

## 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	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
Health Services Agency	Jayne Bottke	527-8491	40121

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

GRANTOR AGENCY California Department of Healthcare Services

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

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

GRANT PERIOD From: 7/1/2025 To: 6/30/2026 Applicable Code and/or

DATE APPLICATION APPROVED BY BOARD: Legislative Reference:

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: 2025-2026

FEDERAL	\$301,775.00	
STATE	\$248,913.00	
OTHER		
1. TOTAL GRANT FUNDS	\$550,688.00	

## 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)	\$307,956.00	
SERVICES/SUPPLIES	\$33,789.00	
EQUIPMENT	\$0.00	
OTHER CHARGES	\$208,943.00	
TOTAL FUNDS (must also = 1+2 above)	\$550,688.00	

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: 6/30/2026

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

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER Yes: X No:

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.)

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

Jayne Bottke, Executive Director

DATE

Form A-135 (Rev 8-21-07)



JULY 1, 2025

HCPCFC PROGRAM LETTER: 25-03

TO: HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE  
ADMINISTRATORS

SUBJECT: HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE FISCAL  
YEAR 2025-2026 ALLOCATION

The purpose of this letter is to provide each local Health Care Program for Children in Foster Care (HCPCFC) with their Fiscal Year (FY) 2025-2026 allocation.

This letter serves as each local program's approved state HCPCFC budget and enables each local program to use this letter to develop their budget. Budget approval letters will not be issued. Detailed budget information may be found in the [HCPCFC Financial Policy and Procedure \(FP&P\) Manual](#).

Acceptance of funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the HCPCFC and adhere to all applicable policies and procedures set forth by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Findings of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the HCPCFC audit exception, are the exclusive and sole responsibility of each local program.

Each local program remains responsible for overseeing and tracking its expenditures. and will only be reimbursed up to the county's authorized allocation. An audit file must be maintained. At a minimum this audit file should include:

- » Documentation of required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under Federal Financial Participation (FFP).
- » Documentation in support of claimed expenditures.
- » Documentation to demonstrate compliance with all federal and state requirements pertaining to the HCPCFC, and adherence to all applicable policies and procedures set forth by CDSS and DHCS.





July 1, 2025

Local programs should maintain and be prepared to produce the audit file to State and Federal entities within seven (7) calendar days of a request.

### **Budget Reporting Instructions**

- » Utilize the HCPCFC Budget Workbook.  
Budget workbooks may be found in the Templates section of the ISCD Budget Portal<sup>1</sup> or by request to [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov). Questions regarding the ISCD Budget Portal may be directed to [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov).
- » Sign with a wet signature OR electronically using Adobe Acrobat Pro DC Self-signed with Digital ID<sup>2</sup> function or DocuSign.<sup>3</sup>  
If access to either of these programs is not available, scanned signature will be accepted, with the original signature kept in the local audit file.
- » Submit the following electronically to the [ISCD Budget Portal](#):
  - Excel version of the HCPCFC Budget Workbook and,
  - Signed PDF version of the HCPCFC Budget Workbook.
- » Submit only the information requested in the HCPCFC Budget Workbook. Be prepared to provide ISCD with additional documentation to demonstrate compliance with program requirements, upon request.
- » Submit by September 1, 2025.  
If all necessary signatures cannot be obtained by this date, submit completed excel workbooks by the deadline and contact [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov) to request an extension for submission of required signatures.

### **Staffing Flexibilities**

Flexibilities from FY 2024-2025 will be extended to FY 2025-2026 with the understanding the allocation can only be utilized for administrative functions. DHCS may ask counties clarifying questions on a case-by-case basis if unclear on how positions funded under their administrative budget are supporting administrative functions as outlined in the HCPCFC FP&P.

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<sup>1</sup> [ISCD Budget Portal](#)

<sup>2</sup> [Manage Digital IDS in Adobe](#)

<sup>3</sup> [DocuSign, How to Sign a Document](#)

July 1, 2025

Fiscal questions may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). All other questions may be directed to the central program inbox: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

Joseph Billingsley

Assistant Deputy Director  
Health Care Delivery Systems  
Department of Health Care Services

**Attachments:**

1. FY 2025-2026 HCPCFC Allocation Tables
  - A. Base Allocation
  - B. Psychotropic Medication Monitoring & Oversight
  - C. Caseload Relief
  - D. Administrative Allocation



