TEHAMA COUNTY AUDITOR'S OFFICE GRANT FUNDING INFORMATION

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

AUDITOR I	SE ONLY
Rec'd By:	

				NUMBER 8491	T UNIT 21				
TITLE OF GRANT			Children's Medical Services (CMS) Plan & Fiscal Guidelines						
GRANTOR AGEN	ICY				Department of Healthcare Services				
GRANT OBJECTI	VES		ase mana			lination for Co	70.0017	ram	
ordina obviden	· LO			toring and ov		mation for Co	CS With prog	grain	
GRANT I.D. NO.						Federal Cata	alog # Gf		
		573W/J				applicable):			
GRANT PERIOD From: 7/1/20			Γo: 6/30/	2025		Applicable (Code and/or		
						Legislative	Reference:		
DATE APPLICATION APPROVED BY BOARD:				D:		Legislative	Reference.		
				-					
DATE BOARD AC	CCEPTED F	FUNDS C	OR APPRO	OVED CONT	RACT:			3/0 -	
IS GRANT RENEV	WABLE?	Yes	No	Annually	Indefinite	Specific '	No. of Years	3	
(Check all applicab	ole)	X		X		1			
GRANT FUNDIN	G	Fis	scal Year	: 2024-2025					
FEDERAL				\$100,157.00					
STATE		1	,	\$143,543.00					
OTHER	T EI DIDO			03 13 E00 00					
1. TOTAL GRAN				\$243,700.00					
COUNTY FUNDI				617.277.00					
HARD MATCH (d SOFT MATCH (In			\$16,367.00						
2. TOTAL COUN'		1	\$16,367.00						
USE OF FUNDS	I I WELLET	-		\$10,507.00				77.00	
PERSONNEL (attach	detail)			\$192,911.00					
SERVICES/SUPPL			\$15,928.00						
EQUIPMENT			\$0.00						
OTHER CHARGE	S		\$51,228.00						
TOTAL FUNDS (mu	ust also $= 1+2$	2 above)		\$260,067.00					
IF HARD MATCH F									
IDENTIFY FUNDIN							7		
IS MATCH FUNDIN						Yes:	N/A	No:	
METHOD OF PAYN				Reimburse:	X	Advance:			
ANTICIPATED DA' EXPENDITURE D	2500000		6/30/2025						
IS INTEREST EAR		The second			RV I AW2	Yes:	1	No: X	
							1		
WILL THERE BE COUNTY SUPPO						Yes: X]	No:	
COOM TOO TO						I office space.			
A	10-	11/	0						
Jam	100	owe				11-2	1-24		
Jayme Rottke Eve	cutive Direc	etor				DATE	Power A 1	125 (0 0 2	

PH Contract Cover Sheet

Contractor	California Dept of Health Care Services Children's Medical Services
Agreement #	22-10299 A01
Budget Acct #	
Subject	PH CCS
Term Dates	7/1/2024 to 6/30/2025
Maximum Amount	\$ 260,067.00
Contractor Address	P.O Box 997413 MS 8104
	Sacramento, CA 95814
Contractor Phone	(916)327-1400
Contractor Fax	(010)027 1400
Contractor email	

Plan and Budget Required Documents Checklist

FY 2024-2025

C	ounty	y/Cit	y: Tehama	Fiscal Year: 2024-2025
			Document	Page Number
1.	Che	cklis	et	1
2.	Age	ncy	Information Sheet	2
3.	Cer	tifica	tion Statement CCS	3
1.	Age	ncy	Description	
	Α.	Bri	ef Narrative	4
	B.	Org	ganizational Charts for CCS	Retain locally
	C.	CC	S Staffing Standards Profile	Retain locally
	D.	Inc	umbent Lists for CCS	5
	E.		ril Service Classification Statements – Include if newly established oposed, or revised	N/A
	F.	Du	ty Statements - Include if <u>newly established</u> , proposed, or revised	N/A
	Mer	nora	nda of Understanding and Interagency Agreements List	
	A.	MC	DU/IAA List	6
	B.	Ne	w, Renewed, or Revised MOU or IAA	N/A
6.	Buc	lgets		
	A.	CC	S Administrative Budget	
		1.	Budget Summary	7-9
		2.	Budget Worksheet	10-15
		3.	Budget Justification Narrative	16-17
		2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
		3.	Property Survey Report Form (STD 152)	N/A
	B.	CC	S Monitoring and Oversight Budget	
		1.	Budget Agency Information and Summary	18-19
		2.	Budget Worksheet	20
		3.	Budget Justification Narrative	21

Agency Information Sheet

County/City:	Tehama		Fiscal Year 2023-2024
	Official A	gency	
Name:	Tehama Co Health Services Agency	Address:	P.O. Box 400
Health Officer	Timothy Peters, MD		Red Bluff, CA 96080
	CMS Director (if applicable	e)
Name:	Jayme Bottle	Address:	P.O. Box 400
Phone:	530-527-8491 x3175		Red Bluff, CA 96080
Fax:	530-527-0703	E-Mail:	Jayme.bottke@tchsa.net
	CCS Admi	nistrator	
Name:	Michelle Schmidt	Address:	P.O. Box 400
Phone:	530-527-6824		Red Bluff, CA 96080
Fax:	530-527-0362	E-Mail:	Michelle.schmidt@tchsa.net
	Clerk of the Board of Sup	ervisors or	City Council
Name:	Sean Houghtby	Address:	P.O. Box 250
Phone:	530-527-3287		Red Bluff, CA 96080
Fax:	530-527-1745	E-Mail:	recorder@tehama.gov

Certification Statement - California Children's Services (CCS)

County/City:	Tehama	Fiscal Year:	2024-2025
Part 2, Chapter Institutions Coo by DHCS pursu Children's Med Federal Finance regulations gov XIX of the Soci Maternal and Cool 701 et seq.). I	e CCS Program will comply with all applicable provision 7, Article 5, (commencing with Section 123800) and Code (commencing with Sections 14000-14200), and any uant to this article and these Chapters. I further certify lical Services (CMS) Plan and Fiscal Guidelines Manualial Participation. I further certify that this CCS Program verning and regulating recipients of funds granted to start Security Act (42 U.S.C. Section 1396 et seq.) and rechild Health Services Block Grant pursuant to Title V of further agree that this CCS Program may be subject to gram violates any of the above laws, regulations and p	chapters 7 and applicable rule that this CCS Fal, including but a will comply wing the for medical scipients of functions of all sanctions of applications of all sanctions of applications of	8 of the Welfare and s or regulations promulgated Program will comply with the not limited to, Section 9 th all federal laws and I assistance pursuant to Title its allotted to states for the curity Act (42 U.S.C. Section or other remedies applicable
	CLOSLIS SOHM	10/9/200	24
	CS Administrator idt, Supervising PHN	Date Signed	
Timothy D P	eters	11/22/24	
Signature of Di Timothy Peters	rector or Health Officer s, MD	Date Signed	k — — — — — — — — — — — — — — — — — — —
Jaym	e ABottle	11-21-2	24
Signature/and Jayme Bottke,	Title of Other – Executive Director	Date Signed	
I certify that this	s plan has been approved by the local governing body.		
	ocal Governing Body Chairperson ehama County Board of Supervisors	Date	

Agency Description Children's Medical Services Plan FY 2024-2025

The Tehama County Health Services Agency consists of five divisions: Fiscal and Support Services; Substance Use Recovery Services; Behavioral Health Services; Medical Clinic Services; and Public Health Services which includes the Women, Infant, Children's (WIC) Nutritional Program.

The California Children's Services (CCS) Program is within the same location at the Public Health Division. The Health Care Program for Children in Foster Care (HCPCFC), Health Care Program for Children in Foster Care Psychotropic Medications Monitoring and Oversight (HFPCFC PMM&O), HCPCFC Caseload Relief, and HCPCFC Administration is located at the Department of Social Services in the Child Welfare Services Unit.

