



Budget Workbook Instructions

- 1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPCFC) budget can be found within this workbook, the yearly HCPCFC Allocation Letter, and the Plan & Fiscal Guidelines.
- 2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
- 3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
- 4. Budget Submission Instructions
 - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPCFC Allocation Letter.
 - A budget submission must consist of two documents:
 - I. Reporting Workbook in Excel Format
 - II. Reporting Workbook in Electronically Signed PDF Format
- 5. 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 your DHCS HCPCFC Liaison at HCPCFC@dhcs.ca.gov.
- 6. Submissions need only include the information requested in the attached HCPCFC Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
- 7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
- 8. Questions regarding access to the ISCD Budget Portal and expenditure invoicing may be directed to: ISCDFiscal@dhcs.ca.gov. All other questions may be directed to: HCPCFC@dhcs.ca.gov.





			County/City:		Fiscal Year:
	Agency Info	ormation	San Bernardin	0	2025-26
_					
		451 East Vanderbilt Way			Sharon Wang, DO, MSHPE, FIDSA
	<i>y</i> 41	San Bernardino, CA	HCPCFC	Central Email	
	Zip Code:	92415-0012		Address:	
	Authorized HCPC	FC Representative		Director of Sc	ocial Services Agency
	Name, Title:	Monique Amis, Division Ch		Name:	James Locurto
		909-387-6218		Phone:	909-388-0245
		Monique.Amis@dph.sbcou		Email:	James.Locurto@hss.sbcounty.gov
-		rd of Supervisors			obation Officer
_		Lynn Monell			Tracy Reece
		909-387-3824			909-387-5874
l					
_	Email:	Imonell@cob.sbcounty.go			Tracy.Reece@prob.sbcounty.gov
		List All HCI	PCFC Program	Staff	
	Name:	Title:	Support Staff	PHN	Email:
1 1	Christine Diggs	Public Health Nurse II	No	Yes	Christine.Diggs@hss.sbcounty.gov
2	Alba Flores	Public Health Nurse II	No	Yes	Alba, Flores@hss.sbcounty.gov
3	Angelo De Jesus	Public Health Nurse II	No	Yes	Angelo.DeJesus@hss.sbcounty.gov
4	Cherrelle Overby	Public Health Nurse II	No	Yes	Cherelle.Overby@hss.sbcounty.gov
5	Tanoka Reed	Public Health Nurse II	No	Yes	Tanoka.Reed@hss.sbcounty.gov
6	Dejanae Tinner	ervising Public Health Nur	No	Yes	Dejanae.Tinner@hss.sbcounty.gov
7	Nancy Gomez	Public Health Nurse II	No	Yes	Nancy.Gomez@hss.sbcounty.gov
8	Anyluz Sanchez	Public Health Nurse II	No	Yes	Anyluz.Sanchez@hss.sbcounty.gov
9	Adaeze Ude	Public Health Nurse II	No	Yes	Adaeze.Ude@hss.sbcounty.gov
10	Toya Carraby	Public Health Nurse II	No	Yes	Toya.Carraby@hss.sbcounty.gov
11	Sabrina Cordova	Public Health Nurse II	No	Yes	Sabrina.Cordova@hss.sbcounty.go
12	Victoria Garcia	Public Health Nurse II	No	Yes	Victoria.Garcia@hss.sbcounty.gov
13	Marissa Uresti	Public Health Nurse II	No	Yes	Marissa.Uresti@hss.sbcounty.gov
14 15	Joanna Guzman	Public Health Nurse II	No	Yes	loanna.Guzman@hss.sbcounty.go
16	Christopher Zorn	Public Health Nurse II	No	Yes	hristopher.Zorn@dph.sbcounty.go amara.Goldstein@dph.sbcounty.go
17	Tamara Goldstein	Public Health Nurse II	No	Yes Yes	Carmen.Garcia@dph.sbcounty.gov
18	Carmen Garcia	Public Health Nurse II Public Health Nurse II	No No	Yes	ra.gonzalez-olascon@hss.sbcount
19	Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	tonya.duckett@dph.sbcounty.gov
20	Tonya Duckett Wendy Gonzales	Public Health Nurse II	No	Yes	Wendy.Gonzales@hss.sbcounty.go
21	Vacant	Public Health Nurse II	No	Yes	To be assigned upon hire
22	Stewart Hunter	blic Health Program Manage		No	dph.sbcounty.goshunter@dph.sbc
23		pervising Public Health Nu		Yes	Rubi, Smith@hss.sbcounty.gov
24	Shaunna Poulin	pervising Public Health Nu		Yes	shaunna.Poulin@dph.sbcounty.go
25	Julieann Steele	pervising Public Health Nu		Yes	Julieann.Steele@dph.sbcounty.gov
26	Vacant	ublic Health Nurse Manag		Yes	To be assigned upon hire
27	Trent Chandler	ountant III/Senior Account		No	Trent.Chandler@dph.sbcounty.gov
28	Celeste Quiroz	Administrative Supervisor		No	Celeste.Quiroz@dph.sbcounty.gov
29	Alyssa Olivas	Program Specialist I	Yes	No	Alyssa.Olivas@dph.sbcounty.gov
30	Amy Trihn	Health Education Specialist	Yes	No	Amy.Trihn@dph.sbcounty.gov
31	Erica Felix	Office Assistant II	Yes	No	E-Sanchez-Felix@dph.sbcounty.go
Vie	w additional rows by select	ing the "+" to the left.			



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:	
	San Bernardino	2025-26	

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.

