



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: HCPFCF Central Email Address:	Dr. Michael Sequerra
Authorized HCPFCF Representative	Director of Social Services Agency	
Name, Title: Monique Amis, Division Chief Phone: (909) 387-6218 Email: Monique.Amis@dph.sbco	Name: James Locurto Phone: (909) 388-0245 Email: James.Locurto@hss.sbcounty	
Clerk of the Board of Supervisors	Chief Probation Officer	
Name: Lynna Monell Phone: (909) 387-3824 Email: lmonell@cob.sbcounty.go	Name: Tracy Reese Phone: (909) 387-5874 Email: Tracy.Reese@prob.sbcounty	


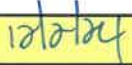
List All HCPFCF Program Staff

Name:	Title:	Support Staff	PHN	Email:	
1	Christine Diggs	Public Health Nurse II	No	Yes	stine.Diggs@hss.sbcounty
2	Alba Flores	Public Health Nurse II	No	Yes	ba.Flores@hss.sbcounty.g
3	Angele De Jesus	Public Health Nurse II	No	Yes	elo.DeJesus@hss.sbcounty
4	Cherelle Overby	Public Health Nurse II	No	Yes	elle.Overby@hss.sbcounty
5	Tanoka Reed	Public Health Nurse II	No	Yes	hoka.Reed@hss.sbcounty
6	Dejanee Tinner	Public Health Nurse II	No	Yes	anae.Tinner@hss.sbcounty
7	Nancy Gomez	Public Health Nurse II	No	Yes	cy.Gomez@hss.sbcounty
8	Amiluz Sanchez	Public Health Nurse II	No	Yes	uz.Sanchez@hss.sbcounty
9	Adaeze Ude	Public Health Nurse II	No	Yes	aeze.Ude@hss.sbcounty.g
10	Tora Carraly	Public Health Nurse II	No	Yes	ra.Carraly@hss.sbcounty.g
11	Sabrina Cordova	Public Health Nurse II	No	Yes	na.Cordova@hss.sbcounty
12	Victoria Garcia	Public Health Nurse II	No	Yes	oria.Garcia@hss.sbcounty
13	Marissa Uresti	Public Health Nurse II	No	Yes	arissa.Uresti@hss.sbcounty
14	Tem Westlake	Public Health Nurse II	No	Yes	ry.Westlake@hss.sbcounty
15	Christopher Zorn	Public Health Nurse II	No	Yes	hopher.Zorn@dph.sbcounty
16	Tamara Goldstein	Public Health Nurse II	No	Yes	ra.Goldstein@dph.sbcounty
17	Carmen Garcia	Public Health Nurse II	No	Yes	men.Garcia@dph.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	sbcounty.goshunter@dph
28	Rubi Smith	Supervising Public Health Nurse	No	Yes	ubi.Smith@hss.sbcounty.g
29	Shaunna Poulin	Supervising Public Health Nurse	No	Yes	anna.Poulin@dph.sbcounty
30	Julianne Steele	Supervising Public Health Nurse	No	Yes	ann.Steele@dph.sbcounty
31	Susan Philo	Public Health Nurse Manager	Yes	Yes	san.Phalo@dph.sbcounty.g
32	Trent Chandler	Accountant III/Senior Accountant	Yes	No	t.Chandler@dph.sbcounty
33	Shanice Johnson	Administrative Supervisor	Yes	No	ice.Johnson@dph.sbcounty
34	Aliandra Urias	Fiscal Assistant	Yes	No	andra.Urias@dph.sbcounty
35	Amy Trinn	Health Education Specialist	Yes	No	my.Trinn@dph.sbcounty.g
36	Erica Felix	Office Assistant II	Yes	No	nchez-Felix@dph.sbcounty
37	Melissa Malcom	Program Specialist I	Yes	No	sa.Malcom@dph.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		
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet										Fiscal Year: 2024-25			
										County/City Name: San Bernardino			
										1	2	3	
										1A	2A	3A	
										Total Base FTE %	Enhanced FTE %	Non-Enhanced FTE %	
										1B	2	3	
										Annual Salary	Enhanced Total	Non-Enhanced Total	
										Total Budget	Enhanced Total	Non-Enhanced Total	
										1	2	3	
										Total Budget	Enhanced Total	Non-Enhanced Total	
I. Personnel Expenses													
#	Name	Title	DSS	PHIN									
1	Christine Diggs	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
2	Christopher Zorn	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
3	Cherelle Overby	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
4	Dejanae Timmer	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
5	Nancy Gomez	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
6	Anyliuz Sanchez	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
7	Adaaze Ude	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
8	Sabrina Cordova	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
9	Marissa Uresti	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
10	Vacant	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
11	Vacant	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
12	Vacant	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
13	Vacant	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
14	Vacant	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
15	Vacant	Public Health Nurse II	No	Yes		\$101,578	100%	90%	\$91,420	10%	\$10,158	10%	\$10,158
16	Shauna Poulin	Supervising Public Health	No	Yes		\$50,625	45%	20%	\$10,125	80%	\$40,500	80%	\$40,500
17	Julianne Steele	Supervising Public Health	No	Yes		\$48,375	43%	20%	\$9,675	80%	\$38,700	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 %)										\$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)													
1. Internal (Specify %)										\$413,747		\$413,747	
2. External (Specify %)										\$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: 
 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 changed allowed for an increase in FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
<p>Travel-\$3,172</p> <p>This includes three general categories of travel expense: private mileage, motorpool expenses, and other travel.</p> <p><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.</p> <p><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).</p> <p><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</p> <p>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 Personne Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