Jayme Bottke, serves as the Agency Executive Director. The Director of Public Health is Minnie Sagar, MPH. Michelle Schmidt, Supervising Public Health Nurse, provides day-to-day supervision of the Children Medical Services (CMS) program of CCS and serves as CCS Administrator. Michelle Schmidt, Supervising Public Health Nurse, provides day-to-day supervision of the Children Medical Services (CMS) programs of HCPCFC, HCPCFC PMM&O, HCPCFC Caseload Relief and acts as the HCPCFC Administrator. Timothy Peters, MD, the County Health Officer provides medical supervision of the CCS and HCPCFC Programs. The organizational chart (retained locally) contains more detailed information.

The local CCS, HCPCFC, and WIC programs strive to coordinate services and crossrefer clients in an efficient manner. CMS program staff meet monthly to discuss programmatic issues and to coordinate services. Release of Information (ROI) is utilized to coordinate services and referrals with Substance Use Recovery Services; Behavioral Health Services; Medical Clinic Services. All of the CMS program staff coordinates efforts to maintain provider relations, non-duplication of services, outreach and case finding, and networking with community agencies.

As directed by California Department Healthcare Services beginning FY 2022-23, program budgets are separate of one another and must be signed and submitted individually.

Incumbent List - California Children's Services

For FY 2024-2025, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City:	Tehama	Fiscal Year: 2024-2025			
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
SPHN, CCS Administrator	Michelle Schmidt	5%	No	No	
PHN II	Sharon Atkinson	50%	No	No	
OA III	Rene Morrow	95%	No	No	
OA III Bilingual	Vacant	5%	No	No	

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City:		Tehama		Fiscal Year: 2024-2025		
Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates (From / To)	Date Last Reviewed by County/City	Name of Person Responsible for This MOU/IAA?	Did This MOU/IAA Change? (Yes or No)	
CCS/Blue Cross	MOU	3/20/99 - ongoing		Jayme Bottke, TCHSA Executive Director	No	
CCS/VSP	MOU	1999 – ongoing		Jayme Bottke, TCHSA Executive Director	No	
CCS/SRO/Health Net	MOU	7/03/03 – ongoing		Jayme Bottke, TCHSA Executive Director	No	
CCS/Delta Dental	MOU	12/21/98 – ongoing		Jayme Bottke, TCHSA Executive Director	No	
CCS/Premier Access	MOU	12/28/98 – ongoing		Jayme Bottke, TCHSA Executive Director	No	
CCS/EyeMed Vision Care	MOU	1/10/96 – ongoing		Jayme Bottke, TCHSA Executive Director	No	
CCS/Blue Shield of CA	MOU	07/2000 – ongoing		Jayme Bottke, TCHSA Executive Director	No	

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload		
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13.19%		
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%		
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%		
TOTAL CCS CASELOAD	561	100%		

CCS Administrative Budget Summary from July 1, 2024 to December 31, 2024

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	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)			
Column Category/Line Item	1	2	3	4	5	6	
	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)	
I. Total Personnel Expense	80,292	10,591	6,870	62,832	20,999	41,833	
II. Total Operating Expense	6,348	837	543	4,967	236	4,731	
III. Total Capital Expense	0	0	0	0		0	
V. Total Indirect Expense	20,073	2,648	1,717	15,708		15,708	
V. Total Other Expense	3,000	396	257	2,348		2,348	
Budget Grand Total	109,713	14.472	9.387	85,855	21,235	64,620	

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)				
Column	1	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	4	5 Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)		
Source of Funds	Total Budget			Medi-Cal State/Federal				
Straight CCS								
State	7,236	7,236						
County	7,236	7,236						
OTLICP								
State	1,643		1,643					
County	1,643		1,643					
Federal (Title XXI)	6,101		6,101					
Medi-Cal								
State	37,619			37,619	5,309	32,310		
Federal (Title XIX)	48,236			48,236	15,926	32,310		

Mirtille Pfdels pom	Michelle Schmidt, SPHN	michelle.schmidt@tchsa.net
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
Mirbelle Placet SPH	Michelle Schmidt, SPHN	michelle.schmidt@tchsa.net
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CC Caseload	
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13.19%	
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%	
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%	
TOTAL CCS CASELOAD	561	100%	

CCS Administrative Budget Summary from January 1, 2025 to June 30, 2025

Fiscal Year:	2024-2025	
County:	Tehama	

	Col 1 = Col 2+3+4	Col 1 = Col 2+3+4 Straight CCS	OTLICP 3	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)			
Column	1			4	5	6	
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Modi-Cal State/Fedoral	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)	
I. Total Personnel Expense	68,663	9,058	5,875	53,731	17,644	36,087	
II. Total Operating Expense	6,706	884	574	5,247	231	5,016	
III. Total Capital Expense	0	0	0	0		0	
IV. Total Indirect Expense	17,166	2,264	1,469	13,433		13,433	
V. Total Other Expense	0	0	0	0		0	
Budget Grand Total	92,535	12,206	7,918	72,411	17.875	54,536	

	Col 1 = Col 2+3+4	Straight CCS 2 Straight CCS County/State (50/50)	OTLICP 3 Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed (17.5/17.5/65)	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1			4	5	6
Source of Funds	Total Budget			Medi-Cal State/Federal		Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	6,103	6,103				
County	6,103	6,103				
OTLICP						
State	1,386		1,386			
County	1,386		1,386			
Federal (Title XXI)	5,146		5,146			
Medi-Cal						
State	31,737			31,737	4,469	
Federal (Title XIX)	40,674			40.674	13,406	27,268

nurbele of Seles ASIN	Michelle Schmidt, SPHN	michelle.schmidt@tchsa.net
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
Archelle Mollo SPHO	Michelle Schmidt, SPHN	michelle.schmidt@tchsa.net
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address

CCS CASELOAD	Actual Caseload	Caseload	
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13,19%	
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%	
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%	
TOTAL CCS CASELOAD	561	100%	

CCS Administrative Budget Summary from July 1, 2024 to June 30, 2025

2024-2025
Tehama

		SAMULTE COLUMN	2000000		OT 100 10-1 1	2-1
	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cai (non	-OTLICP) (Column 4 = 0	Columns 5 + 6)
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
I. Total Personnel Expense	148,955	19,649	12,745	116,563	38,643	77,920
II. Total Operating Expense	13,054	1,721	1,117	10,214	467	9,747
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	37,239	4,912	3,186	29,141		29,141
V. Total Other Expense	3,000	396	257	2,348		2,348
Budget Grand Total	202,248	26,678	17,305	158,266	39,110	119,156

	Col 1 = Col 2+3+4	Straight CCS	OTLICP 3	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1			4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLICP) County/State/Fed	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi- Cal State/Federal (50/50)
Straight CCS						
State	13,339	13,339				
County	13,339	13,339				
OTLICP						
State	3,029		3,029			
County	3,029		3,029			
Federal (Title XXI)	11.247		11,247			
Medi-Cal						
State	69,356			69,356	9,778	59,578
Federal (Title XIX)	88.910			88,910	29,332	59,578

Mr. Chelle O Solder SPOW	Michelle Schmidt, SPHN	michelle.schmidt@tchsa.net
Prepared By (Signature)	Prepared By (Printed Name)	Email Address
Muchelle Of Let 5 por	Michelle Schmidt, SPHN	michelle.schmidt@tchsa.net
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13,19%
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%
TOTAL CCS CASELOAD	561	100%