Monique Amis, Division Chief	o (un.	821125
HCPCFC/County Authorized Representative	Signature	Date
Dawn Rowe, Chair, Board of Supervisors		
Local Governing Body Chairperson Name,	Signature	Date



Total Base		Base Budget Worksheet	let Worl	sheet				County/City Name:	e.	FISCAL YEAR.	
Title Page								San Bernardino		2025-26	
Triple	Column				1A	18	1	ZA	2	3A	m
Title	I. Personnel Expenses				Total Base	A contract of the second	Total Budget	Enhanced	Enhanced	Non-	Non-
Public Health Nurse No	# Name	Title	DSS	H	FTE %	Alifildal Salary	i Oral Budget	FTE %	Total	% %	
Public Freeth Nurse II No Yes 0% \$112,243 \$10 90% \$10 10%	1 Christine Diggs	Public Health Nurse II	No	Yes	100%	\$157,635	\$157,635	%06	\$141,871	10%	\$15,763
Public Health Nurse II No	2 Alba Flores	Public Health Nurse II	No	Yes	%0	\$112,716	\$0	%06	\$0	10%	\$0
Public Health Nurse II No Yes 100% 5119,505 90% 510,555 10%	3 Angelo De Jesus	Public Health Nurse II	No.	Yes	%0	\$112,543	\$0	%06	0\$	10%	\$0
Public Health Nurse No Yes 0'% \$110,016 \$90 90% \$10 10% \$10,016	4 Cherrelle Overby	Public Health Nurse II	o _N	Yes	100%	\$119,505	\$119,505	%06	\$107,555	10%	\$11,951
Superving build Health No Yes 00% \$109.063 \$100.063 \$1	5 Tanoka Reed	Public Health Nurse II	No	Yes	%0	\$110,616	\$0	%06	0\$	10%	\$0
Public Health Nursell No Yes 100% 1129,357 90% 5110,358 110,86 Public Health Nursell No Yes 100% 1129,357 910% 133,209 S133,209 90% 1119,88 S119,88 S119	$\overline{}$	Supervising Public Health	δ	Yes	%0	\$107,063	\$0	%06	\$0	10%	0\$
Public Health Nursell No Yes 100% 1192, 119, 129, 119, 119, 119, 119, 119	7 Nancy Gomez	Public Health Nurse II	o _N	Yes	100%	\$129,367	\$129,367	%06	\$116,431	10%	\$12,937
Public Health Nurse I No Yes 100% \$1133.299 50% \$119,888 10% 10% 10% 100%		Public Health Nurse II	S	Yes	100%	\$109,211	\$109,211	%06	\$98,290	10%	\$10,921
Public Health Nurse No Yes 100% 5111,168 510,059 510,0501 10%		Public Health Nurse II	No	Yes	100%	\$133,209	\$133,209	%06	\$119,888	10%	\$13,321
Public Health Nurse No Yes 100% \$111,168 90% \$1100551 10% 10% 100% 1008/14 1008/14 100% 1008/14 1008/14 100% 1008/14 1008/14 100% 1008/14 1008/14 1008/14 100% 1008/14		Public Health Nurse II	ş	Yes	%0	\$125,015	\$0	%06	0\$	10%	0 \$
Public Health Nurse No Yes 100% 1108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,233 5108,234		Public Health Nurse II	S	Yes	100%	\$111,168	\$111,168	%06	\$100,051	10%	\$11,117
Public Health Nurse No Yes 100% \$110,817 90% \$190,877 90% \$190,87 90% 90% 90% 90% 90% 90% 90% 90% 90% 9	12 Victoria Garcia	Public Health Nurse II	No	Yes	100%	\$108,523	\$108,523	%06	\$97,671	10%	\$10,852
Public Health Nurse No Ves 100% 513,7655 515,7655 90% 514,1871 10% Public Health Nurse No Ves 100% 513,0554 90% 512,052 10% 90% 512,052 10% 90% 512,052 10% 90% 512,052 10% 90% 512,052 10% 90% 512,052 10% 90% 512,052 10% 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,054 90% 510,055 90% 510,055 90% 510,055 90% 510,054 90% 510,055 90% 510,055 90% 510,055 90% 510,054 90% 510,055 90% 510,	13 Marissa Uresti	Public Health Nurse II	9V	Yes	100%	\$109,817	\$109,817	%06	\$98,836	10%	\$10,982
Public Health Nurse No Yes 100% \$1133425 \$193435 90% \$1120,082 10%	14 Jacqueline Brazil	Public Health Nurse II	o _N	Yes	100%	\$157,635	\$157,635	%06	\$141,871	10%	\$15,763
Public Health Nurse No Ves 100% \$100,504 90% \$190,544 10% 10		Public Health Nurse II	No	Yes	100%	\$133,425	\$133,425	%06	\$120,082	10%	\$13,342
Public Health Nurse II No Yes 100% \$100,504 90% \$150,505 10% 10% 10% 10	16 Monique Leonard	Public Health Nurse II	8	Yes	100%	\$100,504	\$100,504	%06	\$90,454	10%	\$10,050
Public Health Nurse II No Yes 100% 5128.997 5128.997 90% 5116.098 10% Public Health Nurse II No Yes 00% 5137.262 30 90% 50 10% 50 50 50 50 50 50 50		Public Health Nurse II	o _N	Yes	100%	\$100,504	\$100,504	%06	\$90,454	10%	\$10,050
Public Health Nurse II No Yes 0% \$117592 \$10 90% \$10 \$	18 Christopher Zorn	Public Health Nurse II	o _N	Yes	100%	\$128,997	\$128,997	%06	\$116,098	10%	\$12,900
Public Health Nurse II No Ves 0% \$117,765 \$10 90% \$10 70%	19 Tamara Goldstein	Public Health Nurse II	No	Yes	%0	\$135,952	\$0	%06	\$0	10%	\$0
Public Health Nurse II No Yes 0% 599312 510 90% 510 10% Public Health Nurse II No Yes 100% 5111,168 510 90% 510,7511 10% Public Health Nurse II No Yes 119% 5119,568 5119,568 510,90% 516,142 10% Public Health Nurse II No Yes 15% 5119,568 5119,568 50% 50% 50% 50% 50% Public Health Nurse II No Yes 0% 5129,414 50 20% 50 60% Supervising Public Health No Yes 0% 5139,414 50 20% 50% 50% Supervising Public Health Nurse Man Yes Yes 0% 5137,408 50 50% 50% 50% Supervising Public Health Nurse Man Yes Yes 0% 5137,408 50 00% 50% 50% Public Health Nurse Man Yes Yes No 0% 5130,701 50 00% 50% 50% 50% Public Health Nurse Man Yes No 0% 510,771 50 00% 50% 50% 50% 50% Public Health Serior Accord Yes No 0% 510,771 50 00% 50%	20 Carmen Garcia	Public Health Nurse II	ş	Yes	%0	\$117,765	\$0	%06	0\$	10%	\$0
