

	Agency Info	omation	County/City: San Bernardir	10	Fiscal Year.
-		451 East Vanderbilt Way			2024-25 Dr. Michael Sequeira
	City:	San Bernardino		Central Email	
_		92415-0012		Address:	
	Name, Title:	FC Representative Monique Amis, Division Cl	Din	ector of Socia Name	Services Agency
	Phone:	(909) 387-6218		Phone:	James Locuito (909) 388-0245
_		Monique.Amis@dph.sbco		Email:	James-Locurto@hss-sbea
-		rd of Supervisors Lynna Monell		Chief Proba	Tracy Reece
	Phone:	(909) 387-3824		Phone:	(909) 387-5874
_	Email:	Imonell@cob.sbcounty.go	. D		Tracy.Resce@prob.sbcoi
		List All HCPCF	_	п	
	Name:	Title:	Support Staff	PHN	£mail:
I	Christine Diags Alba Flores	Public Health Nurse II Public Health Nurse II	No	Yes	stine Diggs hss sbcoun
	Angelo De Jesus	Public Health Nurse II	No No	Yes Yes	ba.Flores hss.sbcounty. eta.Delesusi hss.sbcoun
4	Cherrelle Overtry Tanoka Reed	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	elle.Overby hss.sbcoun noka.Reed@hss.sbcount
7	Dejanae Tinner	Public Health Nurse II	No	Yes	inae.Tinner@hss.sbcoun
8	Nancy Gomez Anyluz Sanchez	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	uz Sanchez hss.sbcoun
10	Adaeze Ude Toya Carraby	Public Health Nurse II Public Health Nurse II	No	Yes	laeze.Ude@hss.sbcounty
11	Sabrina Cordova	Public Health Nurse II	No No	Yes Yes	a.Carrabyhss.sbcount ina.Cordovahss.sbcour
12	Victoria Garcia Marissa Uresti	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	oria.Garcia: hss.sbcount rissa.Uresti hss.sbcount
14	Terry Westlake	Public Health Nurse II Public Health Nurse II	No	Yes	y.Westlake@hss.sbcount
161	Christopher Zorn Tamara Goldstein	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	ra.Goldstein@dph.sbcou
17	Carmen Garcia	Public Health Nurse II Public Health Nurse II	No	Yes	men.García doh.sbcoun
19	Vacant Vacant	Public Health Nurse (I	No No	Yes Yes	To be assigned upon hi To be assigned upon hi
20	Vacant Vacant	Public Health Nurse !! Public Health Nurse !!	No No	Yes Yes	To be assigned upon his To be assigned upon his
22	Vacant	Fublic Health Nurse II	No	Yes	To be assigned upon hir
24	Vacant Vacant	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	To be assigned upon his To be assigned upon his
25 26	Vacant	Public Health Nurse II	No	Yes	To be assigned upon his
27	Vacant Stewart Hunter	Public Health Nurse II blic Health Program Mana	No No	No.	To be assigned upon his sbcounty goshunter@do
28 29	Rubi Smith Shaunna Poulin	pervising Public Health Nu pervising Public Health Nu	No No	Yes Yes	ubi.Smith hss.sbcounty.
30	Julieann Steele	pervising Public Health Nu	No	Yes	nna.Poulin doh.sbcoun ann.Steele doh.sbcoun
32	Susan Philo Trent Chandler	ublic Health Nurse Manag ountant III/Senior Accoun	Yes Yes	. Yes No	san.Philo@doh.sbcount 1.Chandler@d=h.sbcoun
34	Shanice Johnson	Administrative Supervisor	Yes	No	iceJohnson dph.sbcou
35	Alriandra Urias Amy Trihn	Fiscal Assistant lealth Education Specialist	Yes Yes	No No	mdra.Urias dph.sbcoun my.Trihn dph.sbcounty:
36 37	Erica Felix Melissa Malcom	Office Assistant II Program Specialist I	Yes	No	nchez-Felix dph sbcour
38	WEISSA MAICOIT	Program specialist I	Yes	No	sa.Malcom@dph.sbcour
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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
Go. andation Statement	San Bernardino	2024-25

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	allh.	12/2/24
HCPCFC/County Authorized Representative	Signature	Date
Dawn Rowe, Chair Board of Supervisors		
Local Governing Body Chairperson Name,	Signature	Date