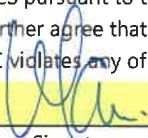
I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX 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

 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	
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	Total			
												Enhanced FTE %	Non-Enhanced Total		
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%	\$101,578	\$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							\$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 %)							\$68,760				\$68,760				
2. External (Specify %)							\$0				\$0				
IV. Total Indirect Expenses (List in Narrative)							\$68,760				\$68,760				
V. Total Other Expenses (List in Narrative)							\$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 10/24



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight 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 0.28FTE (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		
Personnel Expenses		Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total		
1	Christine Disgr	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
2	Alba Flores	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
3	Angelo De Jesus	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
4	Cherelle Dierley	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
5	Tanoka Reed	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
6	Dejuana Tinner	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	Amyluz Sanchez	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
9	Adaeze Ude	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
10	Tayy Carrasy	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
11	Sabrina Cordova	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
12	Victoria Garcia	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
13	Marissa Uresti	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
14	Tammy Westlake	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
15	Christopher Zorn	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
16	Tamara Goldstein	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
17	Carmen Garcia	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
18	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
19	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
20	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
21	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
22	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
23	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
24	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
25	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
26	Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	100%	\$0	
27	Stonewr Hunter	Public Health Program Manager	No	No	40%	\$120,494	\$48,358	0%	\$0	\$48,358
28	Rubi Smith	Supervising Public Health Nurse	No	Yes	100%	\$112,499	\$112,499	0%	\$0	\$112,499
29	Shaurna Poulin	Supervising Public Health Nurse	No	Yes	66%	\$112,499	\$74,249	0%	\$0	\$74,249
30	Julliam Steele	Supervising Public Health Nurse	No	Yes	55%	\$112,499	\$61,875	0%	\$0	\$61,875
31	Susan Pilo	Public Health Nurse Manager	Yes	Yes	30%	\$135,751	\$67,876	0%	\$0	\$67,876
32	Trent Chandler	Accountant II/Senior Accountant	Yes	No	2%	\$86,201	\$1,724	0%	\$0	\$1,724
33	Shenice Johnson	Administrative Supervisor I	Yes	No	40%	\$98,519	\$39,408	0%	\$0	\$39,408
34	Alexandra Uñas	Fiscal Assistant	Yes	No	20%	\$46,635	\$9,327	0%	\$0	\$9,327
35	Amy Trhn	Health Education Specialist II	Yes	No	7%	\$65,905	\$4,683	0%	\$0	\$4,683
36	Erika Felix	Office Assistant II	Yes	No	2%	\$43,798	\$8,759	0%	\$0	\$8,759
37	Melissa Maloom	Program Specialist I	Yes	No	1%	\$73,171	\$7,317	0%	\$0	\$7,317
38	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
39	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
40	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
41	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
42	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
43	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
44	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
45	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
46	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
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71	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
72	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
73	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
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90	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
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93	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
94	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
95	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
96	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
97	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
98	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
99	0	0	0	0	0%	\$0	\$0	0%	\$0	\$0
View additional rows by selecting the "+" to the left.										
Total Net Salaries and Wages										
Staff Benefits (Specify %)										
I. Total Personnel Expenses										
II. Total Contractual Expenses (List in Narrative)										
III. Total Capital Expenses (List in Narrative)										
IV. Indirect Expenses (List in Narrative)										
1. Internal (Specify %)										
2. External (Specify %)										
IV. Total Indirect Expenses (List in Narrative)										
V. Total Other Expenses (List in Narrative)										
Budget Grand Total										