Public Health Nurse No Yes		Public Health Nurse II	o _N	Yes	%0	\$99,312	\$0	%06	0\$	10%	\$0
Public Health Nurse II No Yes 100% \$119,568 \$119,568 \$10,561 10% 1	22 Tomya Duckett	Public Health Nurse II	No	Yes	%0	\$111,168	\$0	%06	0\$	10%	\$0
Public Health Nurse II No Ves 15% \$119,586 \$17,935 90% \$15,142 10% No No No 0% \$130,689 \$10,08 \$15,042 10% No No No 0% \$130,644 \$10 \$20% \$20% \$20 80% \$10,040 No No \$130,444 \$10 \$20% \$10 \$20% \$10,040 No No \$10,040 No No \$10,040 No No \$10,040 No No No No No No No N	23 Wendy Gonzales	Public Health Nurse II	No	Yes	100%	\$119,568	\$119,568	%06	\$107,611	10%	\$11,957
Public Health Program Mile No No No No No No No N	24 Vacant	Public Health Nurse II	No	Yes	15%	\$119,568	\$17,935	%06	\$16,142	10%	\$1,794
Supervising Public Health No Yes 0% \$118,473 \$10 20% \$50 80% \$100	25 Stewart Hunter	Public Health Program Ma	No	oN N	%0	\$130,695	\$0	%06	\$0	10%	9
Supervising Public Health No Yes 0% \$119,44 \$10 20% \$50 80% Supervising Public Health No Yes 0% \$119,44 \$10 20% \$50 80% Supervising Public Health Nuse Manna Yes Yes 0% \$119,0771 \$10 20% \$50 80% Administrative Supervisor Yes No 0% \$119,0771 \$10 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50 100% Health Education Specialist Yes No 0% \$50,305 \$50 0% \$50	26 Rubi Smith	Supervising Public Health	No	Yes	%0	\$118,473	\$0	20%	\$0	80%	\$0
Supervising Public Health No Ves 0% \$118.473 \$10 20% \$50 \$60% \$60% \$100		Supervising Public Health	°S	Yes	%0	\$129,414	\$0	20%	\$0	80%	20
Public Health Nurse Mano Yes 0% \$137,209 \$50 \$50 \$80 % Accountant III/Serior Accor Yes No 0% \$137,209 \$50	28 Julieann Steele	Supervising Public Health	No	Yes	%0	\$118,473	\$0	20%	0\$	%08	80
Administrative June Ves No 0% \$1100,771 \$10 0% \$100,000 \$100	29 Vacant	Public Health Nurse Mans	Yes	Yes	%0	\$137,208	\$0	20%	0\$	80%	\$0
Achimistrative Supervisor Yes No O% \$115.861 \$50 O% \$50 O% \$100% Program Specialist Yes No O% \$50,542 \$50 O% \$50 100% Predit Education Specialis Yes No O% \$50,542 \$50 O% \$50 00% Coffee Assistant Yes No O% \$50,542 \$50 O% \$1,263.304 In Marrative Afs.36% \$1,330,44 \$1,330,044 \$1,263.304 In Marrative Afs.36% \$40,5275 \$1,263.304 In Marrative Afs.36% \$1,000,000 In Marrative Af	30 Trent Chandler	Accountant III/Senior Acco	Yes	°N	%0	\$100,771	\$0	%0	0\$	100%	0\$
Program Specialist Yes No 0% \$50,305 \$50 0% \$50 \$100% \$100	31 Celeste Quiroz	Administrative Supervisor	Yes	No	%0	\$115,861	\$0	%0	0\$	100%	0\$
Health Education Specialis Yes No 0% \$52,542 \$50 0% \$50 100% Office Assistant II Yes No 0% \$58,941 \$50 0% \$50 100% In the first in Namative A6,36% \$1,737,004 \$1,563,304 In the first in Namative \$1,737,004 \$1,563,304 In the first in Namative \$1,737,004 \$1,563,304 In the first in Namative \$1,761,4% \$1,761,4% In the first in Namative \$1,761,4% \$1,761,4% In the first in Namative \$1,797 In t	32 Alyssa Olivas	Program Specialist I	Yes	oN N	%0	\$90,305	\$0	%0	\$0	100%	\$0
Office Assistant Yes No 0% \$58,941 \$50 0% \$50 100%	33 Amy Tribn	Health Education Specialis	Yes	S _N	920	\$62,642	0\$	%0	0\$	100%	0\$
ing the +** to the left. 11,737,004 11,583,304 12,288,052 12,288,052 12,288,052 13,288,052 13,288,052 13,288,052 13,084 13,084 14,787 17,614% 17,614% 17,614% 18,084,7197 1	34 Erica Felix	Office Assistant II	Yes	No	%0	\$58,941	0\$	%0	05	100%	\$0
17.517.04 17.513.304 17.517.04 17.	View additional rows by selectir	ng the "+" to the left.									
es See (List in Narrative) 46.36% \$ 8005,275 \$ \$724,148 \$ 8005,275 \$ \$724,148 \$ 8005,275 \$ \$7.240,279 \$ \$7.280,652 \$ \$ \$7.240,279 \$ \$7.280,652 \$ \$ \$7.240,279 \$ \$	Total Net Salaries and Wages						\$1,737,004	100	\$1,563,304		\$173,700
17.614% 5447/97 52.86.652 17.614% 17.614% 5447/97 17.614% 5447/97 17.614% 5447/97 17.614% 5447/97 17.614% 5447/97 17.614% 17	Staff Benefits (Specify %)		46.	36%			\$805,275		\$724,748		\$80,527
\$3,004 \$0 \$1,000	I. Total Personnel Expenses						\$2,542,279		\$2,288,052		\$254,227
tive) \$0 17.614% \$447.797 0% \$0 alive) \$0 \$0 \$0	II. Total Operating Expenses (Li	st in Narrative)					\$3,094		0\$		\$3,094
ative) \$442,797 \$442,	III. Total Capital Expenses (List	in Narrative)					0\$				0\$
17.614%	IV. Indirect Expenses (List in Na	urative}									
e) 0% \$40 190 0% \$40 190 0%	1. Internal (Specify %)		17.6	14%			\$447,797				\$447,797
e) \$447,797 [e) \$	2. External (Specify %)		0	%			\$0				\$0
08	IV. Total Indirect Expenses (List	in Narrative)					\$447,797				\$447,797
	V. Total Other Expenses (List in	Narrative)									\$0