		Base Budget Worksheet	et Works	heet				County/City Name: San Bernardino	ame: o	Fiscal Year: 2024-25	
তি	Column				14	18	-	ZA	2	3A	m
🐇	. Personnel Expenses				Total Base	Annual Calany Total Burdust	Total Rudoet	Enhanced	Enhanced	Non- Enhanced ETE	Non-
*	Name	Title	DSS	NHd	FTE %	All Idai Jaiai y	and and and	FTE %	Total	% ************************************	Total
-	Christine Diggs	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
7	Christopher Zorn	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
m	Cherrelle Overby	Public Health Nurse II	o _N	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
4	Dejanae Tinner	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
S	Nancy Gomez	Public Health Nurse II	8	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
9	Anyluz Sanchez	Public Health Nurse II	S No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
~	Adaeze Ude	Public Health Nurse II	§.	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
8	Sabrina Cordova	Public Health Nurse II	N _o	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
0	9 Marissa Uresti	Public Health Nurse II	Š.	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
2	10 Vacant	Public Health Nurse II	8	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
Ξ	11 Vacant	Public Health Nurse II	8	Yes	100%	\$101,578	\$101,578	%06	\$91,420	*01	\$10,158
12	12 Vacant	Public Health Nurse II	S _N	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
13	13 Vacant	Public Health Nurse II	2	Yes	100%	\$101,578	\$101,578	%06	\$91,420	*01	\$10,158
4	14 Vacant	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	301	\$10,158
15	15 Vacant	Public Health Nurse II	No	Yes	828	\$101,578	\$55,868	%06	\$50,281	10%	\$5,587
16	16 Shaunna Poulin	Supervising Public Health	S.	Yes	45%	\$112,499	\$50,625	20%	\$10,125	80%	\$40,500
17	17 Julieanne Steele	Supervising Public Health	No	Yes	43%	\$112,499	\$48,375	20%	\$29,675	80%	\$38,700
Vier	View additional rows by selecting the "+" to the left.	g the "+" to the left.									
10	Total Net Salaries and Wages						\$1,576,958		\$1,349,963		\$226,995
Stal	Staff Benefits (Specify %)		48.93%	3%			\$771,606		\$660,537		\$111,069
Ľ	1. Total Personnel Expenses						\$2,348,564		\$2,010,500		\$338,064
=	 Total Operating Expenses (List in Narrative) 	t in Narrative)					\$8,072				\$8,072
=	III. Total Capital Expenses (List in Narrative)	א Narrative)					0\$				\$0
≥	IV. Indirect Expenses (List in Narrative)	rative)									
-	Internal (Specify %)		17617%	7%			\$413,747				\$413,747
رن ان	External (Specify %)		%0	9			\$0				\$0
≥	IV. Total Indirect Expenses (List in Narrative)	in Narrative)					\$413,747				\$413,747
<u>-</u>	V. Total Other Expenses (List in Narrative)	Narrative)					\$0				\$0
					Budge	Budget Grand Total	\$2,770,383		\$2,010,500		\$759,883

and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulațions Section 1305, or Directly Supporting Staff, as defined by Code of Federal 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 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 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

Regulations Section 432.

Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title

Signature

Date



Base Budget Narrative	County/City Name:	Fiscal Year:
Juda Juages Harrante	San Bernardino	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Ex		
Aggregate PHN staffing increase by 1.20 FTE (14.55%) due to moving part of the Budget. This budget changed allowed for an increase in FTE.	SPH classifications to	the Administrative
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
Travel-\$3,172		
This includes three general categories of travel expense: private mileage, motorpol Private Mileage – This is reimbursement to staff for use of their private vehicles to not limited to, training, meetings, and/or other county work locations. At present, \$0.655, but the rate varies according to the approved federal rate. Motorpool – This is included for costs incurred to use County Fleet Department veseminars/conferences, and meetings. Fleet vehicles are generally used when an evehicle, or in cases where financial savings will result from use of a vehicle from Flitraveling to one location). Other Travel – This category includes airfare, meals, lodging, and other approved traveling outside the County to attend meetings, training, or conferences, as requitationing -\$4,900 This includes costs for anticipated training needs for program staff (PHN I/II), includevelopment (e.g., supervisory, professional, staff behavior modification). The selection better prepare staff to address the needs of the clients served. The amount perapproximately \$318.	conduct program ac the rate of reimburs chicles for travel to tramployee is not able to eet (e.g., great distant subsistence costs incoming fired.	tivities, including but ement per mile is aining, to use his/her private ces, multiple staff urred by staff cation and staff t matter is intended
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 co and state laws and regulations, including all federal laws and regulations governing states for medical assistance pursuant to Title XIX of the Social Security Act (42 U	ing recipients of fede	ral funds granted to

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature

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 may of the above.

