

TEHAMA COUNTY AUDITOR'S OFFICE

GRANT FUNDING INFORMATION

(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd By: _____

DEPARTMENT Health Services Agency	NAME OF CONTACT Jayme Bottke	PHONE NUMBER 527-8491	BUDGET UNIT 40121
---	--	---------------------------------	-----------------------------

TITLE OF GRANT Children's Medical Services (CMS) Plan & Fiscal Guidelines

GRANTOR AGENCY California Department of Healthcare Services

GRANT OBJECTIVES Case management and program coordination for HCPCFC, HCPCFC PMM&O, HCPCFC Case Relief, and HCPCFC Administrative programs

GRANT I.D. NO. _____ Federal Catalog # (if applicable): _____

GRANT PERIOD From: 7/1/2024 To: 6/30/2025 Applicable Code and/or _____

Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		

GRANT FUNDING Fiscal Year: 2024-2025

FEDERAL	\$241,464.00	
STATE	\$291,219.00	
OTHER		
1. TOTAL GRANT FUNDS	\$532,683.00	

COUNTY FUNDING

HARD MATCH (dollars)	\$0.00	
SOFT MATCH (In-kind)	\$0.00	
2. TOTAL COUNTY MATCH	\$0.00	

USE OF FUNDS

PERSONNEL (attach detail)	\$220,966.00	
SERVICES/SUPPLIES	\$52,474.00	
EQUIPMENT	\$0.00	
OTHER CHARGES	\$259,243.00	
TOTAL FUNDS (must also = 1+2 above)	\$532,683.00	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes: _____ N/A No: _____

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse: X Advance: _____

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: _____

EXPENDITURE DEADLINE: 6/30/2025

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes: _____ No: X

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes: X No: _____

_____ This is an ongoing program that requires staffing and office space.

Jayme Bottke
Jayme Bottke, Executive Director

12-17-24
DATE Form A-135 (Rev 8-21-07)



Health Care Program for Children in Foster Care

Agency Information		County/City:	Fiscal Year:		
		Tehama	2024-25		
Street Address:	1860 Walnut Street, Suite 0	Health Officer Name:	Dr. Timothy Peters		
City:	Red Bluff	HPCFC Central Email	hpcfc@tchsa.net		
Zip Code:	96022	Address:			
Authorized HCPCFC Representative		Director of Social Services Agency			
Name, Title:	Jayne Bottke, Executive Director	Name:	Bekkie Emery		
Phone:	530-527-8791 x3166	Phone:	530-528-4078		
Email:	jayne.bottke@tchsa.net	Email:	bemery@tcdss.org		
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:	Sean Hoghtby, Clerk and Recorder	Name:	Pamela Gonzalez		
Phone:	530-527-3350	Phone:	530-527-4052		
Email:	recorder@tehama.gov	Email:	pgonzalez@tcprobation.org		
List All HCPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Michelle Schmidt	Supervising Public Health Nurse	Yes	Yes	michelle.schmidt@tchsa.net
2	Dolly Hopper	Public Health Nurse II	No	Yes	dolly.hopper@tchsa.net
3	Kelly Burton	Public Health Nurse I or II	No	Yes	kelly.burton@tchsa.net
4	Vacant	Office Assistant III	Yes	No	N/A
5	Vacant	Health Educator I	Yes	No	N/A
6					
7					
8					
9					
10					
View additional rows by selecting the "+" to the left.					



Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Tehama	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.

Jayne Bottke, Executive Director	<i>Jayne Bottke</i>	12-17-24
HCPCFC/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet					County/City Name:		Fiscal Year:				
					Tehama		2024-25				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Michelle Schmidt	Supervising Public Health	Yes	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Dolly Hopper	Public Health Nurse II	No	Yes	8%	\$103,696	\$8,296	98%	\$8,130	2%	\$166
3	Kelly Burton	Public Health Nurse I or II	No	Yes	29%	\$91,777	\$26,615	98%	\$26,083	2%	\$532
4	Vacant	Office Assistant III	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
5	Vacant	Health Educator I	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$34,911		\$34,213		\$698
Staff Benefits (Specify %)			59%				\$20,716		\$20,302		\$414
I. Total Personnel Expenses							\$55,627		\$54,515		\$1,112
II. Total Operating Expenses (List in Narrative)							\$68		\$0		\$68
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$13,907				\$13,907
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$13,907				\$13,907
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$69,602		\$54,515		\$15,087

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program 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.