July 1, 2025

Attachment 1A:  
Health Care Program for Children in Foster Care  
Base Allocation  
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$196,920	\$590,711	\$787,631
Alpine	\$3,000	\$9,000	\$12,000
Amador	\$9,101	\$27,299	\$36,400
Butte	\$63,123	\$189,353	\$252,476
Calaveras	\$10,262	\$30,784	\$41,046
Colusa	\$6,002	\$18,006	\$24,008
Contra Costa	\$100,299	\$300,873	\$401,172
Del Norte	\$14,328	\$42,982	\$57,310
El Dorado	\$23,042	\$69,120	\$92,162
Fresno	\$343,690	\$1,030,985	\$1,374,675
Glenn	\$8,132	\$24,395	\$32,527
Humboldt	\$48,601	\$145,790	\$194,391
Imperial	\$47,632	\$142,886	\$190,518
Inyo	\$3,000	\$9,000	\$12,000
Kern	\$338,655	\$1,015,883	\$1,354,538
Kings	\$54,797	\$164,377	\$219,174
Lake	\$15,103	\$45,305	\$60,408
Lassen	\$9,294	\$27,880	\$37,174
Los Angeles	\$2,725,705	\$8,176,438	\$10,902,143
Madera	\$46,471	\$139,401	\$185,872
Marin	\$16,846	\$50,533	\$67,379
Mariposa	\$3,000	\$9,000	\$12,000
Mendocino	\$37,370	\$112,101	\$149,471
Merced	\$109,981	\$329,915	\$439,896
Modoc	\$4,453	\$13,359	\$17,812
Mono	\$3,000	\$9,000	\$12,000
Monterey	\$35,628	\$106,874	\$142,502
Napa	\$13,746	\$41,239	\$54,985
Nevada	\$7,551	\$22,653	\$30,204
Orange	\$419,398	\$1,258,092	\$1,677,490
Placer	\$33,691	\$101,066	\$134,757
Plumas	\$6,777	\$20,329	\$27,106
Riverside	\$641,683	\$1,924,893	\$2,566,576
Sacramento	\$237,775	\$713,267	\$951,042
San Benito	\$5,615	\$16,844	\$22,459
San Bernardino	\$924,574	\$2,773,495	\$3,698,069

July 1, 2025

Attachment 1A:  
Health Care Program for Children in Foster Care  
Base Allocation  
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
San Diego	\$303,028	\$909,009	\$1,212,037
San Francisco	\$120,243	\$360,700	\$480,943
San Joaquin	\$210,667	\$631,950	\$842,617
San Luis Obispo	\$47,439	\$142,305	\$189,744
San Mateo	\$21,686	\$65,054	\$86,740
Santa Barbara	\$82,098	\$246,275	\$328,373
Santa Clara	\$83,841	\$251,502	\$335,343
Santa Cruz	\$25,365	\$76,090	\$101,455
Shasta	\$76,483	\$229,430	\$305,913
Sierra	\$3,000	\$9,000	\$12,000
Siskiyou	\$15,103	\$45,305	\$60,408
Solano	\$60,993	\$182,964	\$243,957
Sonoma	\$77,258	\$231,754	\$309,012
Stanislaus	\$85,003	\$254,987	\$339,990
Sutter	\$17,427	\$52,275	\$69,702
Tehama	\$23,429	\$70,281	\$93,710
Trinity	\$4,066	\$12,198	\$16,264
Tulare	\$166,133	\$498,358	\$664,491
Tuolumne	\$11,811	\$35,431	\$47,242
Ventura	\$79,968	\$239,886	\$319,854
Yolo	\$47,052	\$141,143	\$188,195
Yuba	\$34,079	\$102,227	\$136,306
City of Berkeley	\$6,583	\$19,748	\$26,331
<b>Total</b>	<b>\$8,171,000</b>	<b>\$24,511,000</b>	<b>\$32,682,000</b>