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 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 HCPCFM will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listeds expenses adere to program goals, social angular species and their Direct. Further agree that this HCPCFC angular pages, such advinctions or other remedies if this HCPCFC wildles and the APCFC staffing is limited to Public Health Nurses and their Direct Support Staff, by signing below, I certify that the listed individuals Scall service Classification, Duy 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 1752.

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title

County/City Name: Fiscal Year:



Health Care Program for Children in Foster Care

	Base Budget Narrative	San Bernardino	2025-26
I. Personnel Ex	penses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	
	N staffing decrease by 1.55 FTE (6.66%) due to a cost of living increa		
II. Operating E	xpenses Identify and Explain All Operating Expense Line Items		
Travel-\$618			
Private Mileag not limited to, \$0.70, but the Motorpool – I seminars/conf vehicle, or in o traveling to or Other Travel – traveling outs Training -\$247 This includes of development	This category includes airfare, meals, lodging, and other approved ide the County to attend meetings, training, or conferences, as requive to the costs for anticipated training needs for program staff (PHN I/II), included, supervisory, professional, staff behavior modification). The self are staff to address the needs of the clients served. The amount personal includes the served of the clients served.	conduct program a the rate of reimbur ehicles for travel to to the mployee is not able eet (e.g., great distance costs including continuing educted training subjected training subjected.	ctivities, including but sement per mile is raining, to use his/her private nces, multiple staff curred by staff ucation and staff ct matter is intended
III. Capital Exp	enses 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 17.614% of Personnel Costs (Salaries	s plus Fringe benefit:	s).
External:			
V. Other Expe	nses Identify and Explain All Other Expense Line Items		
	the Health Care Program for Children in Foster Care (HCPCFC) will cover and regulations, including all federal laws and regulations govern		

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 violetes any of the above.

Monique Amis, Division Chief

Signature



							County/City Name		Fiscal Year:	
Pevrhi	Psychotropic Medication Monitoring 8	& Oversiaht Budget Worksheet	Budget	Worksheet			المساحة المساحة			
in fe :							San Bernardino		2025-26	12
Column				1A	118	1	2A	2	3A	3
I. Personnel Expenses		1		Total Base	Annual	- C	Enhanced	Enhanced	Non-	Non-
# Name	Title	DSS	AH NH NH NH NH	FTE %	Salary	lotal budget	FTE %	Total	Ennanced FTE %	Total
1 Tamara Goldstein	Public Health Nurse II	9 N	Yes	100%	\$135,952	\$135,952	%06	\$122,357	10%	\$13,595
2 Tonya Duckett	Public Health Nurse II	SN N	Yes	100%	\$125,015	\$125,015	%06	\$112,513	10%	\$12,501
	Public Health Nurse II	N _O	Yes	2%	\$99,312	\$4,966	%06	\$4,469	10%	\$497
4		No	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
2		No	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
9		ON	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
7		SN.	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
8		No	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
6		No	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
10		No	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
View additional rows by selecting the "+" to the left.	o the left.									
Total Net Salaries and Wages						\$265,932		\$239,339		\$26,593
Staff Benefits (Specify %)		46	46.36%			\$123,286		\$110,958		\$12,329
I. Total Personnel Expenses						\$389,218		\$350,297		\$38,922
II. Total Operating Expenses (List in Narrative)	ive)					\$2,739		\$0		\$2,739
III. Total Capital Expenses (List in Narrative)	(6)					\$0				\$0
IV. Indirect Expenses (List in Narrative)										
1. Internal (Specify %)		17	17.614%			\$68,557				\$68,557
2. External (Specify %)			%0			\$0				\$0
IV. Total Indirect Expenses (List in Narrative)	(ə					\$68,557				\$68,557
V. Total Other Expenses (List in Narrative)						\$0				\$0
				Budget	Budget Grand Total	\$460,514		\$350,297		\$110,218