CCS Administrative Budget Worksheet from July 1, 2024 to December 31, 2024

Fiscal Year:	2024-2025
County:	Tehama



				Stra	ight CCS		argeted Low Income s Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	6 months pro- rated Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
. Personnel Expense													
Program Administration													
Michelle Schmidt, SPHN	3.00%	66,260	1,988	13.19%	262	8.56%	170	78.25%	1,556			100,00%	1,556
2. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%	(
Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	. 0	78.25%	0			100.00%	
4. Employee Name, Position	0.00%	0	0	13,19%	0	8.56%	0	78.25%	0			100.00%	
5. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	(E)		100,00%	(
Subtotal		66,260	1,988		262		170		1,556				1,556
Medical Case Management						1							
1. Sharon Atkins, PHN II	50.00%	42,044	21,022	13.19%	2,773	8.56%	1,799	78.25%	16,450	70.00%	11,515	30.00%	4,935
Michelle Schmidt, SPHN	2.00%	66,260	1,325	13,19%	175	8.56%	113	78.25%	1,037	70.00%	726	30,00%	311
3. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	
4. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	
5. Employee Name, Position	0,00%	0	0	13,19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	
6. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	
7. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100,00%	
8. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	C
Subtotal		108,304	22,347		2,948		1,912		17,487	HEED!	12,241		5,246
Other Health Care Professionals								1		Per control			
1 Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	
2. Employee Name, Position	0.00%	0	0	13,19%	0	8.56%	0	78.25%	0	0,00%	0	100.00%	
3. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78,25%	0	0.00%	0	100.00%	C
Subtotal		0	0		0		0	The same	0		0		
Ancillary Support												2 3 3	
1. Vacant, OA III Bilingual	5.00%	20,025	1,001	13.19%	132	8.56%	86	78.25%	783			100.00%	783
2. Rene Morrow, OA III	50.00%	22,597	11,299	13.19%	1,490	8.56%	967	78.25%	8,842			100.00%	8,842
3. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	13.19%	0	8,56%	0	78.25%	0			100.00%	C
5. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%	C
Subtotal		42,622	12,300	E-197	1,622		1,053		9,625				9,625
Clerical and Claims Support													

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13,19%
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%
TOTAL CCS CASELOAD	561	100%

CCS Administrative Budget Worksheet from July 1, 2024 to December 31, 2024

2024-2025	
Tehama	



				Stra	ight CCS		Fargeted Low Income 's Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	6 months pro- rated salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
1. Rene Morrow, OA III	45.00%	22,597	10,169	13,19%	1,341	8,56%	870	78.25%	7,958	0.00%	0	100.00%	7,958
Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	.0	0.00%	0	100.00%	0
Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	13,19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0
Subtotal		22,597	10,169		1,341		870		7,958		0		7,958
Total Salaries and Wages			46,804	13.19%	6,174	8.56%	4,005	78.25%	36,626	33.42%	12,241	66.58%	24,385
Staff Benefits (Specify %) 7	.55%		33,488	13.19%	4,417	8.56%	2,865	78.25%	26,206		8,758		17,448
I. Total Personnel Expense	THE RESERVE		80,292	13.19%	10,591	8.56%	6,870	78.25%	62,832		20,999		41,833
II. Operating Expense (for six months)					-		1000						
1. Travel			400	13.19%	53	8.56%	34	78.25%	313	33.42%	105	66.58%	208
2. Training			500	13.19%	66	8.56%	43	78.25%	391	33.42%	131	66.58%	260
3. Communications			631	13.19%	83	8.56%	54	78.25%	494	L GLESS		100.00%	494
4. Facilities-structure/utilities/household			1,337	13.19%	176	8.56%	114	78.25%	1,046			100.00%	1,046
5. Office-equip maint/lease/infrastruture/computer repla	cement		2,419	13.19%	319	8,56%	207	78.25%	1,893			100.00%	1,893
6. Professional			1,061	13.19%	140	8.56%	91	78.25%	830			100.00%	830
7. Spec Dept		# Electrical		13,19%	0	8.56%	0	78.25%	0			100.00%	0
II. Total Operating Expense (for six months)		NIE	6,348		837		543		4,967		236		4,731
III. Capital Expense (for six months)													
1.				13.19%	0	8.56%	0	78.25%	0				0
2.				13.19%	0	8.56%	0	78.25%	0				0
3.				13.19%	0	8.56%	0	78.25%	0				0
III. Total Capital Expense (for six months)			0		0		0	La CA	0				0
IV. Indirect Expense													
1. Internal 25	.00%		20,073	13.19%	2,648	8.56%	1,717	78.25%	15,708			100.00%	15,708
2. External 0	00%		0	13.19%	0	8.56%	0	78.25%	0			100.00%	0
IV. Total Indirect Expense (for six months)			20,073		2,648		1,717		15,708				15,708
V. Other Expense (for six months)							No.						
Maintenance & Transportation			3,000	13.19%	396	8.56%	257	78.25%	2,348			100.00%	2,348
2.				13.19%	0	8.56%	0	78.25%	0			100.00%	0
3.				13.19%	0	8.56%	0	78.25%	0	1		100.00%	0

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13.19%
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%
TOTAL CCS CASELOAD	561	100%

CCS Administrative Budget Worksheet from July 1, 2024 to December 31, 2024

Fiscal Year:	2024-2025	_
County:	Tehama	_



					Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)						
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8		
Category/Line Item	% FTE	6 months pro- rated Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)		
4.				13.19%	0	8.56%	0	78.25%	0			100.00%			
5.				13.19%	0	8,56%	0	78.25%	0			100,00%			
. Total Other Expense (for six months)			3,000		396		257		2,348				2,34		
Budget Grand Total (for six months)			109,713	15-22-1	14,472		9,387		85,855		21,235		64,62		

mileder solder Spens	Michelle Schmidt, SPHN	10/9/2024	530-5677124	
Prepared By (Signature)	Prepared By (Printed Name)	Date Prepared	Phone Number	
purhlesself SPHN	Michelle Schmidt, SPHN	10/9/2024	530-5677124	
CCS Administrator (Signature)	CCS Administrator (Printed Name)	Date Signed	Phone Number	

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13.19%
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%
TOTAL CCS CASELOAD	561	100%

CCS Administrative Budget Worksheet from January 1, 2025 to June 30, 2025

Fiscal Year:	2024-2025	_
County:	Tehama	



					ight CCS		argeted Low Income s Program (OTLICP)	Medi-Cal (Non-OTLICP)						
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8	
Category/Line Item	% FTE	6 months pro- rated Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)	
Personnel Expense (for six months)														
Program Administration			1393	1834										
1. Michelle Schmidt, SPHN	3.00%	66,260	1,988	13.19%	262	8.56%	170	78.25%	1,556			100.00%	1,556	
2. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%	(
3. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%	(
4. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%	(
5. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%		
Subtotal		66,260	1,988		262		170		1,556			TE A	1,556	
Medical Case Management				112555					1					
1. Sharon Atkins, PHN II	50.00%	42,044	21,022	13.19%	2,773	8.56%	1,799	78.25%	16,450	60,00%	9,870	40.00%	6,580	
2. Michelle Schmidt, SPHN	2.00%	66,260	1,325	13.19%	175	8.56%	113	78.25%	1,037	40.00%	415	60,00%	622	
3. Employee Name, Position	0.00%	0	0	13,19%	0	8.56%	0	78,25%	0	0,00%	0	100.00%		
4. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0	
5. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0	
6. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%		
7. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	C	
8. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%		
Subtotal		108,304	22,347		2,948	100	1,912		17,487		10.285		7,202	
Other Health Care Professionals												18.3		
Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0	
2. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	C	
3. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	(
Subtotal		0	0	March 1	0		0		0		0		(
Ancillary Support														
1. Vacant, OA III Bilingual	5.00%	20,025	1,001	13.19%	132	8.56%	86	78.25%	783			100.00%	783	
2. Rene Morrow, OA III	15.00%	22,597	3,390	13.19%	447	8.56%	290	78.25%	2,653			100.00%	2,653	
3. Employee Name, Position	0.00%	0	0	13.19%	0	8,56%	0	78.25%	0			100.00%	(
4. Employee Name, Position	0.00%	0	0	13.19%	0	0.56%	0	78.25%	0			100.00%		
5. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0			100.00%		
Subtotal		42,622	4,391		579		376		3,436			1 1	3,436	
Clerical and Claims Support														
1. Rene Morrow, OA III	50.00%	22,597	11,299	13.19%	1,490	8.56%	967	78.25%	8,842	0.00%	0	100.00%	8,842	
2. Employee Name, Position	0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	(

