



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

Agency Information		County/City:		Fiscal Year:	
		Santa Cruz		2024-25	
Street Address: 150 Westridge Drive		Health Officer Name:		Dr. Lisa Hernandez	
City: Watsonville		HCPCFC Central Email			
Zip Code: 95076		Address:			
Authorized HCPCFC Representative		Director of Social Services Agency			
Name, Title: Judy Thompson, PHN III		Name:			
Phone: 831-247-0440		Phone:			
Email: judy.thompson@santacruz		Email:			
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:		Name:			
Phone:		Phone:			
Email:		Email:			
List All HCPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Judy Thompson	Public Health Nurse III		Yes	ompson@santacruzcountyc
2	Nichole Ortiz	Public Health Nurse I		Yes	le.ortiz@santacruzcountyc
3	Ana Jordan	Office Assistant III	Yes		jordan@santacruzcountyc
4	Lizette Gonzalez	Health Program Specialist	Yes		gonzalez@santacruzcount
5	Najeeb Kamil	Departmental Administrative	Yes		b.kamil@santacruzcountyc
6	Vacant	Public Health Nurse II		Yes	
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:
	Santa Cruz	2024-25
<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>		
Judy Thompson, PHN III	DocuSigned by: <i>Judy Thompson</i>	3/20/2025
HPCFC/County Authorized Representative	Signature	Date
Felipe Hernandez, Chairperson, Board of Supervisors		
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet							County/City Name: Santa Cruz		Fiscal Year: 2024-25		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Judy Thompson	Public Health Nurse III	0	Yes	0%	\$145,142	\$0	0%	\$0	100%	\$0
2	Nichole Ortiz	Public Health Nurse I	0	Yes	40%	\$124,883	\$49,953	95%	\$47,456	5%	\$2,498
3	Ana Jordan	Office Assistant III	Yes	0	10%	\$66,602	\$6,660	0%	\$0	100%	\$6,660
4	Lizette Gonzalez	Health Program Specialist	Yes	0	0%	\$84,885	\$0	0%	\$0	100%	\$0
5	Najeeb Kamil	Senior Departmental Adm	Yes	0	0%	\$126,714	\$0	0%	\$0	100%	\$0
6	Vacant	Public Health Nurse II	0	Yes	0%	\$38,091	\$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							\$56,613		\$47,456		\$9,158
Staff Benefits (Specify %)			50%				\$28,307		\$23,728		\$4,579
I. Total Personnel Expenses							\$84,920		\$71,184		\$13,737
II. Total Operating Expenses (List in Narrative)							\$1,028		\$0		\$1,028
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		16.5%				\$14,012				\$14,012
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$14,012				\$14,012
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$99,960		\$71,184		\$28,776

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

<p>Judy Thompson, PHN III Authorized HCPFCF Signor Name, Title</p>	<p>DocuSigned by: <i>Judy Thompson</i> 3/20/2025 Signature ID: 31665E46B... Date</p>
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Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name:	Fiscal Year:
		Santa Cruz	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Added administrative support and removed PHN III. Decreased indirect rate due to limits of allocation.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
This will cover some of the cost of training for staff.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	CDPH allowable indirect cost rate is 25% for Fiscal Year 2024-2025. However, decreased rate to 16.5% due to limits of allocation and the need to cover personnel costs.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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.

Judy Thompson, PHN III

Authorized HPCFC Signor Name, Title

DocuSigned by:

3/20/2025

Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet							County/City Name:		Fiscal Year:	
							Santa Cruz		2024-25	
Column				1A	1B	1	2A	2	3A	3
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS PHN							
1	Judy Thompson	Public Health Nurse III	0 Yes	0%	\$145,142	\$0	0%	\$0	100%	\$0
2	Nichole Ortiz	Public Health Nurse I	0 Yes	15%	\$124,883	\$18,732	95%	\$17,796	5%	\$937
3	Ana Jordan	Office Assistant III	Yes 0	0%	\$66,602	\$0	0%	\$0	100%	\$0
4	Lizette Gonzalez	Health Program Specialist	Yes 0	0%	\$84,885	\$0	0%	\$0	100%	\$0
5	Najeeb Kamil	Senior Departmental Administrative	Yes 0	0%	\$126,714	\$0	0%	\$0	100%	\$0
6	Vacant	Public Health Nurse II	0 Yes	0%	\$138,091	\$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						\$18,732		\$17,796		\$937
Staff Benefits (Specify %)				50%		\$9,366		\$8,098		\$469
I. Total Personnel Expenses						\$28,098		\$25,694		\$1,406
II. Total Operating Expenses (List in Narrative)						\$187		\$0		\$187
III. Total Capital Expenses (List in Narrative)						\$0				\$0
IV. Indirect Expenses (List in Narrative)										
1	Internal (Specify %)		3.5%			\$983				\$983
2	External (Specify %)		0%			\$0				\$0
IV. Total Indirect Expenses (List in Narrative)						\$983				\$983
V. Total Other Expenses (List in Narrative)						\$0				\$0
Budget Grand Total						\$29,268		\$25,694		\$2,576

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.