July 1, 2025

Attachment 1B:  
Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring and Oversight Allocation  
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$40,795	\$122,386	\$163,181
Alpine	\$3,659	\$10,975	\$14,634
Amador	\$3,659	\$10,975	\$14,634
Butte	\$18,293	\$54,878	\$73,171
Calaveras	\$3,659	\$10,975	\$14,634
Colusa	\$3,659	\$10,975	\$14,634
Contra Costa	\$36,585	\$109,756	\$146,341
Del Norte	\$3,659	\$10,975	\$14,634
El Dorado	\$10,976	\$32,926	\$43,902
Fresno	\$54,878	\$164,634	\$219,512
Glenn	\$3,659	\$10,975	\$14,634
Humboldt	\$7,317	\$21,951	\$29,268
Imperial	\$14,634	\$43,903	\$58,537
Inyo	\$3,659	\$10,975	\$14,634
Kern	\$40,244	\$120,732	\$160,976
Kings	\$7,317	\$21,951	\$29,268
Lake	\$7,317	\$21,951	\$29,268
Lassen	\$3,659	\$10,975	\$14,634
Los Angeles	\$526,829	\$1,580,488	\$2,107,317
Madera	\$3,659	\$10,975	\$14,634
Marin	\$3,659	\$10,975	\$14,634
Mariposa	\$3,659	\$10,975	\$14,634
Mendocino	\$10,976	\$32,926	\$43,902
Merced	\$10,976	\$32,926	\$43,902
Modoc	\$3,659	\$10,975	\$14,634
Mono	\$3,659	\$10,975	\$14,634
Monterey	\$14,634	\$43,903	\$58,537
Napa	\$3,659	\$10,975	\$14,634
Nevada	\$3,659	\$10,975	\$14,634
Orange	\$47,561	\$142,683	\$190,244
Placer	\$7,317	\$21,951	\$29,268
Plumas	\$3,659	\$10,975	\$14,634
Riverside	\$102,439	\$307,317	\$409,756
Sacramento	\$73,171	\$219,512	\$292,683
San Benito	\$3,659	\$10,975	\$14,634



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Attachment 1B:  
Health Care Program for Children in Foster Care  
Psychotropic Medication Monitoring and Oversight Allocation  
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
San Bernardino	\$142,683	\$428,049	\$570,732
San Diego	\$80,488	\$241,463	\$321,951
San Francisco	\$25,610	\$76,829	\$102,439
San Joaquin	\$51,220	\$153,658	\$204,878
San Luis Obispo	\$14,634	\$43,903	\$58,537
San Mateo	\$10,976	\$32,926	\$43,902
Santa Barbara	\$14,634	\$43,903	\$58,537
Santa Clara	\$36,585	\$109,756	\$146,341
Santa Cruz	\$7,317	\$21,951	\$29,268
Shasta	\$14,634	\$43,903	\$58,537
Sierra	\$3,658	\$10,976	\$14,634
Siskiyou	\$3,658	\$10,976	\$14,634
Solano	\$10,975	\$32,927	\$43,902
Sonoma	\$18,292	\$54,879	\$73,171
Stanislaus	\$29,267	\$87,806	\$117,073
Sutter	\$7,316	\$21,952	\$29,268
Tehama	\$3,658	\$10,976	\$14,634
Trinity	\$3,658	\$10,976	\$14,634
Tulare	\$21,951	\$65,855	\$87,806
Tuolumne	\$3,658	\$10,977	\$14,635
Ventura	\$25,609	\$76,831	\$102,440
Yolo	\$14,634	\$43,904	\$58,538
Yuba	\$7,316	\$21,953	\$29,269
City of Berkeley	\$3,107	\$9,322	\$12,429
<b>Total</b>	<b>\$1,650,000</b>	<b>\$4,950,000</b>	<b>\$6,600,000</b>

July 1, 2025

Attachment 1C:  
Health Care Program for Children in Foster Care  
Caseload Relief Allocation  
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$97,126	\$291,374	\$388,500
Alpine	\$0	\$0	\$0
Amador	\$3,996	\$11,989	\$15,985
Butte	\$36,351	\$109,051	\$145,402
Calaveras	\$5,836	\$17,509	\$23,345
Colusa	\$3,172	\$9,516	\$12,688
Contra Costa	\$67,880	\$203,639	\$271,519
Del Norte	\$4,821	\$14,464	\$19,285
El Dorado	\$19,095	\$57,285	\$76,380
Fresno	\$133,095	\$399,283	\$532,378
Glenn	\$5,075	\$15,226	\$20,301
Humboldt	\$23,346	\$70,036	\$93,382
Imperial	\$28,611	\$85,832	\$114,443
Inyo	\$1,161	\$3,483	\$4,644
Kern	\$109,940	\$329,818	\$439,758
Kings	\$24,171	\$72,511	\$96,682
Lake	\$10,341	\$31,021	\$41,362
Lassen	\$4,314	\$12,942	\$17,256
Los Angeles	\$1,389,880	\$4,169,636	\$5,559,516
Madera	\$21,125	\$63,376	\$84,501
Marin	\$5,963	\$17,890	\$23,853
Mariposa	\$1,903	\$5,710	\$7,613
Mendocino	\$17,318	\$51,956	\$69,274
Merced	\$33,495	\$100,487	\$133,982
Modoc	\$963	\$2,889	\$3,852
Mono	\$0	\$0	\$0
Monterey	\$27,659	\$82,978	\$110,637
Napa	\$8,310	\$24,932	\$33,242
Nevada	\$3,996	\$11,989	\$15,985
Orange	\$150,604	\$451,810	\$602,414