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

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

Health Care Program for Children in Foster Care

Caseload Relief 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	DSC	PHN						
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	Angelo De Jesus Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420	
4	Cherrilla Quentay Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
5	Tanika Reed Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
6	Dejane Torres 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	Aneliz Sanchez Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
9	Adaeza Lide Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
10	Eryn Carrasco Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	90%	\$91,420	
11	Sabasa Condon 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	Martisa Uresti Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
14	Tammy Westlake Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
15	Christina Zorn Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
16	Tamara Goldstein Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	
17	Carmen 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%	\$71,978	\$93,452	80%	\$64,107	
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	Stewart Hunter Public Health Program Manager	No	No	0%	\$0	\$0	0%	\$0	
28	Rubi Smith Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	
29	Shaunna Poolin Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	
30	Julianne Steele Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	
31	Susan Pardo Public Health Nurse Manager	Yes	Yes	0%	\$0	\$0	0%	\$0	
32	Trent Chandler Accountant III/Senior Accountant	Yes	No	0%	\$0	\$0	0%	\$0	
33	Zhanica Johnson Administrative Supervisor I	Yes	No	0%	\$0	\$0	0%	\$0	
34	Alejandra Uñas Fiscal Assistant	Yes	No	0%	\$0	\$0	0%	\$0	
35	Anna Trim Health Education Specialist II	Yes	No	0%	\$0	\$0	0%	\$0	
36	Erica Felix Office Assistant II	Yes	No	0%	\$0	\$0	0%	\$0	
37	Melissa Malcom Program Specialist I	Yes	No	0%	\$0	\$0	0%	\$0	
38	0	0	0	0%	\$0	\$0	0%	\$0	
39	0	0	0	0%	\$0	\$0	0%	\$0	
40	0	0	0	0%	\$0	\$0	0%	\$0	
41	0	0	0	0%	\$0	\$0	0%	\$0	
42	0	0	0	0%	\$0	\$0	0%	\$0	
43	0	0	0	0%	\$0	\$0	0%	\$0	
44	0	0	0	0%	\$0	\$0	0%	\$0	
45	0	0	0	0%	\$0	\$0	0%	\$0	
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54	0	0	0	0%	\$0	\$0	0%	\$0	
55	0	0	0	0%	\$0	\$0	0%	\$0	
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59	0	0	0	0%	\$0	\$0	0%	\$0	
60	0	0	0	0%	\$0	\$0	0%	\$0	
61	0	0	0	0%	\$0	\$0	0%	\$0	
62	0	0	0	0%	\$0	\$0	0%	\$0	
63	0	0	0	0%	\$0	\$0	0%	\$0	
64	0	0	0	0%	\$0	\$0	0%	\$0	
65	0	0	0	0%	\$0	\$0	0%	\$0	
66	0	0	0	0%	\$0	\$0	0%	\$0	
67	0	0	0	0%	\$0	\$0	0%	\$0	
68	0	0	0	0%	\$0	\$0	0%	\$0	
69	0	0	0	0%	\$0	\$0	0%	\$0	
70	0	0	0	0%	\$0	\$0	0%	\$0	
71	0	0	0	0%	\$0	\$0	0%	\$0	
72	0	0	0	0%	\$0	\$0	0%	\$0	
73	0	0	0	0%	\$0	\$0	0%	\$0	
74	0	0	0	0%	\$0	\$0	0%	\$0	