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 Leertify 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 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 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 Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title

ignature



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Douals s 4:	ania Bandiantian Banitavina Q. Oversiakt Dudget Nametiva	County/City Name:	Fiscal Year:
Psychotr	opic Medication Monitoring & Oversight Budget Narrative	San Bernardino	2025-26
I. Personnel Ex	penses Identify and Explain Any Changes in Personnel/Personnel Ex	rpenses	
	N staffing decrease by .53FTE (22.89%) due to a cost of living increa	se.	
	xpenses Identify and Explain All Operating Expense Line Items		
Private Mileage – 1 and/or other coun Motorpool – This i are generally used great distances, m Other Travel – This meetings, training, Training -\$1370	general categories of travel expense: private mileage, motorpool expenses, and other traces is reimbursement to staff for use of their private vehicles to conduct program activities to work locations. At present, the rate of reimbursement per mile is \$0.70, but the rate vast included for costs incurred to use County Fleet Department vehicles for travel to training when an employee is not able to use his/her private vehicle, or in cases where financial saultiple staff traveling to one location). Category includes airfare, meals, lodging, and other approved subsistence costs incurred or conferences, as required.	s, including but not limited to ries according to the approv g, seminars/conferences, and avings will result from use of by staff traveling outside the including continuing educa	ed federal rate. I meetings. Fleet vehicles a vehicle from Fleet (e.g., e County to attend
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items	to better erecare craft to a	TOTAL THO BOARD OF THE
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:	The indirect cost percentage is 17.614% of Personnel Costs (Salarie	s plus Fringe benefits).
External:			
V. Other Expe	nses 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) will constant the Health Care Program for Children in Foster Care (HCPCFC) will constant to a same and regulations governed assistance pursuant to Title XIX of the Social Security Act (42 LCFC will comply with all rules promulgated by DHCS pursuant to the organization goals, scope, and activity requirements. I further agree that the other remedies if this HCPCFC violates any of the	ing recipients of fede J.S.C. Section 1396 et ese authorities, and th iis HCPCFC may be su	eral funds granted to seq.). I further certify nat all listed expenses

Signature



		Caseload Relief Budget Worksheet	Worksh	eet				County/City Name:	Vame:	Hiscal Year.	
		6				200		San Bernardino	ou	2025-26	
Column	uu				1.4	18	-	2A	2	3A	8
Per	Personnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced Total	Noi	Non-
#	Name	Title	DSS	PHN	FTE %	Salany	iona page	FTE%			Total
Ť	Christine Diags	Public Health Nurse II	_o N	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
~	Alba Flores	Public Health Nurse II	_S	Yes	%001	\$112,716	\$112,716	806	\$101,444	10%	\$11,272
m	Angelo De Jesus	Public Health Nurse II	oN	Yes	100%	\$112,543	\$112,543	%06	\$101,289	10%	\$11,254
4	Cherrelle Overby	Public Health Nurse II	oN	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
S	Tanoka Reed	Public Health Nurse II	o _N	Yes	4001	\$110,616	\$110,616	%06	\$99,554	10%	\$11,062
9	Dejanae Tinner	Supervising Public Health Nurse II	No	Yes	%0	0\$	\$0	%0	0\$	100%	\$0
1	Nancy Gomez	Public Health Nurse II	o _N	Yes	%0	0\$	\$0	%0	0\$	100%	\$0
60	Anviuz Sanchez	Public Health Nurse II	No	Yes	960	0\$	\$ 0	%0	0\$	100%	\$0
0	Adaeze Ude	Public Health Nurse II	o _N	Yes	%0	0\$	\$0	%0	\$0	100%	\$0
	Toya Carraby	Public Health Nurse II	oN	Yes	100%	\$125,015	\$125,015	%06	\$112,513	10%	\$12,501
E	Sabrina Cordova	Public Health Nurse II	_S	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
12	12 Victoria Garcia	Public Health Nurse II	2	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
5	13 Marissa Uresti	Public Health Nurse II	2	Yes	%0	\$0	0\$	%0	0\$	100%	\$0
4	14 Joanna Guzman	Public Health Nurse II	oZ.	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
15	Christopher Zorn	Public Health Nurse II	o _N	Yes	%0	0\$	\$0	%0	\$0	100%	\$0
19	Tamara Goldstein	Public Health Nurse II	ž	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
100	Carmen Garcia	Public Health Nurse II	å	Yes	100%	\$117,765	\$117,765	%06	\$105,989	10%	\$11,777
18	18 Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	95%	\$99,312	\$94,346	%06	\$84,912	10%	\$9,435
6	19 Tonya Duckett	Public Health Nurse II	8	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
20	20 Wendy Gonzales	Public Health Nurse II	No	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
7.	Vacant	Public Health Nurse II	No	Yes	35%	\$119,568	\$41,849	%0	\$0	100%	\$41,849
22	Stewart Hunter	Public Health Program Manager	9N	S.	%0	0\$	0\$	%0	0\$	100%	9
23	Rubi Smith	Supervising Public Health Nurse	Ŷ.	Yes	%0	0\$	\$0	%0	95	100%	03
24	24 Shaunna Poulin	Supervising Public Health Nurse	ŝ	Yes	%0	\$0	0\$	%0	05	100%	0\$
25	25 Julieann Steele	Supervising Public Health Nurse	å	Yes	%0	\$0	80	%0	0\$	36001	9
56	26 Vacant	Public Health Nurse Manager	Yes	Yes	%0	\$0	000	%0	20	100%	05
27	27 Trent Chandler	Accountant III/Senior Accountant	Yes	No	%0	\$0	\$0	%0	0\$	100%	0\$
28	28 Celeste Quiroz	Administrative Supervisor I	Yes	No	%0	\$0	\$0	%0	\$0	100%	05
59	29 Alyssa Olivas	Program Specialist I	Yes	No	%0	°\$	\$0	%0	\$0	100%	\$0
30	30 Amy Trihn	Health Education Specialist II	Yes	_S	%0	\$0	2	%0	0\$	100%	05
31	31 Erica Felix	Office Assistant II	Yes	No	%0	\$0	0\$	%0	\$0	100%	\$0
View	'iew additional rows by selecting the	"+" to the left.									
Tota	otal PHN FTE %				630%			240%			
Tota	otal Direct Support Staff FTE %				%0			%0			
Tota	otal Net Salaries and Wages						\$714,850		\$605,701		\$109,149
Staff	Staff Benefits (Specify %)		46,36%	%9			\$331,404		\$280,803		109'055
12	Total Personnel Expenses						\$1,046,254		\$886,504		\$159,750
T	. Total Operating Expenses (List in Narrative)	(arrative)					\$2,298.62		\$0		\$2,299
Ě	II. Total Capital Expenses (List in Narrative)	rative)					\$0				0\$
≥ E	V. Indirect Expenses (List in Narrative)	(e									
-	Internal (Specify %)		17.6	17.614%			\$184,287				\$184,287
2	External (Specify %)		0	%0			\$0				\$0
≥	V. Total Indirect Expenses (List in Narrative)	irrative)					\$184,287				\$184,287
Z.	V. Total Other Expenses (List in Narrative)	ative)					\$0				\$0
					Budget	Budget Grand Total	\$1,232,840		\$886,504		\$346,336