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**Attachment 1C:**  
**Health Care Program for Children in Foster Care**  
**Caseload Relief Allocation**  
**(07/01/2025 through 06/30/2026)**

County/City	State General Funds	Federal Funds	Total Funds
Placer	\$14,211	\$42,632	\$56,843
Plumas	\$3,172	\$9,516	\$12,688
Riverside	\$219,497	\$658,493	\$877,990
Sacramento	\$151,429	\$454,285	\$605,714
San Benito	\$3,679	\$11,038	\$14,717
San Bernardino	\$381,013	\$1,143,039	\$1,524,052
San Diego	\$173,441	\$520,324	\$693,765
San Francisco	\$57,856	\$173,568	\$231,424
San Joaquin	\$98,139	\$294,419	\$392,558
San Luis Obispo	\$26,328	\$78,981	\$105,309
San Mateo	\$18,206	\$54,621	\$72,827
Santa Barbara	\$28,357	\$85,071	\$113,428
Santa Clara	\$74,668	\$224,002	\$298,670
Santa Cruz	\$17,382	\$52,147	\$69,529
Shasta	\$28,166	\$84,500	\$112,666
Sierra	\$0	\$0	\$0
Siskiyou	\$6,725	\$20,174	\$26,899
Solano	\$27,469	\$82,407	\$109,876
Sonoma	\$33,433	\$100,297	\$133,730
Stanislaus	\$48,214	\$144,641	\$192,855
Sutter	\$11,102	\$33,305	\$44,407
Tehama	\$13,830	\$41,489	\$55,319
Trinity	\$3,299	\$9,896	\$13,195
Tulare	\$67,371	\$202,115	\$269,486
Tuolumne	\$6,660	\$19,983	\$26,643
Ventura	\$53,606	\$160,818	\$214,424
Yolo	\$27,216	\$81,647	\$108,863
Yuba	\$13,701	\$41,109	\$54,810
City of Berkeley	\$2,283	\$6,851	\$9,134
<b>Total</b>	<b>\$3,850,000</b>	<b>\$11,550,000</b>	<b>\$15,400,000</b>



July 1, 2025

**Attachment 1D:**  
**Health Care Program for Children in Foster Care**  
**Administrative Allocation <sup>4</sup>**  
**(07/01/2025 through 06/30/2026)**

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$185,202	\$185,202	\$370,404
Alpine	\$141,630	\$141,630	\$283,260
Amador	\$173,446	\$173,446	\$346,891
Butte	\$165,235	\$165,235	\$330,469
Calaveras	\$153,409	\$153,409	\$306,818
Colusa	\$174,031	\$174,031	\$348,062
Contra Costa	\$235,226	\$235,226	\$470,451
Del Norte	\$133,602	\$133,602	\$267,204
El Dorado	\$165,455	\$165,455	\$330,910
Fresno	\$165,913	\$165,913	\$331,826
Glenn	\$163,650	\$163,650	\$327,300
Humboldt	\$177,535	\$177,535	\$355,070
Imperial	\$156,439	\$156,439	\$312,877
Inyo	\$171,618	\$171,618	\$343,236
Kern	\$184,290	\$184,290	\$368,580
Kings	\$145,086	\$145,086	\$290,171
Lake	\$167,277	\$167,277	\$334,553
Lassen	\$130,359	\$130,359	\$260,718
Los Angeles	\$1,451,016	\$1,451,016	\$2,902,031
Madera	\$161,899	\$161,899	\$323,798
Marin	\$186,418	\$186,418	\$372,835
Mariposa	\$179,647	\$179,647	\$359,293
Mendocino	\$155,844	\$155,844	\$311,687
Merced	\$118,845	\$118,845	\$237,689
Modoc	\$98,106	\$98,106	\$196,212
Mono	\$167,416	\$167,416	\$334,831
Monterey	\$135,941	\$135,941	\$271,881
Napa	\$212,025	\$212,025	\$424,049
Nevada	\$158,820	\$158,820	\$317,640

<sup>4</sup> DHCS reallocated the CHDP Program budget county allocation starting in FY 24-25 to the HCPCFC Administrative Budget and the California Children's Services (CCS) Monitoring and Oversight. Please refer to the CCS Monitoring and Oversight Allocation Letter for state's approved budget.