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13.19%
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%
TOTAL CCS CASELOAD	561	100%

CCS Administrative Budget Worksheet from January 1, 2025 to June 30, 2025

Fiscal Year:	2024-2025	_
County:	Tehama	



					Stra	ight CCS		argeted Low Income s Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column		1	2	3	4A	4	5A	5	6A	6	7A	7	A8	8
Category/Line Item		% FTE	6 months pro- rated Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
3. Employee Name, Position		0.00%	0	0	13,19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0
4. Employee Name, Position		0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100.00%	0
5. Employee Name, Position		0.00%	0	0	13.19%	0	8.56%	0	78.25%	0	0.00%	0	100,00%	0
Subtotal			22,597	11,299	paid.	1,490		967		8,842		0		8,842
Total Salaries and Wages				40,025	13.19%	5,280	8.56%	3,425	78.25%	31,321	32.84%	10,285	67.16%	21,036
Staff Benefits (Specify %)	71.55%			28,638	13.19%	3,778	8.56%	2,450	78.25%	22,410		7,359		15,051
I. Total Personnel Expense (for six months)				68,663	13,19%	9,058	8.56%	5,875	78.25%	53,731		17,644		36,087
II. Operating Expense (for six months)														
1. Travel				400	13.19%	53	8.56%	34	78.25%	313	32.84%	103	67.16%	210
2. Training				500	13.19%	66	8.56%	43	78.25%	391	32.84%	128	67.16%	263
3. Communications				631	13.19%	83	8.56%	54	78.25%	494			100.00%	494
4. Facilities-structure/utilities/household				1,337	13.19%	176	8.56%	114	78.25%	1,046			100.00%	1,046
5. Office-equip maint/lease/infrastruture/computer	replacement			2,419	13.19%	319	8.56%	207	78.25%	1,893			100.00%	1,893
6. Professional				1,061	13.19%	140	8.56%	91	78.25%	830			100.00%	830
7. Spec Dept				358	13.19%	47	8.56%	31	78.25%	280			100.00%	280
II. Total Operating Expense (for six months)				6,706		884		574		5,247		231		5,016
III. Capital Expense (for six months)										A			1000	
1.					13.19%	0	8.56%	0	78.25%	0		Manager and		0
2.					13.19%	0	8,56%	0	78.25%	0	43000			0
3.					13.19%	0	8.56%	0	78.25%	0				0
III. Total Capital Expense (for six months)	1			0		0		0		0				0
IV. Indirect Expense											The His			
1. Internal	25.00%			17,166	13.19%	2,264	8.56%	1,469	78.25%	13,433			100.00%	13,433
2. External	0.00%			0	13.19%	0	8.56%	0	78.25%	0			100.00%	0
IV. Total Indirect Expense(for six months)		EL SI		17,166		2,264		1,469		13,433				13,433
V. Other Expense (for six months)														
Maintenance & Transportation				0	13.19%	0	8.56%	0	78.25%	0			100.00%	0
2.					13.19%	0	8.56%	0	78.25%	0			100.00%	0
3.					13.19%	0	8.56%	0	78.25%	0			100.00%	0
4.					13.19%	0	8.56%	0	78.25%	0			100.00%	0
5.					13.19%	0	8.56%	0	78.25%	0			100.00%	0
V. Total Other Expense (for six months)				0		0		0		0				0
Budget Grand Total (for six months)				92,535		12,206		7,918		72,411		17,875		54,536

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	74	13.19%
OTLICP - Total Cases of Open (Active) OTLICP Children	48	8.56%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	439	78.25%
TOTAL CCS CASELOAD	561	100%

CCS Administrative Budget Worksheet from January 1, 2025 to June 30, 2025

Fiscal Year:	2024-2025	-
County:	Tehama	



				Stra	ight CCS	Optional 7 Children	rargeted Low Income is Program (OTLICP)			Medi-Cal	(Non-OTLICP)		
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	6 months pro- rated Salary	Total Budget (1 x 2 or 4 + 5 +6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (17.5/17.5/65)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non- Enhanced % FTE	Non-Enhance Medi-Cal State/Federa (50/50)
Mulleolle SPAN	Michelle Schmidt, SPHN Prepared By (Printed Name)			10/9/2024 Date Prepared					530-567712 e Number	24			

CCS Administrator (Signature)

Michelle Schmidt, SPHN

CCS Administrator (Printed Name)

10/9/2024 Date Signed

Phone Number

530-567-7124

Tehama County CCS Program Budget Narrative Fiscal Year 2024-2025

I. PERSONNEL EXPENSES		JUSTIFICATION
Total Salaries:	\$86,829	
Total Benefits:	\$62,126	Benefits are based on actual cost projections.
Total Personnel Expenses:	\$148,955	
Supervising PHN Schmidt 5% FTE	\$6,626	The Supervising PHN acts as the CCS Administrator. She provides direct staff supervision and overall program direction.
PHN II Atkinson 50% FTE	\$42,044	The PHN I or II is responsible for the medical case management activities.
Office Assistant III Morrow 95-65% FTE	\$36,157	The OA III provides clerical, financial eligibility and claim support, and bilingual services for the program.
Office Assistant III Bilingual Sonia Martinez 5% FTE	\$2,002	The OA III provides clerical, financial eligibility and claim support to the program.

II. OPERATING EXPENSES	7- 45-	or to reason or replaced that the last section is			
Travel	\$800	Includes travel for statewide/regional trainings and meetings and local travel to providers, schools, county offices and home visits.			
Training	\$1000	Includes registration and CEU fees for trainings.			
Communications	\$1,262	Costs for long distance and cellular charges and a percentage of charges for local use, based on total FTE's in program.			
Facilities	\$2,674	Costs for necessary repair and maintenance of the building. Based on actual costs and total FTEs. Includes refuse disposal, janitorial, towels, tissues, soap and is based on actual costs and FTE's. Rent charges for the Fiscal/Data Administrative Building and the Corning office site. Based on actual costs and total FTE's. Charg for electricity and natural gas: based on actual costs and total FTE's.			
Office	\$4,838	Includes secretarial and office supplies, printing, stationary, envelopes, and Xerox charges. Spreads based on program FTEs. Includes charges for fax machine, postage meter and postage and is budgeted based on actual usage from the previous FY.			
Professional	\$2,122	Costs for Microsoft license, software and computer support and annual maintenance costs. Costs are based on total FTEs. Also includes costs associated with fingerprints and the physical examination required for County employment of new staff. The amount is based or			

Children's Medical Services Plan and Fiscal Guidelines for Fiscal Year 2024-2025

		anticipated program costs. Does not include any insurance costs associated with Public Health clinics. Charges are based on actual costs and total FTEs.
Special Departmental	\$358	and the same of the control of the c
Total Operating Expenses:	\$13,054	
III. CAPITAL EXPENSES		
Total Capital Expenses:	\$0	No capital expenses are requested.

