

Approve Health Services Agency's Fiscal Year 2024-25 Children's Medical Services Budget for submission to California Department of Health Care Services, and take related actions ()



County of Santa Cruz Board of Supervisors

Agenda Item Submittal

From: Health Services Agency

Subject: Children's Medical Services – Annual Budget for Fiscal Year 2024-25

Meeting Date: April 8, 2025

Formal Title: Approve Health Services Agency's Fiscal Year 2024-25 Children's Medical Services Budget for submission to California Department of Health Care Services, and take related actions

Recommended Actions

1. Approve the Health Services Agency's Fiscal Year 2024-25 California Children's Services and Health Care Program for Children in Foster Care budgets for submission to the California Department of Health Care Services; and
2. Designate the Chair of the Board to sign the annual State Certification Statements for California Children's Services and Health Care Program for Children in Foster Care programs, as required by the California Department of Health Care Services.

Executive Summary

The Health Services Agency (HSA) Public Health Division (Public Health) as a California Local Health Jurisdiction (LHJ), receives annual funding from the California Department of Health Care Services (DHCS) to administer and provide California Children's Medical Services (CMS) programs and services. The attached Fiscal Year (FY) 2024-25 CMS Budget, County of Santa Cruz, FY 2024-25, for California Children's Services (CCS) and Health Care Program for Children in Foster Care (HCPCFC), requires approval by the County Board of Supervisors, and its annual Certification Statements require signatures by the Chair of the Board.

Discussion

CMS consists of two programs, CCS and HCPCFC, which are implemented by HSA Public Health. In previous years, these two programs along with the Child Health and Disability Prevention (CHDP) were administered under the umbrella of CMS. CHDP was sunset by DHCS on June 30, 2024. California's CCS program is mandated by the California Health and Safety Code, Section 123800 et seq., California Welfare and Institutions Code and the California Code of Regulations, Title 22.

The funding source for CCS and HCPCFC is a combination of monies appropriated by the County, State General Funds, and the Federal government. California legislation mandates that the State must share with counties the cost of providing services in these programs. The State provides each county with their fiscal year allocation and requires counties to submit their CMS Budget to DHCS along with signed certification statements by the Chair of the County Board of Supervisors.

California Children's Services (CCS)

The CCS program serves California's most vulnerable children and provides diagnosis and treatment services, medical case management, and physical and occupational therapy services to children under age twenty-one. Children must have CCS-eligible

conditions, such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, and traumatic injuries.

California LHJs administer the CCS program on behalf of the State as a core public health service. HSA Public Health CCS staff are responsible for eligibility determinations, service authorizations, care coordination, and medical therapy for CCS eligible children. There are approximately 1,000 children residing within Santa Cruz County that receive CCS services through HSA Public Health and a network of uniquely qualified CCS paneled specialists, hospitals, and specialty care centers. CCS Medical Therapy Unit (MTU) provides physical and occupational therapy for approximately 150 clients at two school-based outpatient rehabilitation clinics in Live Oak and Watsonville.

Case management and service authorizations for CCS clients who are not Medi-Cal Managed Care Plan members are the County's responsibility. HSA Public Health continues to manage determination of initial and annual financial, residential, and medical eligibility determinations, and informs the Central California Alliance for Health (CCAH) and Kaiser, the local Medi-Cal Managed Care Plans, when a lapse in care is discovered during annual medical reviews of their members. Additionally, HSA Public Health continues to be responsible for authorizations for Neonatal Intensive Care Unit (NICU) services.

Health Care Program for Children in Foster Care (HCPCFC)

The HCPCFC program provides a Public Health Nurse (PHN) to review the health needs of children placed in foster care. The PHN helps ensure these foster youth receive quality and timely medical and dental checkups upon entering foster care and regularly thereafter, including the education of foster parents about any special health care needs of the children in their care. When applicable, the PHN monitors aspects of the use of psychotropic medications by children in foster care. The HCPCFC program has transitioned to a standalone program since CHDP has sunset.

Board approval of the FY 2024-25 CMS Budget will allow the CMS program to continue providing critical services to the County's most vulnerable children, youth, and their families and meet California mandates for these services.

Financial Impact

The FY 2024-25 CMS Budget for HCPCFC in the amount of \$552,333 is consistent with the State approved budget for FY 2024-25. The revised FY 2024-25 CMS Budget for CCS in the amount of \$1,119,030 is more than the allocated amount from the State of \$823,824. It is important to note that the DHCS requests that budgets from counties must be submitted for actual costs for providing services and not to based on the allocations provided by the State, which generally are released in October of the fiscal year after budgets have been submitted to the State. DHCS continues to message counties that they will pay for actual costs incurred by counties to run the CCS program. No new County General Funds are needed or requested.

Strategic Initiatives

Operational Plan - Comprehensive Health & Safety

Submitted By:

Monica Morales, Director of Health Services

Recommended By:

Carlos J. Palacios, County Administrative Officer

Artificial Intelligence Acknowledgment:

Artificial Intelligence (AI) did not significantly contribute to the development of this agenda item.

DS

**Certification Statement – California Children’s Services (CCS)**

County/City: Santa Cruz County

Fiscal Year: 2024-2025

I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000- 14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children’s Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

DocuSigned by:

*Susan Paradise*Susan Paradise
Sr Health Services Manager

2/26/2025

EFB8F8407C794E4...