Attachment 1D:  
Health Care Program for Children in Foster Care  
Administrative Allocation <sup>4</sup>  
(07/01/2025 through 06/30/2026)

County/City	State General Funds	Federal Funds	Total Funds
Orange	\$206,722	\$206,722	\$413,443
Placer	\$176,852	\$176,852	\$353,703
Plumas	\$145,069	\$145,069	\$290,138
Riverside	\$302,178	\$302,178	\$604,356
Sacramento	\$203,518	\$203,518	\$407,035
San Benito	\$143,519	\$143,519	\$287,037
San Bernardino	\$374,015	\$374,015	\$748,029
San Diego	\$176,027	\$176,027	\$352,053
San Francisco	\$254,689	\$254,689	\$509,378
San Joaquin	\$176,593	\$176,593	\$353,185
San Luis Obispo	\$193,576	\$193,576	\$387,152
San Mateo	\$232,245	\$232,245	\$464,489
Santa Barbara	\$191,018	\$191,018	\$382,035
Santa Clara	\$223,513	\$223,513	\$447,025
Santa Cruz	\$182,005	\$182,005	\$364,009
Shasta	\$163,380	\$163,380	\$326,759
Sierra	\$161,807	\$161,807	\$323,614
Siskiyou	\$148,359	\$148,359	\$296,718
Solano	\$187,455	\$187,455	\$374,910
Sonoma	\$205,938	\$205,938	\$411,875
Stanislaus	\$176,247	\$176,247	\$352,493
Sutter	\$168,371	\$168,371	\$336,741
Tehama	\$208,019	\$208,019	\$416,037
Trinity	\$152,356	\$152,356	\$304,712
Tulare	\$159,766	\$159,766	\$319,531
Tuolumne	\$161,118	\$161,118	\$322,236
Ventura	\$179,261	\$179,261	\$358,521
Yolo	\$190,946	\$190,946	\$381,891
Yuba	\$198,234	\$198,234	\$396,467
City of Berkeley	\$220,341	\$220,341	\$440,682
<b>Total</b>	<b>\$11,878,500</b>	<b>\$11,878,500</b>	<b>\$23,757,000</b>

HCPCFC PROGRAM LETTER 25-03: FISCAL YEAR 2025-2026 ALLOCATION  
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<sup>4</sup> DHCS reallocated the CHDP Program budget county allocation starting in FY 24-25 to the HCPCFC Administrative Budget and the California Children's Services (CCS) Monitoring and Oversight. Please refer to the CCS Monitoring and Oversight Allocation Letter for state's approved budget.





Health Care Program for Children in Foster Care

**Budget Workbook Instructions**

1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPFCF) budget can be found within this workbook, the yearly HCPFCF Allocation Letter, and the Plan & Fiscal Guidelines.
2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
4. Budget Submission Instructions
  - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPFCF Allocation Letter.
  - A budget submission must consist of two documents:
    - I. Reporting Workbook in Excel Format
    - II. Reporting Workbook in Electronically Signed PDF Format
5. Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact your DHCS HCPFCF Liaison at HCPFCF@dhcs.ca.gov.
6. Submissions need only include the information requested in the attached HCPFCF Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
8. Questions regarding access to the ISCD Budget Portal and expenditure invoicing may be directed to: ISCDFiscal@dhcs.ca.gov. All other questions may be directed to: HCPFCF@dhcs.ca.gov.