75	0	0	0	0%	\$0	\$0	0%	\$0	
76	0	0	0	0%	\$0	\$0	0%	\$0	
77	0	0	0	0%	\$0	\$0	0%	\$0	
78	0	0	0	0%	\$0	\$0	0%	\$0	
79	0	0	0	0%	\$0	\$0	0%	\$0	
80	0	0	0	0%	\$0	\$0	0%	\$0	
81	0	0	0	0%	\$0	\$0	0%	\$0	
82	0	0	0	0%	\$0	\$0	0%	\$0	
83	0	0	0	0%	\$0	\$0	0%	\$0	
84	0	0	0	0%	\$0	\$0	0%	\$0	
85	0	0	0	0%	\$0	\$0	0%	\$0	
86	0	0	0	0%	\$0	\$0	0%	\$0	
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88	0	0	0	0%	\$0	\$0	0%	\$0	
89	0	0	0	0%	\$0	\$0	0%	\$0	
90	0	0	0	0%	\$0	\$0	0%	\$0	
91	0	0	0	0%	\$0	\$0	0%	\$0	
92	0	0	0	0%	\$0	\$0	0%	\$0	
93	0	0	0	0%	\$0	\$0	0%	\$0	
94	0	0	0	0%	\$0	\$0	0%	\$0	
95	0	0	0	0%	\$0	\$0	0%	\$0	
96	0	0	0	0%	\$0	\$0	0%	\$0	
97	0	0	0	0%	\$0	\$0	0%	\$0	
98	0	0	0	0%	\$0	\$0	0%	\$0	
99	0	0	0	0%	\$0	\$0	0%	\$0	
View additional rows by selecting the "+" to the left:									
Total PHN FTE %		692%		630%		630%		630%	
Total Direct Support Staff FTE %		0%		0%		0%		0%	
Total Net Salaries and Wages		\$702,819		\$632,627		\$70,192		\$70,192	
Staff Benefits (Specify %)		48.93%		\$344,918		\$309,244		\$35,674	
I. Total Personnel Expenses		\$1,046,957		\$942,171		\$104,786		\$104,786	
II. Total Operating Expenses (List in Narrative)		\$0		\$0		\$0		\$0	
III. Total Capital Expenses (List in Narrative)		\$0		\$0		\$0		\$0	
IV. Indirect Expenses (List in Narrative)		17.817%		\$184,425		\$0		\$184,425	
1. Internal (Specify %)		0%		\$0		\$0		\$0	
2. External (Specify %)		0%		\$184,425		\$0		\$184,425	
V. Total Indirect Expenses (List in Narrative)		\$0		\$0		\$0		\$0	
VI. Total Other Expenses (List in Narrative)		\$0		\$0		\$0		\$0	
Budget Grand Total		\$1,334,940		\$942,171		\$292,769		\$292,769	

I certify that the Health Care Program for Children in Foster Care (HCPCFC) 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 (2 U.S.C. Section 1396 et seq.). I further certify that this HCPCFC may 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 program goals and activity requirements. By signing below, I certify that I am an individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program goals and activity requirements, and that 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 Arns, Division Chief
 Authorized HCPCFC Signor Name, Title
 Signature:
 Date: 10/2/24



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			
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			
III. Total Capital Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
IV. Total Indirect Expenses	\$413,747	\$0	\$413,747	\$68,760	\$0	\$68,760	\$184,425	\$0	\$184,425	\$0	\$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			
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			
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			
Federal Funds (Title XIX)	\$1,087,817	\$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			
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			

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