Date



	ě		O. O. contach	Dundana	Moulerhood			County/City Name:	Name:	Fiscal Year:	
	rsyc	rsychotropic inedication montoring & Oversignt budget worksneet	ox oversigni	pager	voi ksiicet			San Bernardino	no	2024-25	
ပြ	Column				1A	18	1	2A	2	3A	3
<u> </u>	. Personnel Expenses				Total Base	Annual	Total Distant	Enhanced	Enhanced	Non-	Non-
#	Name	Title	DSS	PHN	FTE %	Salary	oral proder	FTE %	Total	FTE %	Total
-	Tamara Goldstein	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
7	Tanoka Reed	Public Health Nurse II	No	Yes	100%	\$101,578	\$101,578	%06	\$91,420	10%	\$10,158
m	3 Vacant	Public Health Nurse II	No.	Yes	28%	\$101,578	\$58,915	%06	\$53,024	10%	\$5,892
4					%0	80	\$0	%0	0\$	100%	\$0
rv.					%0	\$0	\$0	%0	0\$	100%	\$0
9					%0	0\$	\$0	%0	\$0	100%	\$0
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∞					%0	\$0	\$0	%0	0\$	100%	\$0
0					%0	\$0	\$0	%0	0\$	100%	\$0
10					%0	\$0	\$0	%0	0\$	100%	0\$
Zig	View additional rows by selecting the "+" to the left.	o the left.									
ě	Total Net Salaries and Wages						\$262,071		\$235,864		\$26,207
Sts	Staff Benefits (Specify %)		48	48.93%			\$128,231		\$115,408		\$12,823
<u> _</u>	. Total Personnel Expenses						\$390,302		\$351,272		\$39,030
=	I. Total Operating Expenses (List in Narrative)	tive)					\$3,880				\$3,880
l≡	III. Total Capital Expenses (List in Narrative)	(a					\$0				\$0
≥	IV. Indirect Expenses (List in Narrative)										
<u> </u>	1. Internal (Specify %)		17.6	17.617%			\$68,760				\$68,760
Νi	External (Specify %)		0	0%			\$0				\$0
≥	IV. Total Indirect Expenses (List in Narrative)	(e)		-			\$68,760				\$68,760
>	V. Total Other Expenses (List in Narrative)						\$0				\$0
					Budget	Budget Grand Total	\$462,942		\$351,272		\$111,670

with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations 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 Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature



	Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:
		San Bernardino	2024-25
	enses Identify and Explain Any Changes in Personnel/Personnel Expenses		
Aggregate PHN increase in FTE.	l staffing increase by 0.28FTE (10.85%) due to moving the SPH classifications to the Administrative Budget. Tl	his budget changed a	illowed for an
II. Operating Ex	penses Identify and Explain All Operating Expense Line Items		
Private Mileage other county w Motorpool – Th generally used distances, multi Other Travel – i training, or con Training -\$1930 This includes co (e.g., supervisor	ree general categories of travel expense: private mileage, motorpool expenses, and other travel. This is reimbursement to staff for use of their private vehicles to conduct program activities, including but ork locations. At present, the rate of reimbursement per mile is \$0.655, but the rate varies according to the a is is included for costs incurred to use County Fleet Department vehicles for travel to training, seminars/conf when an employee is not able to use his/her private vehicle, or in cases where financial savings will result from ple staff traveling to one location). This category includes airfare, meals, lodging, and other approved subsistence costs incurred by staff traveling ferences, as required. Staff or anticipated training needs for program staff (PHN I/II, SPHN, and/or Nurse Manager), including conting, professional, staff behavior modification). The selected training subject matter is intended to better preparate amount per each FTE in the HCPCFC budget approximately \$748.	pproved federal rate erences, and meeting muse of a vehicle from use of a vehicle from the County muing education and	s. Fleet vehicles are om Fleet (e.g., great to attend meetings, staff development
III. Capital Expe	nses Identify and Explain All Capital Expense Line Items		
	enses Identify and Explain All Indirect Expense Line Items		
Internal:	he indirect cost percentage is 17.617% of Personne Costs (Salaries plus Fringe benefits).		
External:			
V. Other Expens	ses Identify and Explain All Other Expense Line Items		
all federal laws Section 1396	e Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Ti i et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these ogram goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions of any of the above.	tle XIX of the Social S authorities, and that	Security Act (42 U.S.C. all listed expenses

Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

Signature

Date



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Caseload Relief Budget Narrative	County/City Name:	Fiscal Year:
	Caseloan Meller budget Haffative	San Bernardino	2024-25
I. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	
Aggregate PH	IN staffing increase by 0.62FTE (8.96%) due to moving the SPH classi	fications to the Admi	nistrative Budget.
	hanged allowed for an increase in FTE.		
	Expenses Identify and Explain All Operating Expense Line Items		
Travel - \$1,20			
	three general categories of travel expense: private mileage, motorpo		
	ge – This is reimbursement to staff for use of their private vehicles to		
III. Capital Exp	. training, meetings, and/or other county work locations. At present, penses Identify and Explain All Capital Expense Line Items	the rate of reimburs	ement per mile is
	and the second s		
IV. Indirect Ex	penses 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 Eyne	nses Identify and Explain All Other Expense Line Items		
v. Other Expe	nises recently and Explain All Other Expense Line Reffis		
I certify that	the Health Care Program for Children in Foster Care (HCPCFC) will co	mply with all applica	ble state and federal
	ws and regulations, including all federal laws and regulations governi		
	edical assistance pursuant to Title XIX of the Social Security Act (42 U.		
that the HCP	CFC will comply with all rules promulgated by DHCS pursuant to the	se authorities, and th	at all listed expenses
adhere to pro	ogram goals, scope, and activity requirements. I further agree that th	is HCPCFC may be su	bject to sanctions or
	other remedies if this HCPCFC violates and of the	e above	

Signature



	Administrative Budget W	orkshee	t				County/City San Bernardi		Fiscal Year: 2024-25	
lumn				1A	18	1	2A	2	3A	3
Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non- Enhanced	Non- Enhance
Name Christine Diggs	Title Public Health Nurse II	DSS	PHN	0%	Satary \$0	50	F1E 76	iotal	FTE %	Total
Alba Flores	Public Health Nurse II	No	Yes	0%	\$0	\$0			0%	\$0 \$0
Angelo De Jesus Cherrelle Overby	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0 \$0	\$0 \$0			0%	\$0 \$0
Tanoka Reed	Public Health Nurse II	No	Yes	0%	\$0	\$0		22222	0%	\$0
Dejunae Tinner Nancy Gomez	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	0% 0%	50 50	\$D \$0			0%	\$0 \$0
Anyluz Sanchez	Public Health Nurse II	No	Yes	0%	\$0	\$0				50
Adaeze Ude Taya Carraby	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	0% 2%	\$0 \$0	\$0 \$0			0%	\$0
Sabrina Cordova	Public Health Nurse II	No	Yes	0%	\$0	\$0		********	100%	\$0
Victoria Garcia Marisse Uresti	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0
Terry Westlake	Public Health Nurse II	No	Yes	.0%	\$0	\$0	0%	\$0	100%	\$0
Christopher Zom Tamara Goldstein	Public Health Nurse II Public Health Nurse II	No No	Yes	0% 0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0
Carmen Garcia	Public Health Nurse II	No	Yes	0%	50	\$0	0%	\$0	100%	\$0
Vacant Vacent	Public Health Nurse II Public Health Nurse II	No No	Yes	0% 0%	\$0 \$0	\$0	0%	\$0 \$0	100%	\$0 \$0
Vacant	Public Health Nurse II	No	Yes	0%	\$0 \$0	50	0%	\$0	100%	SO