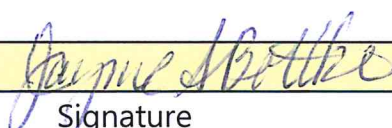


Health Care Program for Children in Foster Care

<b>Agency Information</b>		County/City:	Fiscal Year:	
		Tehama	2025-26	
Street Address:	1860 Walnut Street, Suite C	Health Officer Name:	Dr. Timothy Peters	
City:	Red Bluff	HPCFC Central Email	hpcfc@tchsa.net	
Zip Code:	96080	Address:	PO Box 400	
Authorized HPCFC Representative		Director of Social Services Agency		
Name, Title: Jayme Bottke, Executive Di		Name: Bekkie Emery		
Phone: 530-527-8791 x3166		Phone: 530-528-4078		
Email: jayme.bottke@tchsa.net		Email: bemery@tcdss.org		
Clerk of the Board of Supervisors		Chief Probation Officer		
Name: Sean Houghtby, Clerk and Recorder		Name: Pamela Gonzalez		
Phone: 530-527-3350		Phone: 530-527-4052		
Email: recorder@tehama.gov		Email: pgonzalez@tcprobation.or		
List All HPCFC Program Staff				
Name:	Title:	Support Staff	PHN	Email:
1 Kelly Burton	Supervising Public Health Nurse	Yes	Yes	kelly.burton@tchsa.net
2 Dolly Hopper	Public Health Nurse II	No	Yes	dolly.hopper@tchsa.net
3 Vacant	Public Health Nurse I or II	No	Yes	N/A
4 Vacant	Office Assistant III (Bilingual)	Yes	No	N/A
5 Marilyn Kunz	BOS	Yes	No	marilyn.kunz@tchsa.net
6 Amy Condie	Public Health Nurse III	Yes	Yes	amy.condie@tchsa.net
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	2025-26
<p>I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HPCFC Program Manual. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.</p>		
Jayne Bottke, Executive Director		8-20-25
HPCFC/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: Tehama		Fiscal Year: 2025-26			
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	Kelly Burton	Supervising Public Health	Yes	Yes	0%	\$112,403	\$0	0%	\$0	100%	\$0
2	Dolly Hopper	Public Health Nurse II	No	Yes	22%	\$53,385	\$11,745	100%	\$11,745	0%	\$0
3	Vacant	Public Health Nurse I or II	No	Yes	32%	\$83,060	\$26,579	100%	\$26,579	0%	\$0
4	Vacant	Office Assistant III (Billing)	Yes	No	0%	\$41,231	\$0	0%	\$0	100%	\$0
5	Marilyn Kunz	BOS	Yes	No	0%	\$59,486	\$0	0%	\$0	100%	\$0
6	Amy Condie	Public Health Nurse III	Yes	Yes	0%	\$111,448	\$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							\$38,324		\$38,324		\$0
Staff Benefits (Specify %)			61%				\$23,378		\$23,378		\$0
I. Total Personnel Expenses							\$61,702		\$61,702		\$0
II. Total Operating Expenses (List in Narrative)							\$581		\$0		\$581
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$15,426				\$15,426
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$15,426				\$15,426
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$77,709		\$61,702		\$16,007

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Jayne Bottke, Executive Director  
Authorized HCPFC Signor Name, Title

Signature

Date

*Jayne Bottke*

8-20-25



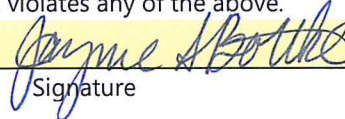
Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name:	Fiscal Year:
		Tehama	2025-26
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

Authorized HCPCFC Signor Name, Title



Signature

8-20-25

Date





## Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet						County/City Name: Tehama		Fiscal Year: 2025-26			
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	Kelly Burton	Supervising Public Health Nurse	Yes	Yes	0%	\$112,403	\$0	0%	\$0	100%	\$0
2	Dolly Hopper	Public Health Nurse II	No	Yes	3%	\$53,385	\$1,602	100%	\$1,602	0%	\$0
3	Vacant	Public Health Nurse I or II	No	Yes	5%	\$83,060	\$4,153	100%	\$4,153	0%	\$0
4	Vacant	Office Assistant III (Bilingual)	Yes	No	0%	\$41,231	\$0	0%	\$0	100%	\$0
5	Marilyn Kunz	BOS	Yes	No	0%	\$59,486	\$0	0%	\$0	100%	\$0
6	Amy Condie	Public Health Nurse III	Yes	Yes	0%	\$111,448	\$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							\$5,755		\$5,755		\$0
Staff Benefits (Specify %)			57%				\$3,280		\$3,280		\$0
I. Total Personnel Expenses							\$9,035		\$9,035		\$0
II. Total Operating Expenses (List in Narrative)							\$528		\$0		\$528
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$2,259				\$2,259
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$2,259				\$2,259
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$11,822		\$9,035		\$2,787

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Jayne Bottke, Executive Director  
Authorized HCPFC Signor Name, Title

Signature

Date

Jayne Bottke

8-20-25





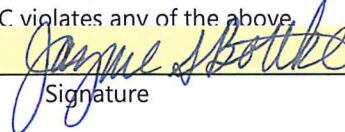
Health Care Program for Children in Foster Care

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>		County/City Name: Tehama	Fiscal Year: 2025-26
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 (HPCFC) 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 HPCFC 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 HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.