IV. INDIRECT EXPENSES		
A. Internal @ 25 %	\$37,239	Costs charged by the Tehama County Health Services Agency for indirect administrative costs. Estimated cost based on program salaries and actual costs from the previous FY.
B. External @ 0%	\$0	Costs charged by the auditor including equipment use, professional county services such as personnel, auditor, treasurer, and county clerk. Estimated cost based on program salaries and actual costs from the previous FY.
Total Indirect Expenses:	\$37,239	

V. OTHER EXPENSES Maintenance & Transportation	\$3,000	Costs associated with client requests for maintenance and transportation assistance when receiving medical care at special care centers.
Total Other Expenses:	\$3,000	
BUDGET GRAND TOTAL	\$202,248	



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

California Children's Services (CCS) Monitoring & Oversight (M&O) Agency Information

		County:		Fiscal Year:				
		Tehama		2024-25				
Street Address: City: Zip Code:		al Email Address:						
	ector			Deputy Director				
Name, Title:	Jayme Bottke, Executive D		Name:	Michelle Schmidt, SPHN				
	530-527-8491x3166		Phone:	530-567-7124				
Email:	jayme.bottke@tchsa.net		Email:	michelle.schmidt@tchsa.net				
	List	All Program Sta	aff (CCS M&O)					
Name:	Position/Classifica	ation:		Email:				
Michelle Schmidt	Supervising Public He	alth Nurse	michelle.schmidt@tchsa.net					
Rene Morrow	Office Assistan			rene.morrow@tchsa.net				
Aleks Topalovic	Business Operations S	Supervisor	aleksander.topalovic@tchsa.net					
Additional rows may be ac	lded above this line.							
Jayme Bottke, Executive L	Director							
Authorized Director:		Signature and	Date Juny	le ABottle 11-21-24				

State of California—Health and Human Services Agency

Department of Health Care Services

California Children Servies (CCS) Monitoring & Oversight (M&O) Budget Summary

	County Name	Fiscal Year	
	Tehama	2024-25	
Category/Line Item	Total	al Budget	
I. Total Personnel Expenses	\$	43,956	
II. Total Operating Expenses	otal Operating Expenses \$2,874		
III. Total Capital Expenses	\$0		
IV. Total Indirect Expenses	\$	10,989	
V. Total Other Expenses		\$0	
Budget Grand Total	\$	57,819	

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Authorized Director:	Signature and Date:
	January Strong



California Children's Services (CCS) Monitoring & Oversight (M&O) Budget Worksheet

			County/City Name: Tehama	Fiscal Year: 2024-25
I. Personnel Expense		Total FTE %	Annual Salana	Total Budget
# Name	Position Classification	TOTAL FIE 76	Annual Salary	Total Budget
1 Michelle Schmidt	Supervising Public Health Nurse	10%	\$132,520	\$13,252
2 Rene Morrow	Office Assistant III	30%	\$22,597	\$6,779
3 Aleks Topalovic	Business Operations Supervisor	9%	\$62,132	\$5,592
4 0	0	0%	\$0	\$0
5 0	0	0%	\$0	\$0
6 0	0	0%	\$0	\$0
7 0	0	0%	\$0	\$0
8 0	0	0%	\$0	\$0
9 0	0	0%	\$0	\$0
10 0	0	0%	\$0	\$0
(insert additional rows	above this line as needed)			
Total Support Staff FT	∃%	49%		
Total Net Salaries and	Wages			\$25,623
Staff Benefits (Specify	%) 72%			\$18,333
I. Total Personnel Ex	penses			\$43,956
II. Total Operating Ex	penses (Provide Details in Narrative)			\$2,874
	nses (Provide Details in Narrative)			\$0
	(Provide Details in Narrative)			
1. Internal (Specify %				\$10,989
2. External (Specify %				\$0
CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO	enses (Provide Details in Narrative)			\$10,989
	ses (Provide Details in Narrative)			\$0
		E	Budget Grand Total	\$57,819

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Jayme Bottke, Executive Director

Authorized Director:

Signature and Date:



Department of Health Care Services

California Children Servies (CCS) Monitoring & Oversight (M&O) Budget Narrative

	County/City Name: Tehama	Fiscal Year: 2024-25
	I Expenses: Identify Personnel Expenses, specifying roles and M&O activities, time alloc M&O activities.	ations, and costs
The Busines	ising PHN acts as the CCS Administrator. She provides direct staff supervision and overall as Operations Supervisor provides direct staff supervision for Office Assistant Staff. The Origibility and claim support.	
II. Operatin Worksheet.	g Expenses: Identify and explain all expenses included in the "Operating Expenses" line it	em of the Budgel
FTE's in pro FTEs. Include the Fiscal/D electricity are stationary, e meter and p	tions- Costs for long distance and cellular charges and a percentage of charges for local ungram. Facilities-Costs for necessary repair and maintenance of the building. Based on actual costs and FTE's attained and the control of the costs and total FT's attained and the control of the costs and total FT's attained and the costs and total FTE's. Office-Includes secretarial and office on the costs and Xerox charges. Spreads based on program FTEs. Includes charges for fax ostage and is budgeted based on actual usage from the previous FY. Professional-Costs for the previous FY.	ual costs and total s. Rent charges for E's. Charges for e supplies, printing, machine, postage or Microsoft license,
associated on are based or	d computer support and annual maintenance costs. Costs are based on total FTEs. Also in with fingerprints and the physical examination required for County employment of new staff attcipated program costs. Does not include any insurance costs associated with Public Hean actual costs and total FTEs. Expenses: Identify and explain all expenses included in the in the "Capital Expenses" line	. The amount is alth clinics. Charges
associated on an are based on III. Capital I Worksheet. N/A IV. Indirect	with fingerprints and the physical examination required for County employment of new staff nticipated program costs. Does not include any insurance costs associated with Public Hearn or actual costs and total FTEs.	The amount is alth clinics. Charges item of the Budget
associated on an are based on III. Capital I Worksheet. N/A IV. Indirect	with fingerprints and the physical examination required for County employment of new staff nicipated program costs. Does not include any insurance costs associated with Public Hean actual costs and total FTEs. Expenses: Identify and explain all expenses included in the in the "Capital Expenses" line Expenses: Identify and explain all expenses included in the "Indirect Expenses" line items	The amount is alth clinics. Charges item of the Budget
associated v based on ar are based o III. Capital I Worksheet. N/A IV. Indirect External) of	with fingerprints and the physical examination required for County employment of new staff aticipated program costs. Does not include any insurance costs associated with Public Hearn actual costs and total FTEs. Expenses: Identify and explain all expenses included in the in the "Capital Expenses" line Expenses: Identify and explain all expenses included in the "Indirect Expenses" line items the Budget Worksheet. Costs charged by the Tehama County Health Services Agency for indirect administrative	The amount is alth clinics. Charges item of the Budget
associated of based on an are based on an are based of III. Capital I Worksheet. N/A IV. Indirect External) of Internal: External:	with fingerprints and the physical examination required for County employment of new staff nicipated program costs. Does not include any insurance costs associated with Public Hean actual costs and total FTEs. Expenses: Identify and explain all expenses included in the in the "Capital Expenses" line items the Budget Worksheet. Costs charged by the Tehama County Health Services Agency for indirect administrative cost based on program salaries and actual costs from the previous FY.	The amount is alth clinics. Charges item of the Budget item of the Sudget item and access. Estimated

I certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services (DHCS) upon request. In addition, that the county California Children's Services (CCS) program will comply with all applicable federal and state laws and regulations, including those governing recipients of federal funds granted to states for medical assistance. Additionally, county CCS program will adhere to all rules set forth by DHCS under these authorities, including the Integrated Systems of Care Division's Plan and Fiscal Guidelines Manual. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) if it fails to comply with the above requirements.