Vacant Vacant	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	0%	\$0	\$0	0% 0%	\$0 \$0	100%	\$0
Vacant	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
Vacant Vacant	Public Health Nurse II Public Health Nurse II	No No	Yes	0% 0%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
Vacant	Public Health Nurse II	No	Yes	0%	50	\$0	0%	\$0	100%	\$0
Stewert Hunter Rubi Smith	Public Health Program Manager Supervising Public Health Nurse	No No	Na Yes	40% 100%	\$120,894 \$112,499	\$48,358 \$112,499	0%	\$0 \$0	100%	\$48,3
Shaunna Poulin Julieann Steele	Supervising Public Health Nurse	No	Yes	66%	\$112,499	\$74,249	0%	\$0	100%	174,2
Susan Philo	Supervising Public Health Nurse Public Health Nurse Manager	No Yes	Yes	55% 50%	\$112,499 \$135,751	\$61,875 \$67,876	0% 0%	\$0 \$0	100%	\$61,8 \$67,8
Trent Chandler	Accountant III/Senior Accountant	Yes	No	2%	\$86,201	\$1,724	G%	\$0	100%	\$1,7
Sherice Johnson Alejandra Urias	Administrative Supervisor I Fiscal Assistant	Yes Yas	No No	40% 20%	\$98,519 \$46,635	\$39,408 \$9,127	0% 0%	\$0 \$0	100%	\$39,4
Army Trihn	Health Education Specialist II	Yes	No	7%	\$66,905	\$4,683	0%	\$0	100%	\$4,6
Erica Felix Melissa Malcom	Office Assistant II Program Specialist I	Yes Yes	No No	20% 1%	\$43,796 \$73,171	\$8,759 \$732	0%	\$0 \$0	100%	\$8.7 \$73
0	0	0	0	0%	50	50	0%	\$0	100%	\$0
0	o	0	0	0%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0
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0	0	0	0	0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0
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0	0	0	0	0%	\$0 \$0	\$0 \$0	0% 0%	\$0	100%	50
0	0	0	0	3%	50	\$0	0%	\$0 \$0	100%	\$0
0	0	0	0	C%	\$0	\$0	6%	\$0	100%	\$0
0	0	0	0	0%	50	\$0	0% 0%	\$0 \$0	100%	\$0
0	0	0	0	2%	\$0	\$0	0%	\$0	100%	\$0
0	0	0	0	0%	\$0 \$0	\$0 \$0	0%	\$0 50	100%	50
0	0	0	0	0%	50	\$0	0%	\$0	100%	\$0
0	0	0	0	0%	50 50	\$0 \$0	0%	\$0 \$0	100%	50
0	0	0	0	-0%	\$0	\$0	0%	\$0	100%	50
0	0	0	0	0%	50 50	\$0 \$0	0%	\$0 \$0	100%	50
0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
0	0	0	0	0% 0%	50 50	\$0 50	0%	\$0 \$0	100%	\$0
0	0	0	D	0%	50	\$0	0%	\$0	100%	\$0
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٥	0	0	0	9%	50	\$0	0%	\$0	100%	\$0
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0	0	0	0	0%	\$0	\$0	0%	50	100%	\$0
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0	0	0	0	0%	\$0	50	896	\$0	100%	\$0
0	0	0	0	9% 9%	\$0 \$0	50 50	0%	\$0 \$0	100%	\$0
0	0	0	0	0%	\$0	\$0	0%	\$0	100%	- 50
0	0	0	0	0%	\$0 \$0	50	0%	\$0 \$0	100%	30
0	0	0	0	G% Q%	\$0	50	0% 0%	\$0	100%	\$0
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0 additional rows by selecting the	+* to the left.	0	0	C%	50	\$0	0%	\$0	100%	50
Net Salaries and Wages	se uje			Indiana.	12.2.2.2.2	\$429,489		annan.	1	\$429
Benefits (Specify %) tal Personnel Littenses		48	列车			\$210,149 \$639,638	:::::		111111	\$210,
otal Operating Expenses (List in N	larrative)			11111	11111111	\$30,999				\$639
otal Capital Expenses dist in Nan ndirect Expenses (List in Narrative	rative)					\$0				\$0
Interna! (Specify %)			175			\$112,585		\$0		\$112
)	PI.		1	50				\$0
External (Specify %) otal Indirect Expenses (List in Nar	oradisa)					\$112,685		W		\$112