Jayne Bottke, Executive Director

Authorized HPCFC Signor Name, Title

  
Signature

8-20-25  
Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet						County/City Name:		Fiscal Year:			
						Tehama		2025-26			
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	Kelly Burton	Supervising Public Health Nurse	Yes	Yes	0%	\$112,403	\$0	0%	\$0	100%	\$0
2	Dolly Hopper	Public Health Nurse II	No	Yes	10%	\$53,385	\$5,339	99%	\$5,285	1%	\$53
3	Vacant	Public Health Nurse I or II	No	Yes	20%	\$83,060	\$16,612	99%	\$16,446	1%	\$166
4	Vacant	Office Assistant III (Bilingual)	Yes	No	0%	\$41,231	\$0	0%	\$0	100%	\$0
5	Marilyn Kunz	BOS	Yes	No	0%	\$59,486	\$0	0%	\$0	100%	\$0
6	Amy Condie	Public Health Nurse III	Yes	Yes	0%	\$111,448	\$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 PHN FTE %					30%			198%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$21,951		\$21,731		\$220
Staff Benefits (Specify %)					61%		\$13,390		\$13,256		\$134
I. Total Personnel Expenses							\$35,341		\$34,987		\$354
II. Total Operating Expenses (List in Narrative)							\$944		\$0		\$944
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1. Internal (Specify %)					25%		\$8,835				\$8,835
2. External (Specify %)					0%		\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$8,835				\$8,835
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$45,120		\$34,987		\$10,133

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Jayne Bottke, Executive Director  
Authorized HCPFC Signor Name, Title

*Jayne Bottke*  
Signature

Date

8-20-25





Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
		Tehama	2025-26
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

Authorized HCPCFC Signor Name, Title

Signature

Date

8-20-25






Health Care Program for Children in Foster Care

County-City Match Budget Worksheet						County/City Name: Tehama		Fiscal Year: 2025-26			
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	Kelly Burton	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	Vacant	Public Health Nurse I or II	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	Vacant	Office Assistant III (Bilingual)	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
5	Marilyn Kunz	BOS	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	Amy Condie	Public Health Nurse III	Yes	Yes	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							\$0		\$0		\$0
Staff Benefits (Specify %)					73%		\$0		\$0		\$0
I. Total Personnel Expenses							\$0		\$0		\$0
II. Total Operating Expenses (List in Narrative)							\$0				\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		0%				\$0				\$0
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$0				\$0
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$0		\$0		\$0

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC 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 HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above. HPCFC 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 HPCFC 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.

JAYME BOTTKE, EXECUTIVE DIRECTOR		8-20-25
Authorized HPCFC Signor Name, Title	Signature	Date



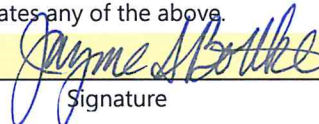
Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Tehama	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:			
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above.

Jayne Bottke, Executive Director

Authorized HCPFC Signor Name, Title

  
Signature

8-20-25

Date





### Health Care Program for Children in Foster Care

Administrative Budget Worksheet						County/City Name: Tehama		Fiscal Year: 2025-26			
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	Kelly Burton	Supervising Public Health Nurse	Yes	Yes	25%	\$112,403	\$28,101			25%	\$28,101
2	Dolly Hopper	Public Health Nurse II	No	Yes	27%	\$53,385	\$14,414			27%	\$14,414
3	Vacant	Public Health Nurse I or II	No	Yes	43%	\$83,060	\$35,716			43%	\$35,716
4	Vacant	Office Assistant III (Bilingual)	Yes	No	50%	\$48,877	\$24,439			50%	\$24,439
5	Marilyn Kunz	BOS	Yes	No	25%	\$59,486	\$14,872			25%	\$14,872
6	Amy Condie	Public Health Nurse III	Yes	Yes	3%	\$111,488	\$3,345			3%	\$3,345
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
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$120,885				\$120,885
Staff Benefits (Specify %)			67%				\$80,993				\$80,993
I. Total Personnel Expenses							\$201,878				\$201,878
II. Total Operating Expenses (List in Narrative)							\$31,736				\$31,736
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)	25%					\$50,470				\$50,470
2.	External (Specify %)	0%					\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$50,470				\$50,470
V. Total Other Expenses (List in Narrative)							\$131,953				\$131,953
Budget Grand Total							\$416,037		\$0		\$416,037