Jayme Bottke, Executive Director		
Authorized Director:	Signature Mul ABOULD	11-21-24
	911	

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Attachment A
FY 2024-25 CCS ADMINISTRATIVE ALLOCATION

	COUNTY	CCS ADMIN ALLOCATION*	MC/OTLICP TOTAL ALLOCATION (GF/FF)**	MC/ OTLICP GF ONLY	MC/ OTLICP (TITLE 21) FF ONLY	TOTAL MEDI-CAL ALLOCATION (GF/FF)***	MEDI-CAL GF ONLY	MEDI-CAL (TITLE 19) FF ONLY
1	Alameda	\$1,218,552	\$1,401,309	\$355,207	\$1,046,103	\$7,749,872	\$2,924,906	\$4,824,966
2	Alpine	\$0	\$4	\$1	\$4	\$71,888	\$34,539	\$37,349
3	Amador	\$10,919	\$33,731	\$8,555	\$25,176	\$185,238	\$81,841	\$103,396
4	Butte	\$49,832	\$110,103	\$27,918	\$82,186	\$867,819	\$351,490	\$516,329
5	Calaveras	\$14,951	\$11,549	\$2,928	\$8,621	\$71,410	\$34,304	\$37,107
6	Colusa	\$14,634	\$62,652	\$15,892	\$46,761	\$200,251	\$85,545	\$114,705
7	Contra Costa	\$668,869	\$727,488	\$184,394	\$543,094	\$4,741,071	\$1,657,223	\$3,083,848
8	Del Norte	\$23,772	\$9,891	\$2,507	\$7,385	\$85,819	\$41,219	\$44,599
9	El Dorado	\$65,301	\$47,438	\$12,012	\$35,426	\$468,355	\$192,567	\$275,787
10	Fresno	\$296,286	\$650,266	\$164,862	\$485,404	\$5,901,612	\$2,163,390	\$3,738,222
11	Glenn	\$7,956	\$40,638	\$10,337	\$30,302	\$221,076	\$93,448	\$127,627
12	Humboldt	\$35,085	\$55,697	\$14,121	\$41,576	\$432,401	\$169,775	\$262,626
13	Imperial	\$51,404	\$58,583	\$14,850	\$43,733	\$481,016	\$185,060	\$295,955
14	Inyo	\$15,712	\$14,561	\$3,691	\$10,870	\$97,139	\$46,665	\$50,473
15	Kern	\$158,604	\$382,331	\$96,935	\$285,396	\$3,484,793	\$1,295,184	\$2,189,609
16	Kings	\$33,976	\$64,859	\$16,445	\$48,414	\$484,342	\$185,794	\$298,549
17	Lake	\$9,313	\$22,001	\$5,579	\$16,423	\$145,739	\$58,501	\$87,238
18	Lassen	\$1,920	\$8,170	\$2,077	\$6,093	\$57,518	\$27,711	\$29,807
19	Los Angeles	\$4,947,421	\$4,721,267	\$1,198,127	\$3,523,140	\$40,512,060	\$14,112,559	\$26,399,501
20	Madera	\$89,026	\$141,442	\$35,865	\$105,577	\$1,039,118	\$499,244	\$539,874
21	Marin	\$82,563	\$94,084	\$23,850	\$70,234	\$575,463	\$237,410	\$338,053
22	Mariposa	\$10,337	\$7,976	\$2,021	\$5,955	\$93,096	\$44,724	\$48,372
23	Mendocino	\$13,253	\$56,527	\$14,299	\$42,228	\$311,292	\$131,303	\$179,989

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	COUNTY	CCS ADMIN ALLOCATION*	MC/OTLICP TOTAL ALLOCATION (GF/FF)**	MC/ OTLICP GF ONLY	MC/ OTLICP (TITLE 21) FF ONLY	TOTAL MEDI-CAL ALLOCATION (GF/FF)***	MEDI-CAL GF ONLY	MEDI-CAL (TITLE 19) FF ONLY
24	Merced	\$27,423	\$208,915	\$53,070	\$155,845	\$1,155,340	\$555,532	\$599,808
25	Modoc	\$4,099	\$11,969	\$3,057	\$8,912	\$88,554	\$38,557	\$49,997
26	Mono	\$25,436	\$49,102	\$12,452	\$36,650	\$171,696	\$82,495	\$89,201
27	Monterey	\$64,135	\$148,137	\$37,560	\$110,577	\$945,025	\$361,937	\$583,088
28	Napa	\$45,098	\$127,290	\$32,277	\$95,012	\$468,505	\$168,967	\$299,538
29	Nevada	\$28,177	\$76,736	\$19,462	\$57,275	\$353,348	\$152,690	\$200,658
30	Orange	\$420,660	\$783,434	\$198,667	\$584,767	\$3,636,183	\$1,747,054	\$1,889,129
31	Placer	\$124,510	\$259,910	\$65,903	\$194,007	\$1,422,781	\$575,480	\$847,301
32	Plumas	\$4,389	\$15,946	\$4,053	\$11,893	\$68,914	\$30,870	\$38,044
33	Riverside	\$669,539	\$1,650,742	\$418,631	\$1,232,111	\$10,634,949	\$5,109,855	\$5,525,093
34	Sacramento	\$430,077	\$1,150,002	\$291,586	\$858,416	\$7,388,953	\$2,714,909	\$4,674,044
35	San Benito	\$22,107	\$25,887	\$6,564	\$19,324	\$147,197	\$68,099	\$79,098
36	San Bernardino	\$437,339	\$1,457,226	\$369,523	\$1,087,703	\$10,752,284	\$4,449,168	\$6,303,116
37	San Diego	\$1,067,045	\$1,890,947	\$479,503	\$1,411,444	\$11,255,933	\$5,408,002	\$5,847,931
38	San Francisco	\$295,596	\$551,241	\$139,761	\$411,481	\$3,103,697	\$1,183,147	\$1,920,550
39	San Joaquin	\$239,339	\$720,580	\$183,459	\$537,120	\$3,914,951	\$1,563,801	\$2,351,150
40	San Luis Obispo	\$88,652	\$121,716	\$30,858	\$90,858	\$618,514	\$257,718	\$360,796
41	San Mateo	\$244,251	\$180,644	\$45,780	\$134,864	\$1,104,157	\$442,153	\$662,004
42	Santa Barbara	\$84,776	\$127,857	\$32,415	\$95,441	\$725,796	\$292,728	\$433,068
43	Santa Clara	\$964,044	\$1,406,929	\$356,740	\$1,050,189	\$7,226,523	\$3,471,914	\$3,754,610
44	Santa Cruz	\$42,664	\$90,394	\$22,920	\$67,474	\$690,766	\$266,940	\$423,826
45	Shasta	\$58,307	\$142,968	\$36,517	\$106,451	\$791,742	\$381,627	\$410,115
46	Sierra	\$0	\$0	\$0	\$0	\$58,195	\$27,961	\$30,234
47	Siskiyou	\$20,758	\$16,033	\$4,064	\$11,969	\$149,811	\$62,979	\$86,831