Judy Thompson, PHN III
Authorized HCPFC Signor Name, Title

DocuSigned by:

Judy Thompson
Signature

3/20/2025

Date



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: Santa Cruz	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Decreased %FTE from last fiscal year due to increases in salaries/COLA's.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
This will cover the cost of supplies for the program.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	CDPH allowable indirect cost rate is 25% for Fiscal Year 2024-2025. However, decreased rate to 3.5% due to limits of allocation and the need to cover personnel costs.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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.

Judy Thompson, PHN III		3/20/2025
Authorized HPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet							County/City Name:		Fiscal Year:		
							Santa Cruz		2024-25		
Column				1A	1B	1	2A	2	3A	3	
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
#	Name	Title	DSS	PHN							
1	Judy Thompson	Public Health Nurse III	0	Yes	10%	\$145,142	\$14,514	95%	\$13,788	5%	\$726
2	Nichole Ortiz	Public Health Nurse I	0	Yes	20%	\$124,883	\$24,977	95%	\$23,728	5%	\$1,249
3	Ana Jordan	Office Assistant III	Yes	0	0%	\$66,602	\$0	0%	\$0	100%	\$0
4	Lisette Gonzalez	Health Program Specialist	Yes	0	0%	\$84,885	\$0	0%	\$0	100%	\$0
5	Najeib Kamil	Senior Departmental Administrator	Yes	0	0%	\$126,714	\$0	0%	\$0	100%	\$0
6	Vacant	Public Health Nurse II	0	Yes	0%	\$138,091	\$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%			190%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$39,491		\$37,516		\$1,975
Staff Benefits (Specify %)					50%		\$19,746		\$18,758		\$988
I. Total Personnel Expenses							\$59,237		\$56,274		\$2,963
II. Total Operating Expenses (List in Narrative)							\$518		\$0		\$518
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)			16.5%			\$9,774				\$9,774
2.	External (Specify %)			0%			\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$9,774				\$9,774
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total						\$69,529		\$56,274			\$13,255

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

Judy Thompson, PHN III
Authorized HCPFC Signor Name, Title

DocuSigned by:
Judy Thompson 3/20/2025
Signature Date


Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
		Santa Cruz	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Similar %FTE's as last fiscal year.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
This will cover the cost of travel/mileage for staff.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	CDPH allowable indirect cost rate is 25% for Fiscal Year 2024-2025. However, decreased rate to 16.5% due to limits of allocation and the need to cover personnel costs.		
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.

Judy Thompson, PHN III

Authorized HCPFC Signor Name, Title

DocuSigned by:

3/20/2025

Date



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet						County/City Name: Santa Cruz		Fiscal Year: 2024-25			
Column				1A	1B	1	2A	2	3A	3	
I. Personnel Expenses				Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	
#	Name	Title	DSS	PHN							
1	Judy Thompson	Public Health Nurse III	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Nichole Ortiz	Public Health Nurse I	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Ana Jordan	Office Assistant III	Yes	0	0%	\$0	\$0	0%	\$0	100%	\$0
4	Lizette Gonzalez	Health Program Specialist	Yes	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	Najeeb Kamil	Senior Departmental Administrative A	Yes	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	Vacant	Public Health Nurse II	0	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 (HCPFCF) 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 HCPFCF 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 HCPFCF may be subject to sanctions or other remedies if this HCPFCF violates any of the above. HCPFCF 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 HCPFCF 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.

DocuSigned by:

Signature

3/20/2025
Date

Judy Thompson, PHN III
Authorized HCPFCF Signor Name, Title



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Santa Cruz	2024-25
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 (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.

Judy Thompson, PHN III		3/20/2025
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet						County/City Name:		Fiscal Year:	
Column						Santa Cruz		2024-25	
				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	Judy Thompson	Public Health Nurse III	0 Yes	70%	\$145,142	\$101,599			70% \$101,599
2	Nichole Ortiz	Public Health Nurse I	0 Yes	25%	\$124,883	\$31,221			25% \$31,221
3	Ana Jordan	Office Assistant III	Yes 0	55%	\$66,602	\$36,631			55% \$36,631
4	Lizette Gonzalez	Health Program Specialist	Yes 0	25%	\$84,885	\$21,221			25% \$21,221
5	Najeeb Kamil	Senior Departmental Administrative	Yes 0	5%	\$126,714	\$6,336			5% \$6,336
6	Vacant	Public Health Nurse II	0 Yes	25%	\$138,091	\$34,523			25% \$34,523
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						\$231,531			\$231,531
Staff Benefits (Specify %)				50%		\$115,766			\$115,766
I. Total Personnel Expenses						\$347,297			\$347,297
II. Total Operating Expenses (List in Narrative)						\$201			\$201
III. Total Capital Expenses (List in Narrative)						\$0			\$0
IV. Indirect Expenses (List in Narrative)									
1	Internal (Specify %)		1.75%			\$6,078			\$6,078
2	External (Specify %)		0%			\$0			\$0
IV. Total Indirect Expenses (List in Narrative)						\$6,078			\$6,078
V. Total Other Expenses (List in Narrative)						\$0			\$0
Budget Grand Total						\$353,576		\$0	\$353,576