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 tudes promulgated by DHCs pursuant to these authorities, and that all listed expenses adhere to program spoals, stope and activity requirements. I further agree that this HCPCFC wildres any of the above. HCPCFC for finding is limited by DHIICH Hallh Nurses and their Direct Support Staff. By signing below, I certify that the listed inounduals CMI Service classification. Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by Calle of Federal Regulations Section 1305, or Directly Supmaring S.Mf. is pushed by Cade of Federal Regulations Section 1305, or Directly Supmaring S.Mf. is pushed by Cade of Federal Regulations Section 1305.

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

		County/City Name:	Fiscal Year:
	Caseload Relief Budget Narrative	San Bernardino	2025-26
I Personnel Ex	penses Identify and Explain Any Changes in Personnel/Personnel		
	IN staffing decrease by 0.62FTE (9.38%) due to a cost of living incr		
33 3		cuse.	
II. Operating E			
Private Mileage – To other county work Motorpool – This i	general categories of travel expense: private mileage, motorpool expenses, and other his is reimbursement to staff for use of their private vehicles to conduct program activitions. At present, the rate of reimbursement per mile is \$0.70, but the rate varies as included for costs incurred to use County Fleet Department vehicles for travel to training enses Identify and Explain All Capital Expense Line Items	ies, including but not limited to coording to the approved feder	al rate.
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:	The indirect cost percentage is 17.614% of Personnel Costs (Salar	ies plus Fringe benefits).
External:			
V. Other Expe	nses 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) will ws and regulations, including all federal laws and regulations gove edical assistance pursuant to Title XIX of the Social Security Act (42 CFC will comply with all rules promulgated by DHCS pursuant to to ogram goals, scope, and activity requirements. I further agree that other remedies if this HCPCFC yiolates any of	rning recipients of fede U.S.C. Section 1396 et hese authorities, and th this HCPCFC may be su	ral funds granted to seq.). I further certify at all listed expenses

Signature



							County/City Name:	ame:	Fiscal Year:	
	County-City Match Budget Worksheet	/orkshee	_				San Bernardino	C	2025-26	
Column			r	14	18	_	2A	2	3A	m
I. Personnel Expenses				Total Base		-	Enhanced	Enhanced	Non-	Non-
# Name	Title	DSS	NHA	FTE %	Annual Salary	Total Budget	FTE %	Total	Enhanced FTE %	Enhanced
1 Christine Diags	Public Health Nurse II	ο _N	Yes	%0	0\$	0\$	%0	0\$	100%	\$0
2 Alba Flores	Public Health Nurse II	No	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
3 Angelo De Jesus	Public Health Nurse II	o _N	Yes	%0	\$0	0\$	%0	0\$	100%	\$0
4 Cherrelle Overby	Public Health Nurse II	οN N	Yes	%0	\$0	0\$	%0	\$0	100%	0\$
5 Tanoka Reed	Public Health Nurse II	οN	Yes	%0	\$0	\$0	%0	0\$	100%	0\$
6 Dejanae Tinner	Supervising Public Health Nurse II	οÑ	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
7 Nancy Gomez	Public Health Nurse II	No	Yes	%0	\$0	0\$	%0	0\$	100%	\$0
8 Anyluz Sanchez	Public Health Nurse II	8	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
9 Adaeze Ude	Public Health Nurse II	9N	Yes	%0	\$0	0\$	%0	0\$	100%	\$0
10 Toya Carraby	Public Health Nurse II	o _N	Yes	%0	\$0	\$0	%0	0\$	100%	\$0
View additional rows by selecting the "+" to the left.	o the left.		3							
Total Net Salaries and Wages						\$0		0\$		\$0
Staff Benefits (Specify %)		73%	%			\$0		0\$		\$0
I. Total Personnel Expenses						\$0		\$0		\$0
II. Total Operating Expenses (List in Narrative)	ive)					\$0				\$0
III. Total Capital Expenses (List in Narrative)	(1)					\$0				\$0
IV. Indirect Expenses (List in Narrative)										
1. Internal (Specify %)		%0	9			\$0				\$0
2. External (Specify %)		%0	9			\$0				\$0
1-	(e)					\$0				\$0
V. Total Other Expenses (List in Narrative)						\$0				\$0
				Budge	Budget Grand Total	0\$		\$0		\$0

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 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 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 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 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