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. Jection 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 act if y recylie—lents. 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. I hills* realth Assistant, Fiscal Support Staff, and Administrative Support Staff.

Monitue Amis Division Chief Authorized HCPCFC Signor Name, Title grankle Date



		Caseload Relief Budget	Works	heet				County/Gity San Bernardi		Fiscal Year, 2024-25	
Colun I. Pers	nn sonnel Expenses				1A Total Base	1B Annual	1	2A	5	3A	3 Non-
-	Name	Title	DSS	PHN	FTE %	Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Enhanced Total
	Christine Dions Wba Flores	Public Health Nurse II	No No	Yes	150%	\$0 \$101.578	\$0	0%	\$0	100%	\$0
3 2	Angelo De Jesus	Public Health Nurse II	No	Yes	190%	\$101.178	\$101,578 \$101,578	90% 90%	\$91,420 \$91,420	10%	\$10,158 \$10,158
5 T	anoka Reed	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	0%	50 50	\$0	0%	\$0 \$0	100%	\$0
6 [Dejanae Tinner	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0 \$0	50 50	0%	\$0 \$0	100%	\$0 \$0
8	Anuluz Sanchez	Public Health Nurse II	No	Yes	2%	. \$0	\$0	0%	\$0	100%	\$0
10 T	oys Carreiny	Public Health Nurse II Public Health Nurse II	No No	Yes Yes	100%	\$0 \$101,578	\$0 \$101,578	90%	\$91,420	100%	\$10.158
11 5	Sabrina Cordova Actoria Garcia	Public Health Nurse II Public Health Nurse II	No No	Yes	100%	\$0 \$101.578	\$0 \$101,578	0% 90%	\$0 \$91.420	100%	\$0 \$10,158
13 3	Varissa Uresti	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
15 0	Christopher Zom	Public Health Nurse II Public Health Nurse II	No	Yes	0% 9%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
		Public Health Nurse II Public Health Nurse II	No No	Yes	100%	\$0 \$101.578	\$0 \$101.578	0% 90%	\$0 \$91,420	100%	\$0 \$10,158
18 \	/acant	Public Health Nurse II	No	Yes	100%	\$191,576	\$101,578	90%	\$91,420	10%	\$10,158
20 N	/acant	Public Health Nurse II Public Health Nurse II	No No	Yes	92%	\$101.978 \$0	\$93,452 \$0	90% 6%	\$84,107 \$0	10% 100%	\$9,145
		Public Health Nurse II Public Health Nurse II	No No	Yes	0%	50 50	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
23 \	/acant	Public Health Nurse II	No	Yes	0%	\$0	\$0	: 40%	\$0	100%	\$0
25 N	/acant	Public Health Nurse II Public Health Nurse II	No No	Yes	0%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
26 \		Public Health Nurse II Public Health Program Manager	No No	Yes	0% 0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
28 F	Rubi Smith	Supervising Public Health Nurse	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
30 J	ulieann Steele	Supervising Public Health Nurse Supervising Public Health Nurse	No No	Yes	9% 8%	\$0 \$0	\$0 \$0	0% 6%	\$0 \$0	100%	\$0 \$0
31 5	Susan Philo ,	Public Health Nurse Manager Accountant III/Senior Accountant	Yes Yes	Yes	0% 0%	\$0	\$0 \$0	0% 0%	50	100%	\$0
33 5	ihanica Johnson	Administrative Supervisor I	Yes	No	- 3%	\$0	\$0	0%	\$0 \$0	100%	\$0 \$0
	Vejantra Urias Vm y Trihn	Fiscal Assistant Health Education Specialist II	Yes	No	9% 9%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
36 E	Erica Felix Melissa Malcom	Office Assistant II	Yes Yes	No No	0%	50	\$0	-9%	\$0	100%	\$0
38 0		Program Specialist I D	0	0	0%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0
39 C		0	0	0	0%	\$0 \$0	\$0 \$0	9%	\$0 \$0	100%	\$0 \$0
41 C		0	0	0	0%	50 50	\$0 \$0	0%	\$0 \$0	100%	\$0
43 (0	0	0	0%	\$0	\$0	0%	\$0	100%	50
45 0		0	0	0	0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
46 C		0	0	0	9% 0%	\$0 50	\$0 \$0	0%	\$0	100%	\$0
48 0		0	0	0	0%	50	\$0	9%	\$0 \$0	100%	\$0
50 0		0	0	0	9% 9%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0
51 0		0	0	0	0%	\$0 \$0	\$0	0%	\$0	100%	50
52 C		0	0	0	0%	50	\$0 \$0	0% 0%	\$0 \$0	100%	\$0
54 C		0	0	0	0% 2%	02	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
56 C		0	0	0	0% 0%	50	50	-0%	\$0	100%	\$0