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

DocuSigned by:
Judy Thompson
Judy Thompson, PHN III
Authorized HCPFC Signor Name, Title
Signature
3/20/2025
Date



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Santa Cruz	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
New allocation bucket for fiscal year 2024-2025. These staff are included due to the administrative work required for a standalone HCPCFC program.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
This will cover some of the cost of training for staff.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	CDPH allowable indirect cost rate is 25% for Fiscal Year 2024-2025. However, decreased rate to 1.75% due to limits of allocation and the need to cover personnel costs.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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

Judy Thompson, PHN III

Authorized HCPCFC Signor Name, Title

DocuSigned by:

Judy Thompson
Signature

3/20/2025

Date



Health Care Program for Children in Foster Care

Budget Summary							County/City:			Fiscal Year:					
							Santa Cruz			2024-25					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$84,920	\$71,184	\$13,737	\$28,098	\$26,694	\$1,406	\$59,237	\$56,274	\$2,963	\$0	\$0	\$0	\$347,297		\$347,297
II. Total Operating Expenses	\$1,028	\$0	\$1,028	\$187	\$0	\$187	\$518	\$0	\$518	\$0	\$0	\$0	\$201		\$201
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$14,012		\$14,012	\$983		\$983	\$9,774		\$9,774	\$0		\$0	\$6,078		\$6,078
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$99,960	\$71,184	\$28,777	\$29,268	\$26,694	\$2,576	\$69,529	\$56,274	\$13,255	\$0	\$0	\$0	\$353,576		\$353,576
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	\$32,185	\$17,796	\$14,389	\$7,962	\$5,674	\$1,288	\$20,696	\$14,969	\$6,628	\$0	\$0	\$0	\$176,788		\$176,788
Federal Funds (Title XQ)	\$67,777	\$53,388	\$14,389	\$21,309	\$20,021	\$1,288	\$48,833	\$42,206	\$6,628	\$0	\$0	\$0	\$176,788		\$176,788
Budget Grand Total	\$99,961	\$71,184	\$28,777	\$29,270	\$26,694	\$2,576	\$69,529	\$56,274	\$13,255	\$0	\$0	\$0	\$353,576		\$353,576

Judy Thompson, PHN III

Authorized HCPCFC Signor Name, Title

3/20/2025
Signature Date

Certificate Of Completion

Envelope Id: 1588666D-261D-4E51-95E6-033862B941C3	Status: Sent
Subject: CMS Certification Statement - HCPCFC (25-1254) 3/25/2025 BOS	
Source Envelope:	
Document Pages: 13	Signatures: 12
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	HSA Admin Processing
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	701 Ocean Street
	Santa Cruz, CA 95060
	hsa.adminprocessing@santacruzcountyca.gov
	IP Address: 63.194.190.170

Record Tracking

Status: Original 3/19/2025 11:30:59 AM	Holder: HSA Admin Processing hsa.adminprocessing@santacruzcountyca.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: FedRamp	
Storage Appliance Status: Connected	Pool: County of Santa Cruz	Location: Docusign

Signer Events

Judy Thompson
Judy.Thompson@santacruzcountyca.gov
HCPCFC PHN Program Administrator
Secondary County of Santa Cruz
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

11047F31865E46B...

Signature Adoption: Pre-selected Style
Using IP Address: 73.252.247.216

Timestamp

Sent: 3/19/2025 11:38:44 AM
Viewed: 3/20/2025 8:30:31 AM
Signed: 3/20/2025 8:32:45 AM

Electronic Record and Signature Disclosure:
Accepted: 3/1/2022 4:54:37 PM
ID: 5d4a9232-81d4-4f52-ad81-4554cff4be04

Felipe Hernandez
Felipe.Hernandez@santacruzcountyca.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Accepted: 7/17/2023 11:30:46 AM
ID: 2a2f0d4d-8f3b-4197-9c0c-4b7e9be9c82a

CBD eSignature
cbd.esignature@santacruzcountyca.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Accepted: 6/20/2024 3:08:48 PM
ID: 4b7794de-1393-406f-a9a3-56a92d4b90d7

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Maite Arce Maite.Arce@santacruzcountyca.gov Associate Analyst County of Santa Cruz Security Level: Email, Account Authentication (None)		Sent: 3/20/2025 8:32:47 AM
Electronic Record and Signature Disclosure: Accepted: 3/29/2022 4:56:31 PM ID: 70c46901-390f-4f85-835d-95aea61b72d1		

Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
HSA ADMIN HSA.AdminProcessing@santacruzcountyCA.GOV Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 4/24/2024 2:34:11 PM ID: 00c89360-1e1f-479f-918e-15cefaa8da5a		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/19/2025 11:38:44 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		