Signature

Date

Authorized HCPCFC Signor Name, Title



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

		County/City Name:	Fiscal Year:
	Administrative Budget Narrative	San Bernardino	2025-26
			2025-20
I. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel Expens	es	
II. Operating	Expenses Identify and Explain All Operating Expense Line Items		
III. Capital Exp	penses Identify and Explain All Capital Expense Line Items		
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:			
External:			
V. Other Expe	enses Identify and Explain All Other Expense Line Items		
state laws ar medical a HCPCFC wi	the Health Care Program for Children in Foster Care (HCPCFC) will comply not regulations, including all federal laws and regulations governing recipients assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section Il comply with all rules promulgated by DHCS pursuant to these authoritients, scope, and activity requirements. I further agree that this HCPCFC may if this HCPCFC violates any of the above.	ents of federal funds a 1396 et seq.). I furth es, and that all listed be subject to sanction	granted to states for her certify that the expenses adhere to

Signature



	200 A	l l					County/City Name:	dame:	Fiscal Year.	
	Administrative budget worksneer	orksneer					San Bernardino	0	2025-26	
Column				1,4	18	5	2A	2	3A	3
I. Personnel Expenses				Total Base	Annual		Enhanced	Enhanced	Non-	Non-
# Name	Title	SSG	PHN	FTE %	Salary	l otal Budget	FTE %	Total	Enhanced FTE %	Fotal
1 Christine Diggs	Public Health Nurse II	No	Yes	%0	0\$	\$0			%0	\$0
2 Alba Flores	Public Health Nurse II	9N	Yes	%0	\$0	80			%0	\$0
3 Angelo De Jesus	Public Health Nurse II	8	Yes	%0	\$0	\$0			%0	\$0
4 Cherrelle Overby	Public Health Nurse II	ρ	Yes	%0	0\$	\$0			%0	\$0
5 Tanoka Reed	Public Health Nurse II	SN SN	Yes	%0	\$0	80			%0	\$0
6 De anae Tinner	Supervising Public Health Nurse II	No	Yes	38%	\$107,063	\$40,684			38%	\$40,684
7 Nancy Gomez	Public Health Nurse II	οN	Yes	%0	\$0	\$0			%0	\$0
8 Anvluz Sanchez	Public Health Nurse II	o _N	Yes	%0	\$0	\$0			%0	\$0
	Public Health Nurse II	o _N	Yes	%0	0\$	\$0			%0	0\$
10 Toya Carraby	Public Health Nurse II	o _N	Yes	%0	0\$	\$0			%0	\$0
11 Sabrina Cordova	Public Health Nurse II	o _N	Yes	%0	\$0	o \$			100%	80
12 Victoria Garcia	Public Health Nurse II	9N	Yes	%0	0\$	0\$	%0	0\$	100%	\$0
13 Marissa Uresti	Public Health Nurse II	٥N	Yes	%0	\$0	0\$	%0	0\$	100%	\$0
14 Joanna Guzman	Public Health Nurse II	No	Yes	%0	\$0	0\$	%0	0\$	100%	0\$
15 Christopher Zorn	Public Health Nurse II	oN	Yes	%D	\$0	0\$	%0	\$0	100%	\$0
16 Tamara Goldstein	Public Health Nurse II	oN	Yes	%0	\$0	\$0	%0	\$0	100%	0\$
17 Carmen Gardia	Public Health Nurse II	oN N	Yes	%0	\$0	0\$	%0	\$0	100%	\$0
18 Sandra Gonzalez-Olascon	Public Health Nurse II	No	Yes	%0	\$0	0\$	9%0	\$0	100%	\$0
19 Tonya Duckett	Public Health Nurse II	No	Yes	%0	\$0	\$0	%0	\$0	100%	o \$
20 Wendy Gonzales	Public Health Nurse II	No	Yes	%0	\$0	0\$	%0	\$0	100%	0\$
21 Vacant	Public Health Nurse II	oN.	Yes	%0	\$0	\$0	%0	\$0	100%	\$0
22 Stewart Hunter	Public Health Program Manager	No	No	40%	\$130,695	\$52,278	%0	\$0	100%	\$52,278
23 Rubi Smith	Supervising Public Health Nurse	No	Yes	%99	\$118,473	\$78,192	%0	\$0	100%	\$78,192
24 Shaunna Poulin	Supervising Public Health Nurse	οŅ	Yes	100%	\$129,414	\$129,414	%0	\$0	100%	\$129,414
25 Julieann Steele	Supervising Public Health Nurse	No	Yes	25%	\$118,473	\$65,160	%0	\$0	100%	\$65,160
26 Vacant	Public Health Nurse Manager	Yes	Yes	20%	\$137,208	\$68,604	%0	80	100%	\$68,604
27 Trent Chandler	Accountant III/Senior Accountant	Yes	No	2%	177,0012	\$2,015	%0	80	100%	\$2,015
28 Celeste Quiroz	Administrative Supervisor I	Yes	oN	40%	\$115,861	\$46,344	%0	\$0	100%	\$46,344
29 Alyssa Olivas	Program Specialist I	Yes	No	1%	\$90,305	\$903	%0	\$0	100%	\$903
30 Amy Trihn	Health Education Specialist II	Yes	No	%/	\$62,642	\$4,385	%0	\$0	100%	\$4,385
31 Erica Felix	Office Assistant II	Yes	о <u>х</u>	20%	\$58,941	\$11,788	%0	\$0	100%	\$11,788
View additional rows by selecting the "+" to the left	* to the left.									
Total Net Salaries and Wages						\$499,769				\$499,769
Staff Benefits (Specify %)		46.36%	%9			\$231,693				\$231,693
I. Total Personnel Expenses						\$731,462				\$731462
II. Total Operating Expenses (List in Narrative)	rative)					\$16,567				\$16,567
III. Total Capital Expenses (List in Narrative)	(ive)					0\$	200			\$0
IV. Indirect Expenses (List in Narrative)										
1. Internal (Specify %)		17.614%	14%			\$0				0\$
2. External (Specify %)		Ô	0%			\$0				S
IV. Total Indirect Expenses (List in Narrative)	ative)					\$0				\$0
V. Total Other Expenses (List in Narrative)	(e)					\$0				\$0
				Ridge	Budget Grand Total	CZAR D2G		40		£748 029

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

Staff.