Jayne Bottke, Executive Director
 Authorized HCPCFC Signor Name, Title

Signature

Date

Jayne Bottke 12-17-24



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name:	Fiscal Year:
		Tehama	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salaries and benefits based on actual anticipated costs.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel-Mileage reimbursement and costs for attendance at foster care related trainings, and State and/or regional program meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Costs charged by the Tehama County Health Services Agency for indirect administrative costs. Approved 25% of salaries and benefits.		
External:	N/A		
V. Other Expenses Identify and Explain All Other Expense Line Items			
N/A			

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.

Jayne Bottke, Executive Director		12-17-24
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet						County/City Name: Tehama		Fiscal Year: 2024-25			
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Michelle Schmidt	Supervising Public Health Nurse	Yes	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Dolly Hopper	Public Health Nurse II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Kelly Burton	Public Health Nurse I or II	No	Yes	6%	\$91,777	\$5,507	99%	\$5,452	1%	\$55
4	Vacant	Office Assistant III	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
5	Vacant	Health Educator I	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
<i>View additional rows by selecting the "+" to the left.</i>											
Total Net Salaries and Wages							\$5,507		\$5,452		\$55
Staff Benefits (Specify %)			61%				\$3,380		\$3,346		\$34
I. Total Personnel Expenses							\$8,887		\$8,798		\$89
II. Total Operating Expenses (List in Narrative)							\$947		\$679		\$268
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$2,222				\$2,222
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$2,222				\$2,222
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$12,056		\$9,477		\$2,579

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program 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.

Jayne Bottke, Executive Director
 Authorized HCPCFC Signor Name, Title

Jayne Bottke 12-17-24
 Signature Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: Tehama	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salaries and benefits based on actual anticipated costs.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel-Mileage reimbursement and costs for attendance at foster care related trainings, and State and/or regional program meetings. Training-Costs for registration and CEU fees for foster care related trainings and regional meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Costs charged by the Tehama County Health Services Agency for indirect administrative costs. Approved 25% of salaries and benefits.		
External:	N/A		
V. Other Expenses Identify and Explain All Other Expense Line Items			
N/A			

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.

Jayne Bottke, Executive Director		12-17-24
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet					County/City Name: Tehama		Fiscal Year: 2024-25				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Michelle Schmidt	Supervising Public Health Nurse	Yes	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Dolly Hopper	Public Health Nurse II	No	Yes	7%	\$103,696	\$7,259	99%	\$7,186	1%	\$73
3	Kelly Burton	Public Health Nurse I or II	No	Yes	15%	\$91,777	\$13,767	99%	\$13,629	1%	\$138
4	Vacant	Office Assistant III	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
5	Vacant	Health Educator I	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
<i>View additional rows by selecting the "+" to the left.</i>											
Total PHN FTE %					22%			198%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$21,025		\$20,815		\$210
Staff Benefits (Specify %)			61%			\$12,787		\$12,660		\$128	
I. Total Personnel Expenses							\$33,812		\$33,475		\$338
II. Total Operating Expenses (List in Narrative)							\$3,153		\$2,043		\$1,110
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%			\$8,453					\$8,453
2.	External (Specify %)		0%			\$0					\$0
IV. Total Indirect Expenses (List in Narrative)							\$8,453				\$8,453
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$45,418		\$35,518		\$9,901

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program 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.

Jayne Bottke, Executive Director
 Authorized HCPCFC Signor Name, Title


 12-17-24
 Signature Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name: Tehama	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salaries and benefits based on actual anticipated costs.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel-Mileage reimbursement and costs for attendance at foster care related trainings, and State and/or regional program meetings. Training-Costs for registration and CEU fees for foster care related trainings and regional meetings.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Costs charged by the Tehama County Health Services Agency for indirect administrative costs. Approved 25% of salaries and benefits.		
External:	N/A		
V. Other Expenses Identify and Explain All Other Expense Line Items			
N/A			

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.

Jayme Bottke, Executive Director		12-17-24
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet						County/City Name: Tehama		Fiscal Year: 2024-25			
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Michelle Schmidt	Supervising Public Health Nurse	Yes	Yes	20%	\$132,520	\$26,504			20%	\$26,504
2	Dolly Hopper	Public Health Nurse II	No	Yes	0%	\$0	\$0			0%	\$0
3	Kelly Burton	Public Health Nurse I or II	No	Yes	0%	\$0	\$0			0%	\$0
4	Vacant	Office Assistant III	Yes	No	35%	\$40,049	\$14,017			35%	\$14,017
5	Vacant	Health Educator I	Yes	No	50%	\$59,117	\$29,559			50%	\$29,559
6	0	0	0	0	0%	\$0	\$0			0%	\$0
7	0	0	0	0	0%	\$0	\$0			0%	\$0
8	0	0	0	0	0%	\$0	\$0			0%	\$0
9	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
<i>View additional rows by selecting the "+" to the left.</i>											
Total Net Salaries and Wages							\$70,080				\$70,080
Staff Benefits (Specify %)			75%				\$52,560				\$52,560
I. Total Personnel Expenses							\$122,640				\$122,640
II. Total Operating Expenses (List in Narrative)							\$48,306				\$48,306
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$30,660				\$30,660
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$30,660				\$30,660
V. Total Other Expenses (List in Narrative)							\$204,000				\$204,000
Budget Grand Total							\$405,606		\$0		\$405,606