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	COUNTY	CCS ADMIN ALLOCATION*	MC/OTLICP TOTAL ALLOCATION (GF/FF)**	MC/ OTLICP GF ONLY	MC/ OTLICP (TITLE 21) FF ONLY	TOTAL MEDI-CAL ALLOCATION (GF/FF)***	MEDI-CAL GF ONLY	MEDI-CAL (TITLE 19) FF ONLY
48	Solano	\$61,404	\$135,100	\$34,260	\$100,839	\$834,244	\$395,156	\$439,088
49	Sonoma	\$121,308	\$361,595	\$91,707	\$269,888	\$1,377,773	\$601,615	\$776,158
50	Stanislaus	\$138,619	\$376,430	\$95,634	\$280,796	\$2,300,164	\$932,498	\$1,367,665
51	Sutter	\$34,417	\$82,058	\$21,023	\$61,036	\$523,403	\$240,529	\$282,874
52	Tehama	\$31,592	\$22,021	\$5,582	\$16,439	\$158,279	\$69,369	\$88,910
53	Trinity	\$7,762	\$9,986	\$2,532	\$7,455	\$79,186	\$36,160	\$43,026
54	Tulare	\$154,605	\$296,838	\$75,613	\$221,225	\$3,048,520	\$1,467,644	\$1,580,876
55	Tuolumne	\$30,031	\$32,683	\$8,285	\$24,398	\$171,808	\$68,795	\$103,012
56	Ventura	\$235,225	\$792,350	\$201,265	\$591,085	\$3,748,308	\$1,461,840	\$2,286,468
57	Yolo	\$70,935	\$123,843	\$31,403	\$92,439	\$632,290	\$303,789	\$328,501
58	Yuba	\$28,996	\$63,113	\$16,005	\$47,108	\$433,635	\$181,518	\$252,117
	al Allocation tewide	\$14,143,000	\$22,233,189	\$5,640,599	\$16,592,591	\$148,459,809	\$59,827,901	\$88,631,909

^{*}CCS State Only Administrative Allocation: This allocation is based on each county's average expenditures during FY 2019-20 through FY 2022-23 and the counties' average CCS Only caseload for calendar year (CY) 2023.

^{**}CCS OTLICP Combined (GF/FF) Administrative Allocation: This allocation represents the total General Fund (GF) and Federal Fund (FF) funding for CCS OTLICP. The allocation is based on each county's average expenditures during FY 2019-20 through FY 2022-23 and the counties' average caseload for CY 2023.

^{***}CCS MEDI-CAL Combined (GF/FF) Administrative Allocation: This allocation represents the total GF and FF funding for CCS Medi-Cal. The allocation is based on each county's average expenditures during FY 2019-20 through FY 2022-23 and the counties' average caseload for CY 2023.

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Attachment B CCS MEDICAL THERAPY PROGRAM ALLOCATION FY 2024-25

	COUNTY	CCS MEDICAL THERAPY PROGRAM ALLOCATION
1	Alameda	\$3,990,521
2	Alpine - No MTU**	\$0
3	Amador – No MTU**	\$0
4	Butte	\$313,691
5	Calaveras	\$94,401
6	Colusa – No MTU**	\$0
7	Contra Costa	\$2,215,727
8	Del Norte – No MTU**	\$0
9	El Dorado	\$285,927
10	Fresno	\$1,408,553
11	Glenn	\$24,494
12	Humboldt	\$461,401
13	Imperial	\$206,930
14	Inyo - AB 3632*	\$10,026
15	Kern	\$2,472,534
16	Kings	\$100,134
17	Lake	\$171,316
18	Lassen – No MTU**	\$0
19	Los Angeles	\$15,474,165
20	Madera	\$363,833
21	Marin	\$387,090
22	Mariposa - No MTU**	\$0
23	Mendocino	\$0
24	Merced	\$744,094
25	Modoc – No MTU**	\$0
26	Mono – AB 3632*	\$8,162
27	Monterey	\$965,854
28	Napa	\$551,669
29	Nevada	\$192,400
30	Orange	\$7,045,786
31	Placer	\$482,927
32	Plumas – No MTU**	\$0
33	Riverside	\$5,767,946
34	Sacramento	\$1,395,769

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	COUNTY	CCS MEDICAL THERAPY PROGRAM ALLOCATION
35	San Benito	\$170,470
36	San Bernardino	\$3,584,102
37	San Diego	\$5,297,795
38	San Francisco	\$1,516,744
39	San Joaquin	\$934,908
40	San Luis Obispo	\$855,070
41	San Mateo	\$1,378,780
42	Santa Barbara	\$1,541,503
43	Santa Clara	\$4,210,290
44	Santa Cruz	\$476,015
45	Shasta	\$503,437
46	Sierra – No MTU**	\$0
47	Siskiyou - No MTU**	\$0
48	Solano	\$442,140
49	Sonoma	\$1,596,466
50	Stanislaus	\$1,170,432
51	Sutter	\$90,654
52	Tehama	\$16,179
53	Trinity – No MTU**	\$0
54	Tulare	\$552,832
55	Tuolumne	\$33,988
56	Ventura	\$2,389,770
	Yolo	\$410,654
58	Yuba	\$12,418
	al Allocation tewide	\$72,320,000

^{*}AB3632 = State only

^{**}No MTU = No Medical Therapy Unit

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Attachment C CCS MONITORING AND OVERSIGHT ALLOCATION FY 2024-25

1	County	CCS Monitoring & Oversight
1	Alameda	\$332,585
2	Alpine	\$32,466
3	Amador	\$38,540
4	Butte	\$75,881
5	Calaveras	\$41,658
6	Colusa	\$41,750
7	Contra Costa	\$238,010
8	Del Norte	\$34,323
9	El Dorado	\$60,707
10	Fresno	\$360,825
11	Glenn	\$42,484
12	Humboldt	\$57,750
13	Imperial	\$105,227
14	Inyo	\$34,415
15	Kern	\$335,822
16	Kings	\$81,016
17	Lake	\$45,372
18	Lassen	\$34,644
19	Los Angeles	\$2,053,266
20	Madera	\$97,223
21	Marin	\$58,140
22	Mariposa	\$33,956
23	Mendocino	\$48,833
24	Merced	\$114,877
25	Modoc	\$33,475
26	Mono	\$36,477
27	Monterey	\$109,331
28	Napa	\$50,896
29	Nevada	\$47,801
30	Orange	\$436,603
31	Placer	\$84,362

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	County	CCS Monitoring & Oversight
32	Plumas	\$34,529
33	Riverside	\$669,598
34	Sacramento	\$359,687
35	San Benito	\$43,722
36	San Bernardino	\$690,761
37	San Diego	\$803,500
38	San Francisco	\$111,248
39	San Joaquin	\$211,535
40	San Luis Obispo	\$69,511
41	San Mateo	\$82,485
42	Santa Barbara	\$112,174
43	Santa Clara	\$326,324
44	Santa Cruz	\$64,605
45	Shasta	\$65,453
46	Sierra	\$32,558
47	Siskiyou	\$40,512
48	Solano	\$85,213
49	Sonoma	\$84,916
50	Stanislaus	\$219,210
51	Sutter	\$69,554
52	Tehama	\$57,819
53	Trinity	\$33,498
54	Tulare	\$305,097
55	Tuolumne	\$40,764
56	Ventura	\$265,854
57	Yolo	\$60,592
58	Yuba	\$65,543
100	al Allocation tewide	\$10,204,980

HCS Implementation Workplan for the California Children's Services Compliance, Monitoring, and Oversight Program

Beginning July 1, 2025, Department of Health Care Services (DHCS) is implementing a California Children's Services (CCS) Compliance Monitoring, and Oversight Program. The specific readiness activities are outlined in the county CCS program and DHCS implementation workplan (Table 1) and Memorandum of Understanding (MOU) execution (Table 2) activities tables below.

Table 1. County CCS Programs and DHCS Implementation Workplan

Table 1 provides an itemized checklist and timeline outlining the required deliverables and their due dates, to be completed and approved in preparation for implementation. The deliverables are applicable to county CCS programs and/or DHCS as outlined below

Responsible Party	Description	Due Date	Completed
	Compliance Policies and Procedures		
County CCS programs and DHCS	County CCS programs must develop policies and procedures for intaking and addressing formal grievances as outlined in the CCS Program Grievance Process Numbered Letter (NL) 06-1023 ¹ . County CCS programs must provide their respective grievance policy and procedure complying with the Grievance NL to DHCS for review and approval within 90 calendar days of the date on the Grievance NL.	July 12, 2024	
County CCS programs and DHCS	County CCS programs and DHCS must develop, implement, and/or update policies and procedures for core program operations and compliance requirements, as needed based on the MOU Roles and Responsibilities Table.	June 2025	
County CCS programs and DHCS	For counties with a Medical Therapy Unit (MTU): County CCS programs have a policy and procedure in place defining the process for monthly Medical Therapy Program (MTP) chart audits on randomly selected charts to	June 2025	

CCS Program Grievance Process NL 06-1023

Table 1 provides an itemized checklist and timeline outlining the required deliverables and their due dates, to be completed and approved in preparation for implementation. The deliverables are applicable to county CCS programs and/or DHCS as outlined below.

