Direct Support Staff FTE %					0%		\$0	0%	\$0
Total Net Salaries and Wages							\$702,919		\$632,627
SOB Benefits (50.2% %)							\$44,918		\$40,842
I. Total Personnel Expenses					48.7%		\$1,048,937		\$944,111
II. Total Operating Expenses (List in Narrative)							\$17,8		\$16,538
III. Total Capital Expenses (List in Narrative)							\$0		\$0
IV. Indirect Expenses (List in Narrative)							\$0		\$0
1. Internal (Specify %)					77.61%		\$1,048,419		\$943,425
2. External (Specify %)					0%		\$0		\$0
V. Total Indirect Expenses (List in Narrative)							\$184,425		\$184,425
VI. Total Other Expenses (List in Narrative)							\$0		\$0
Budget Grand Total							\$1,233,362		\$1,128,536

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 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. HCPCFC staffing is limited to Public Health 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 goals and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by California Code of Regulations Section 432.2.

Monique Ann, Division Chief
 Authorized HCPCFC Signor Name, Title
 Signature: *[Handwritten Signature]*
 Date: *[Handwritten Date]*



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name: San Bernardino	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Aggregate staffing for Administrative Budget costs are determined based on guidance provided by DHCS and standards established for HCPCFC support staff. Benefit rate is 48.93%			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel - \$1,200 This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel. Private Mileage – This is reimbursement to staff for use of their private vehicles to conduct program activities, including but not limited to, training, meetings, and/or other county work locations. At present, the rate of reimbursement per mile is			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses 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 Expenses Identify and Explain All Other Expense Line Items			

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 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	Date



Health Care Program for Children in Foster Care

Funding Source:		Budget Summary												County/City:		Fiscal Year:			
		Base				PMM&O				Caseload Relief				County/City-Federal				San Bernardino	
A		B	C	D	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	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	\$0	\$0	\$0	\$639,638	\$0	\$0	\$639,638	\$0	\$0	\$639,638
II. Total Operating Expenses	\$8,072	\$0	\$8,072	\$3,880	\$0	\$3,880	\$3,658	\$0	\$3,658	\$0	\$0	\$0	\$30,999	\$0	\$0	\$30,999	\$0	\$0	\$30,999
III. Total Capital Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IV. Total Indirect Expenses	\$413,747	\$413,747	\$413,747	\$68,760	\$68,760	\$68,760	\$184,425	\$184,425	\$184,425	\$0	\$0	\$0	\$112,685	\$0	\$0	\$112,685	\$0	\$0	\$112,685
V. Total Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Budget Grand Total	\$2,770,383	\$2,010,500	\$759,883	\$462,942	\$351,272	\$111,670	\$1,234,940	\$942,171	\$292,769	\$0	\$0	\$0	\$783,322	\$0	\$0	\$783,322	\$0	\$0	\$783,322
E	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	
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	Total Funds	Enhanced	Non-Enhanced	
State/County Funds	\$882,567	\$502,625	\$379,942	\$143,653	\$87,818	\$55,835	\$381,927	\$235,543	\$146,385	\$0	\$0	\$0	\$391,661	\$0	\$0	\$391,661	\$0	\$0	\$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	\$0	\$0	\$0	\$391,661	\$0	\$0	\$391,661	\$0	\$0	\$391,661
Budget Grand Total	\$2,770,383	\$2,010,500	\$759,883	\$462,942	\$351,272	\$111,670	\$1,234,940	\$942,171	\$292,769	\$0	\$0	\$0	\$783,322	\$0	\$0	\$783,322	\$0	\$0	\$783,322

Monique Amis, Division Chief
 Authorized HCPCFC Signor Name, Title
 Signature: *[Signature]* Date: *[Date]*