58 0		0	0	0	0%	50 50	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
59 C		0	0	0	0% 0%	\$0 \$0	\$0 \$0	0% -0%	\$0 \$0	100%	50
62 C		0	0	0	9% 9%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0
63 (0	0	0	2%	90	\$0	0%	\$0	100%	50
64 C		0	0	0	3%	\$0 \$0	\$0 \$0	9% 9%	\$0 \$0	100%	\$0 \$0
56 C		0	0	0	0% 3%	\$0 \$0	\$0 \$0	0% 0%	02 02	100%	\$0 \$0
68 0		0	0	0	0%	\$0	\$0	- 0%	\$0	100%	50
69 C		0	0	0	5% 3%	\$0 \$0	\$0 \$0	0%	02	100%	\$0 10
71 C		0	0	0	0% 0%	02 02	\$0 \$0	0%	50 50	100% 100%	\$0 \$0
73 (0	0	0	996	50	\$0	-0%	02	100%	\$0
74 C		0	0	0	0% 0%	60	\$0 \$0	0% 2%	\$0 \$0	100% 100%	\$0 \$0
76 C		0	0	0	2%	\$0 50	\$0 \$0	0%	\$0 \$0	100%	50
78 (0	0	0	0%	\$0	\$0	0%	\$0	100%	50
79 C		0	0	0	0%	50 50	\$0 \$0	9%	\$0 \$0	100%	\$0 \$0
81 0		0	0	0	9% 8%	50 50	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
83 0		0	Q.	0	096	\$0	\$0	3%	\$0	100%	50
84 0		0	0	0	0% 0%	\$0 \$0	\$0 \$0	0% 0%	\$0 \$0	100%	\$0 \$0
86 C		0	0	0	0% 0%	#0 \$0	\$0 50	3%	\$0 \$0	100%	\$0 \$0
88 0		0	0	0	0%	\$0	50	6796 096	\$0	100%	50
89 0 90 0		0	0	0	0% 0%	02	50 50	0%	\$0 \$0	100%	\$0 \$0
91 0		0	0	0	096 596	02	\$0 \$0	0% 0%	\$0 \$0	100% 100%	50
93 (0	0	-0	0	096	\$0	50	- 0%	50	100%	sa
94 0 95 0		0	0	0	0%	\$0 \$0	\$0 \$0	0%	\$0 \$0	100%	\$0 \$0
96 0 97 0		0	0	0	CHL DN	50 50	\$0 \$0	0% 0%	\$0	100%	50
		0	0	0	29	50	50	10 %	\$0 \$0	100% 100%	\$0 \$0
98 0		0	0	0	ű%.	So	\$0	0%	\$0	100%	SO
99 (View	additional rows by selecting the "+	* to the left.						610%			
99 (View Total	odditional rows by selecting the "+ PHN FTE %	to the left.		-	592%			700		*******	
99 (View Total Total Total) additional rows by selecting the "+ PHN FTE % Direct Support Staff FTE % Net Salaries and Wages	to the left.		404	592%		\$702,919	0%	\$632,627		\$70,292
99 (View Total Total Total Staff I. Tot	on additional rows by selecting the "+ PHN FIE % Direct Support Staff FIE % Net Salaries and Wages Benefits (Specify %) al Personnel Expenses	" to the left.	48	93%	592%		\$702,919 \$343,938 \$1,046,857	0%	\$692,627 \$309,544 \$842,171		\$70,392 \$34,394 \$104,586
99 (View Total Total Total Staff I. Tot II. Tot	on additional rows by selecting the "+ PHN FTE % Direct Support Staff FTE % Net Salaries and Wages Benefits (Specif %) al Personnel Expenses tal Operating Expenses List in Nar	** to the left:	49	93%	592%		\$702,819 \$341,938 \$1,046,857 \$1,638	D%.	\$632,627 \$309,544 \$842,171		\$70,792 \$34,394 \$104,586 \$3,658
99 (View Total Total Staff I. Tot II. Tot IV. In	O additional rows by selecting the "+ PHN FIE % Direct Support Staff FIE % Net Salaries and Wages Benefits (Specify %) al al Personnel Expenses tal Ojerath's Expenses List in Nar- tal Capital Expenses (List in Narrative) direct Expenses (List in Narrative)	** to the left:			592%		\$702 #19 \$342 938 \$1,046 #57 \$1,648 \$9	0%	\$632,627 \$309,544 \$942,171		
99 (View Total Total Total Staff I. Tot III. Tot IV. In II. To IV. In II. I I I I I I I I I I I I I I I I	on difficional rows by selecting the **, PNN FIE % Direct Support Staff FIE % Net Salaries and Wages Benefits (Specify %) all Personnel Expenses tal Operating Expenses tal Operating Expenses (list in Narradive) to the Capital Expenses (list in Narradive) internal (Specify %)	rative?	17)	93%	592%		\$702,819 \$343,938 \$1,046,57 \$1,648 \$0 \$1,046,57 \$1,648 \$0	(294)	\$492,627 \$309.548 \$942,171		\$70,792 \$34,394 \$104,586 \$3,658 \$0 \$184,425 \$0
99 (View Total Total Total Staff I. Tot III. Tot IV. In III. To IV. In IV. To	od diffiliation rows by selecting the "* PNN FEE 15 Direct Support Staff FEE % Net Salaries and Wages Benefits (Spacify 80) at Personnel Expenses at Openative Expenses (List in Nar- tal Capital Expenses (List in Nar- ari	rative	17)	617%	592% 0%	Grand Jotal	\$702,#19 \$341,938 \$1,046,#57 \$1,638 \$0 \$184,425 \$0 \$184,425 \$0	OM.	\$492,627 \$389,544 \$342,173		\$184,425