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Jayne Bottke, Executive Director
 Authorized HCPCFC Signor Name, Title

Jayne Bottke 12-17-24
 Signature Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name: Tehama	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salaries and benefits based on actual anticipated costs.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel \$3,000- Includes travel for statewide/regional trainings and meetings and local travel to providers, schools, and county offices. Training \$15,000 - Includes registration and CEU fees for trainings. Communication \$3,106-Costs for long distance and cellular charges and a percentage of charges for local use, based on total FTEs in program. Household \$3,500-Janitorial, Disposal service and other household supplies based on actual charges and total FTEs. Maintenance of Structure \$1,200- Includes expenditures for maintaining the useful of buildings and improvements. Based on actual charges and total FTEs. Rent/Lease of Structure \$1,000-Includes rents and leases paid for the use of equipment. Actual costs are spread based on total HCPCFC FTEs. Utilities \$2,000-Charges for electricity and natural gas . Based on actual costs and total FTEs. Maintenance of Equipment \$2,000-Includes necessary repair and maintenance of equipment. Based on actual charges and total FTEs. Office supplies \$9,000-Includes secretarial and office supplies, printing, stationary, envelopes, and copy charges. Based actual charges and total of FTEs. Rent/Lease equipment \$5,000-Includes charges for copy machine, fax machine, postage meter and postage and is budgeted based on actual usage. Professional \$3,500-Costs associated with advertisement, fingerprints and the physical examination required for County employment of new staff. Includes annual computer maintenance and software support.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Costs charged by the Tehama County Health Services Agency for indirect administrative costs. Approved 25% of salaries and benefits.		
External:	N/A		
V. Other Expenses Identify and Explain All Other Expense Line Items			
Special Departmental \$204,000- Electronic Health Records and reporting for Performance Measures -\$15, 000, Educational Materials \$16,000, Cost for storage of records \$10,000, Access to Elsevier for nurses \$3,000, Prevention Media Campaign \$20,000, Education Seminar for providers \$40,000, Quarterly Education seminars for resource families \$40,000, Computer Infrastructure \$30,000, Medical records acquisition costs \$10,000, health and wellness tools for foster children \$20,000.			

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.

Jayne Bottke, Executive Director		12-17-24
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Budget Summary							County/City: Tehama			Fiscal Year: 2024-25					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	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
I. Total Personnel Expenses	\$55,627	\$54,515	\$1,112	\$8,887	\$8,798	\$89	\$33,812	\$33,475	\$338	\$0	\$0	\$0	\$122,640		\$122,640
II. Total Operating Expenses	\$68	\$0	\$68	\$947	\$679	\$268	\$3,153	\$2,043	\$1,110	\$0	\$0	\$0	\$48,306		\$48,306
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$13,907		\$13,907	\$2,222		\$2,222	\$8,453		\$8,453	\$0		\$0	\$30,660		\$30,660
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$204,000		\$204,000
Budget Grand Total	\$69,602	\$54,515	\$15,087	\$12,056	\$9,477	\$2,579	\$45,418	\$35,518	\$9,901	\$0	\$0	\$0	\$405,606		\$405,606
E	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
State/County Funds	\$21,172	\$13,629	\$7,544	\$3,659	\$2,369	\$1,290	\$13,830	\$8,880	\$4,951	\$0	\$0	\$0	\$202,803		\$202,803
Federal Funds (Title XIX)	\$48,430	\$40,886	\$7,544	\$8,397	\$7,108	\$1,290	\$31,589	\$26,639	\$4,951	\$0	\$0	\$0	\$202,803		\$202,803
Budget Grand Total	\$69,602	\$54,515	\$15,087	\$12,056	\$9,477	\$2,579	\$45,419	\$35,518	\$9,901	\$0	\$0	\$0	\$405,606		\$405,606

Jayne Bottke, Executive Director
Authorized HCPCFC Signor Name, Title

Jayne Bottke 12-17-24
Signature Date