Responsible Party	Description	Due Date	Completed
	be completed by the county MTP Utilization Review Team. The policy and procedure must define how the county MTP Utilization Review Team will audit at least 10% of the MTP caseload annually. For Independent counties without an MTU: County CCS programs have a policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months. DHCS: DHCS has a policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months for Dependent counties without an MTU.		
County CCS programs	WCM county CCS programs must provide their respective policy and procedure for regular communication with WCM Medi-Cal Managed Care Plans (MCP) to facilitate the care of CCS beneficiaries which should include, but are not limited to, WCM MCP liaison and Utilization Management Director.	June 2025	
County CCS programs	Develop internal processes for providing DHCS with necessary information identified in the reporting templates Exhibits 1-3	June 2025	
	Execute Data Sharing Infrastructure		
County CCS programs and DHCS	County CCS programs and DHCS must determine who needs access to share secure information through the Secure File Transfer Protocol (SFTP) website.	June 28, 2025	
County CCS programs	 Review reports in CMS Net and the Microsoft Business Intelligence platform and monitor county CCS program's compliance to prepare for implementation County CCS programs should familiarize themselves with existing and new reports in CMS and MSBI platforms as DHCS will use these in determining compliance County CCS programs can determine current compliance, and work towards improving prior to CCS Compliance, Monitoring and Oversight program reporting periods 	July 2025	

Table 1 provides an itemized checklist and timeline outlining the required deliverables and their due dates, to be completed and approved in preparation for implementation. The deliverables are applicable to county CCS programs and/or DHCS as outlined below.

Responsible Party	Description	Due Date	Completed
	Develop and Complete Initial Training		
DHCS	DHCS must establish a CCS training website to post training materials, recordings, and a calendar for counties to utilize for training needs.	July 2023	July 2023
DHCS	DHCS must establish DHCS training email to communicate training updates and receive training related questions.	January 2023	September 2023
DHCS	DHCS must identify experts to support training materials development and review as needed.	November 2023	November 2023
DHCS	DHCS must complete onboarding training as a baseline offering for all new county and DHCS staff.	December 2024	
County CCS programs and DHCS	County CCS programs and DHCS must develop training policies and procedures and incorporate these requirements into local training activities.	January 2025	
DHCS	DHCS must identify, develop, and make available priority topical trainings and supplemental materials needed for program launch including CMS Net training.	June 2025	
County CCS programs and DHCS	County CCS programs and DHCS must establish and make available a diversity, equity, and inclusion training or identify and attest to training that would meet this requirement as outlined in the CCS Training Requirements NL 04-0723. ²	July 2025	
County CCS programs	County CCS programs must complete identified priority topical trainings no later than the second quarter from the start of the DHCS compliance, monitoring, and oversight program.	December 2025	
County CCS programs and DHCS	County CCS programs and DHCS must complete the initial onboarding training no later than the second quarter from the start of DHCS compliance, monitoring, and oversight program.	December 2025	

² CCS Training Requirements NL 04-0723

Table 1 provides an itemized checklist and timeline outlining the required deliverables and their due dates, to be completed and approved in preparation for implementation. The deliverables are applicable to county CCS programs and/or DHCS as outlined below.

lesponsible Party	Description	Due Date	Completed
	Monitoring and Oversight Launch		
DHCS	DHCS must update the CCS Compliance, Monitoring, and Oversight webpage to include compliance activities, NL's, MOU and other pertinent information pertaining to the monitoring and oversight process for the county CCS programs.	October 2023	October 2023
DHCS	DHCS must create and provide the following three (3) report templates for quarterly and annual reporting and survey requirements on the CCS Compliance, Monitoring, and Oversight webpage: 1. Exhibit 1: CCS County Monitoring Template: Quarterly Reports 2. Exhibit 1: CCS County Monitoring Template: Annual Reports 3. Exhibit 3: CCS County Monitoring Template: Survey Compliance Activities	March 2024	March 2024
County CCS Programs	County CCS programs should review and update if necessary, their Medical Therapy Unit Directory	June 2024	
County CCS programs and DHCS	Implement a grievance process to work through any before being required to report grievances to DHCS on July 1, 2025: » Independent counties are responsible for intaking, acknowledging, and resolving grievances. If Independent counties need assistance intaking and/or resolving grievances, DHCS will provide support during this transition time. » For Dependent counties, DHCS is responsible for intaking and acknowledging grievances. Counties are responsible for intaking and acknowledging grievances submitted directly to them. The responsible party shall resolve the grievance.	July 1, 2024	
County CCS programs and DHCS	County CCS programs and DHCS must inform stakeholders, including their current and future CCS beneficiaries, applicants, authorized representatives,	July 1, 2024	

Table 1 provides an itemized checklist and timeline outlining the required deliverables and their due dates, to be completed and approved in preparation for implementation. The deliverables are applicable to county CCS programs and/or DHCS as outlined below.

Responsible Party	Description	Due Date	Completed
	and legal guardians, by posting the following information in their county CCS office and on their website:		
	 The option to submit a grievance; Information about what a grievance is; and How to file a formal grievance 		
DHCS	DHCS must develop Technical Assistance Guides (TAG) to provide guidance to counties on compliance activities. The TAG will include compliance activity, scope, methodology of the monitoring process, and best practices.	August 2024	
County CCS programs	County CCS program shall submit a copy of their current CCS program organizational structure including all staff who have a CCS workload, and executive staff who make decisions regarding the CCS program (this can be completed by submitting an overall current organizational structure). This document must be submitted to DHCS for review and record keeping within 90 calendar days of the MOU execution date.	September 2025	

Table 2. MOU Execution

Welfare and Institutions *W&I) Code, division 9, part 3, chapter 7, article 5.51, establishes the California Advancing and Innovating Medi-Cal Act. W&I Code, article 5.51, section 14184.600 (b) directs DHCS, in consultation with counties and affected stakeholders, to develop and implement initiatives to enhance oversight and monitoring of county administration of the CCS program. One of the initiatives requires each county to enter into a MOU with DHCS to document each county's obligations in administering the CCS program. DHCS completed this by establishing and working with the CCS Monitoring and Oversight Workgroup. The CCS Monitoring and Oversight MOU was developed as a result of these efforts.

Responsible Party	Description	Due Date	
Execute MOU			
DHCS	DHCS must draft the MOU and release it for a 3-week public comment period for feedback and suggested edits.	September 2023	
County CCS programs	County CCS programs must provide feedback to the draft MOU during public comment period.	October 2023	
DHCS	DHCS must finalize MOU based on received public comment.	June 2024	
DHCS	DHCS must send MOU to local county CCS programs.	July 2024	
County CCS programs	County CCS programs must send the name and contact information for the county MOU liaison and CCS Monitoring and Oversight MOU signatories	May 30, 2025	
County CCS programs and DHCS	MOU executed by county CCS programs and DHCS.	June 30, 2025	
County CCS programs and DHCS	MOU effective date and initiation of monitoring and oversight protocols.	July 1, 2025	

Signature: Timothy Peters
Timothy Peters (Nov 22, 2024 08:32 PST)

Email: timothy.peters@tchsa.net

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