I cardily that the Health Care Program for Children in Forter Care (HCRCFC) will comply with all applicable state and federal and state lure and regulations, including all federal lunds granted to states for medical assistance pursuant to Tide XIX of the Social Security Act 1/2 U.S.C. Section 1396 et seq.). I further certify that the HCRCFC will comply with all rules promulgated by INCS paraments to these authorities, and that all sisted expenses achieve to program goal, vilope, and activity requirements. I further agree that this HCRCFC will now HCRCFC staffings in finited to Public betail Not separate their Direct Support Staff by springly below, it certify that the listed inclividual's Civil Service Classification. Duty Statement, and all budgeted activities where to HCRCFC pursuan place and mylic the definition of Public Health Nurse, as defined by California Code of Regulations Section 1306, or Directly Supporting Staff, as defined by California Regulations Section 432.2.

Monique Ams. Dission Oriel

Authorized HCRCFC Signor Name. Tide

Monique Amir, Dunson Chief Authorized HCPCFC Signor Name, Tide



Monique Amis, Division Chief

Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Date

Health Care Program for Children in Foster Care

		County (City NI	E. IV
	Administrative Budget Narrative	County/City Name:	Fiscal Year:
		San Bernardino	2024-25
	xpenses Identify and Explain Any Changes in Personnel/Personnel I		
	affing for Administrative Budget costs are determinded based on gu	idance provided by D	HCS and standards
established fo	or HCPCFC support staff. Benefit rate is 48.93%		
	Expenses Identify and Explain All Operating Expense Line Items		
Travel - \$1,20	0		
This includes	three general categories of travel expense: private mileage, motor	oool expenses, and oth	ner travel.
Private Milea	ge – This is reimbursement to staff for use of their private vehicles t	o conduct program ac	tivities, including but
not limited to	training, meetings, and/or other county work locations. At preser	t, the rate of reimburs	ement per mile is
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:	The indirect cost percentage is 17.617% of Personne 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 over any regulations, including all federal laws and regulations gover dical assistance pursuant to Title XIX of the Social Security Act (42 left) CFC will comply with all rules promulgated by DHCS pursuant to the orgram goals, scope, and activity requirements. I further agree that the other remedies if this HCPCFC vigilates any of the same of th	ning recipients of fede J.S.C. Section 1396 et ese authorities, and th his HCPCFC may be su	ral funds granted to seq.). I further certify at all listed expenses
Monique Ami	is Division Chief		100

Signature



							County/City:					Fiscal Year:			
		Budget	Budget Summary				San Bernardino					2024-25			
Funding Source:		Base			PMM&O			Caseload Relief		3	County/City-Federal	le		Administrative	
А	89	U	۵	8	U	۵	8	υ	Q	8	υ	۵	80	C	۵
Category/Line Item	Total Budget	Enhanced	Non-Enhanced Total Budget	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$2,348,564	\$2,010,500	\$338,064	\$390,302	\$351,272	\$39,030	\$1,046,857	121 2465	\$104,686	05	\$0	0\$	\$639,638		\$639,638
II. Total Operating Expenses	\$8,072	05	\$8,072	\$3,880	05	\$3,880	\$3,658	05	\$3,658	\$0	0\$	05	\$30,999		\$30,999
III. Total Capital Expenses	0\$		0\$	80		0\$	05		05	\$0		\$0	80		05
IV. Total Indirect Expenses	\$413,747		\$413,747	\$68,760		\$68,760	\$184,425		\$184 425	\$0		\$0	\$112,685		\$112,685
V. Total Other Expenses	0\$		0\$	80		05	0\$		0\$	\$0		\$0	80		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\$	05	\$0	\$783,322		\$783,322
ш	ıL	U	I		9	Ŧ	4	9	I	F	9	Ι	w.	9	Ξ
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$882,567	\$502,625	\$379 942	\$143,653	\$87.818	\$55,835	\$381,927	\$235,543	\$146,385	0\$	\$0	\$0	\$391,661		\$391,661
Federal Funds (Title XIX)	\$1,887,817	\$1.507.876	\$379,942	\$319,289	\$263,454	\$55,835	\$853,013	\$706,628	\$146,385	0\$	0\$	\$0	\$391,661		\$391,661
Budget Grand Total	\$2,770,383	/00£,0/0,50	\$759,883	\$462,942	\$351,272	\$111,670	\$1,234,940	\$942,171	\$292,769	05	\$0	\$0	\$783,322		\$783,322
Monique Amis, Division Chief Authorized HCPCFC Signor Name, Title	e, Title	Sgnatur	Date	hex											