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title

SGF Allocation \$374,015



	Administrative Budget Narrative	County/City Name:	Fiscal Year:	
	Administrative budget Harrative	San Bernardino	2025-26	
I. Personnel Ex	penses Identify and Explain Any Changes in Personnel/Personnel Ex	penses		
Aggregate sta	ffing for Administrative Budget costs are determinded based on gui	dance provided by D	HCS and standards	
established for	r HCPCFC support staff. Benefit rate is 46.36%			
	xpenses Identify and Explain All Operating Expense Line Items			
Travel - \$825		Loth or troval		
	e general categories of travel expense: private mileage, motorpool expenses, and This is reimbursement to staff for use of their private vehicles to conduct progran		not limited to training	
	other county work locations. At present, the rate of reimbursement per mile is \$0			
federal rate.	odici county instituted and the present of the pres			
	is included for costs incurred to use County Fleet Department vehicles for travel t			
Fleet vehicles are	generally used when an employee is not able to use his/her private vehicle, or in	cases where financial sav	ings will result from use	
	Fleet (e.g., great distances, multiple staff traveling to one location).			
	is category includes airfare, meals, lodging, and other approved subsistence costs	incurred by staff travelin	g outside the County to	
attend meetings, Training - \$500	training, or conferences, as required.			
	s for anticipated training needs for administrative staff, including continuing educ	ation and staff developm	nent (e.g., supervisory,	
	f behavior modification). The selected training subject matter is intended to bette			
	unt per each FTE in the Administrative of \$120 x 4.19 FTE = \$500 (rounded down)			
Communication -	\$8,384			
	tures for e-mail/Internet accounts and office-based telephones and voice-mail acc			
	ing distance fees/tolls, teleconferencing services, fees for cellular instruments, and			
	em. The annual amount is estimated as e-mail/Internet service (\$114 monthly), ac reach of the County FTE in the budget. 4.19 FTE x \$166.75 x 12 mos= \$8,384.19	ctive sync \$5.25, VPN \$4.	50 and cellular service	
Office Supplies -				
	r administrative budget staff, including but not limited to, paper, toner, binders, p	ens, and other required i	tems (e.g., desk	
	office equipment); and other general expenses for Administrative staff.			
Postage - \$300				
	ce mail charges and allocations for administrative budget staff.			
Printing - \$500	or administrative budget staff photocopying, reproduction, and bindery costs (as a	pplicable) for materials r	asources	
Automated Syste	one Fourinment, 12.750	pplicable, for materials, i	esources.	
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items			
IV Indirect Evr	penses Identify and Explain All Indirect Expense Line Items			
	The indirect cost percentage is 17.614% of Personnel Costs (Salaries	nlus Fringe henefits)	
Internal:	The maneet cost percentage is 17.01470 of 1 ersonner costs (salanes	pids rinige benefits	,.	
External:				
V. Other Exper	nses Identify and Explain All Other Expense Line Items			
I certify that t	he Health Care Program for Children in Foster Care (HCPCFC) will co	mply with all applica	ible state and 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 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. Further agree that this HCPCFC may be subject to sanctions or

other remedies if this HCPCEC violates any of the above

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

signature

Dat



		-	ı				County/City:					Fiscal Year:			
		Budget	Budget Summary				San Bernardino					2025-26			
Funding Source:		Base			PMM&O			Caseload Relief		Ŭ	County/City-Federal	ral		Administrative	
4	В	Ų	٥	89	O	Q	В	U	D	В	C	O	8	U	٥
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 Personnel Expenses	\$2,542,279	\$2,288,052	\$254,227	\$389,218	\$350,297	\$38,922	\$1,046,254	\$886,504	\$159,750	80	0\$	0\$	\$731,462		\$731,462
II. Total Operating Expenses	\$3,094	0.5	\$3,094	\$2,739	05	\$2,739	\$2,299	0\$	\$2,299	\$0	80	0\$	\$16,567		\$16,567
III. Total Capital Expenses	\$0		0\$	\$0		\$0	0\$		05	\$0		0\$	0\$		0\$
IV. Total Indirect Expenses	\$447,797		\$447,797	\$68,557		\$68,557	\$184,287		\$184,287	\$0		0\$	\$0		0\$
V. Total Other Expenses	SO		0\$	\$0		\$0	0\$		O\$	\$0		\$0	\$0		\$0
Budget Grand Total	\$2,993,170	\$2,288,052	\$705,118	\$460,514	\$350,297	\$110,218	\$1,232,840	\$886,504	\$346,336	0\$	0\$	\$0	\$748,029		\$748,029
В	L.	g	I	ч	IJ	I	383	9	I	ч	9	н	Ŧ	U	т
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	\$924,572	\$572,013	\$352,559	\$142,683	\$87,574	\$55,109	\$394,794	\$221,626	\$173,168	80	0\$	\$0	\$374,015		\$374,015
Federal Funds (Title XIX)	\$2,068,590	61,716,039	\$352,559	\$317,832	\$262,723	\$55,109	\$838,046	\$664,878	\$173,168	\$0	\$0	\$0	\$374,015		\$374,015
Budget Grand Total	021, E66, 53	\$2,288,052	\$705,118	\$460,515	\$350,297	\$110,218	\$1,232,840	\$886,504	\$346,336	\$0	\$0	\$0	\$748,029		\$748,029
Monique Amis Division Chlef	8	4	839	35											
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