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC 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 HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above. HPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Jayme Bottke, Executive Director  
Authorized HPCFC Signor Name, Title

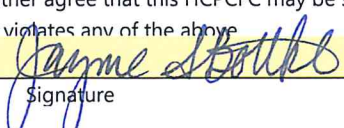
*Jayme Bottke*  
Signature

8-20-25  
Date





Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Tehama	2025-26
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 \$10,000 - Includes registration costs and CEUs fees for trainings up to 6 staff members. Trainings may include mandated reporter, immunization requirements, psychotropic medications or other trainings related to the medical care of foster youth.			
Communication \$1,697.21 -Costs for long distance and cellular charges and a percentage of charges for local use, based on total FTEs in program.			
Household \$1,199.34-Janitorial, Disposal service and other household supplies based on actual charges and total FTEs.			
Maintenance of Structure \$216.21- Includes expenditures for maintaining the useful of buildings and improvements. Based on actual charges and total FTEs.			
Rent/Lease of Structure \$132.61-Includes rents and leases paid for the use of equipment. Actual costs are spread based on total HCPCFC FTEs.			
Utilities \$1,992.45-Charges for electricity and natural gas . Based on actual costs and total FTEs.			
Maintenance of Equipment \$677.78-Includes necessary repair and maintenance of equipment. Based on actual charges and total FTEs.			
Office supplies \$5,000 - Includes secretarial and office supplies, chairs, privacy screens for monitors, printing, stationary, envelopes, and copy charges. Based on actual charges and total of FTEs.			
Rent/Lease equipment \$1,665.99-Includes charges for copy machine, fax machine, postage meter and postage and is budgeted based on actual usage.			
Professional \$2,887.01-Costs associated with advertisement, fingerprints and the physical examination required for County employment of new staff. Includes annual computer maintenance and software support.			
Insurance \$3,267.17 - malpractice, general liability, and property insurance costs. These costs are not included in the			
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 \$55.88, Electronic Health Records 6 users \$6,840, Educational Materials \$16,000, Cost for storage of records \$10,000, Access to Elsevier for nurses \$3,000, Prevention Media Campaign \$20,000, Computer Infrastructure \$30,000, Medical records acquisition costs \$10,000, health and wellness tools for foster children \$20,000. Materials for outreach events associated with foster youth and families \$16,057.			
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			8-20-25
Authorized HCPCFC Signor Name, Title		Signature	Date



### Health Care Program for Children in Foster Care

Budget Summary							County/City: Tehama			Fiscal Year: 2025-26					
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	\$61,702	\$61,702	\$0	\$9,035	\$9,035	\$0	\$35,341	\$34,987	\$354	\$0	\$0	\$0	\$201,878		\$201,878
II. Total Operating Expenses	\$581	\$0	\$581	\$528	\$0	\$528	\$944	\$0	\$944	\$0	\$0	\$0	\$31,736		\$31,736
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$15,426		\$15,426	\$2,259		\$2,259	\$8,835		\$8,835	\$0		\$0	\$50,470		\$50,470
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$131,953		\$131,953
Budget Grand Total	\$77,709	\$61,702	\$16,007	\$11,822	\$9,035	\$2,787	\$45,120	\$34,987	\$10,133	\$0	\$0	\$0	\$416,037		\$416,037
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	\$23,429	\$15,426	\$8,004	\$3,652	\$2,259	\$1,394	\$13,813	\$8,747	\$5,067	\$0	\$0	\$0	\$208,019		\$208,019
Federal Funds (Title XIX)	\$54,280	\$46,277	\$8,004	\$8,170	\$6,776	\$1,394	\$31,307	\$26,240	\$5,067	\$0	\$0	\$0	\$208,019		\$208,019
Budget Grand Total	\$77,709	\$61,702	\$16,007	\$11,822	\$9,035	\$2,787	\$45,120	\$34,987	\$10,133	\$0	\$0	\$0	\$416,037		\$416,037

Jayme Bottke, Executive Director  
Authorized HCPCFC Signor Name, Title

*Jayme Bottke* 8-20-25  
Signature Date