Signature of CCS Administrator

Date Signed

DocuSigned by:

*Jeniffer Herrera*Jeniffer Herrera, Assistant Director,
Director of Health Services Designee

2/28/2025

AB27637A500A44A...

Signature of Director or Health Officer

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

DocuSigned by:

*Felipe Hernandez*Felipe Hernandez
Chairperson, Board of Supervisors

4/2/2025

309EB769DA614E4...

Signature of Local Governing Body Chairperson

Date

State of California – Health and Human Services Agency
Revised 3/6/24

Department of Health Care Services – Integrated Systems of Care Division

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	39	3.79%
OTLJCP - Total Cases of Open (Active) OTLJCP Children	107	10.41%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (Non-OTLJCP) Children	882	85.80%
TOTAL CCS CASELOAD	1028	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2024-25
County: Santa Cruz



Column				Straight CCS		Optional Targeted Low Income Children's Program (OTLJCP)		Medi-Cal (Non-OTLJCP)					
	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 x 5 + 6)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLJCP) 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)
I. Personnel Expense													
Program Administration													
1. Susan Paradise, Sr. Health Service Manager	15.00%	155,168	23,275	3.79%	883	10.41%	2,423	85.80%	19,969			100.00%	19,969
2. Primavera Hernandez, Health Services Manager	15.00%	141,211	21,162	3.79%	804	10.41%	2,205	85.80%	18,174			100.00%	18,174
3. Najeeb Kamil, Sr., Departmental Administrative Analyst	5.00%	126,714	6,336	3.79%	240	10.41%	659	85.80%	5,436			100.00%	5,436
4. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0			100.00%	0
Subtotal		423,093	50,793		1,927		5,287		43,579				43,579
Medical Case Management													
1. Leanne Futch, Public Health Nurse III	100.00%	145,142	145,142	3.79%	5,506	10.41%	15,107	85.80%	124,528	95.00%	118,302	5.00%	6,226
3. Denise Sanford, Supervising Therapist PT	20.00%	143,021	28,604	3.79%	1,085	10.41%	2,977	85.80%	24,542	95.00%	23,315	5.00%	1,227
4. Amy Salovey, PT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
5. Jessica Niemeyer, OT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
6. Maria Ballard, PT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
7. Katie Akbar, PT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
8. Chelsea McMillen, OT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
9. Nancy Washwell, OT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
10. Tiffany Leamer, PT	10.00%	116,522	11,652	3.79%	442	10.41%	1,213	85.80%	9,997	95.00%	9,497	5.00%	500
Subtotal		1,103,817	255,310		9,685		26,575		219,049		208,096		10,953
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
1. Lupita Milanez-Perez, Cal Child Services Specialist II	100.00%	80,496	80,496	3.79%	3,054	10.41%	8,378	85.80%	69,064			100.00%	69,064
2. Leticia Valencia, Cal Child Service Specialist II Extra Help	37.50%	80,496	30,186	3.79%	1,145	10.41%	3,142	85.80%	25,899			100.00%	25,899
3. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	3.79%	0	10.41%	0	85.80%	0			100.00%	0
Subtotal		160,992	110,682		4,199		11,520		94,963				94,963
Clerical and Claims Support													
1. Yolanda Valencia, Office Assistant III	100.00%	66,602	66,602	3.79%	2,527	10.41%	6,932	85.80%	57,143	0.00%	0	100.00%	57,143
2. Araceli Ortiz-Fernandez, Office Assistant III	100.00%	66,602	66,602	3.79%	2,527	10.41%	6,932	85.80%	57,143	0.00%	0	100.00%	57,143

Certificate Of Completion

Envelope Id: 8F32C683-7A56-4E2C-B7A8-D90F4968AE36
 Subject: CMS Certification Statement - CCS (25-1254) 3/25/2025 BOS
 Source Envelope:
 Document Pages: 2
 Certificate Pages: 6
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed
 Envelope Originator:
 HSA Admin Processing
 701 Ocean Street
 Santa Cruz, CA 95060
 hsa.adminprocessing@santacruzcountycalifornia.gov
 IP Address: 63.194.190.170


Record Tracking

Status: Original
 2/26/2025 2:39:05 PM
 Holder: HSA Admin Processing
 Location: DocuSign
 hsa.adminprocessing@santacruzcountycalifornia.gov
 Pool: FedRamp
 Pool: County of Santa Cruz
 Location: Docusign

Signer Events

Susan Paradise
 Susan.Paradise@santacruzcountycalifornia.gov
 Sr HSM/ MCAH Director
 County of Santa Cruz
 Security Level: Email, Account Authentication (None)

Signature

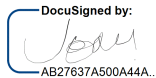
DocuSigned by:

 EFB6F8407C794E4...
 Signature Adoption: Pre-selected Style
 Using IP Address: 63.194.190.100

Timestamp

Sent: 2/26/2025 2:55:07 PM
 Viewed: 2/26/2025 2:58:03 PM
 Signed: 2/26/2025 2:58:12 PM

Electronic Record and Signature Disclosure:
 Accepted: 7/6/2023 11:54:41 AM
 ID: 8bbfee65-6e5c-4b11-91a3-5854efb0056a

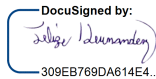
Jennifer Herrera
 Jennifer.Herrera@santacruzcountycalifornia.gov
 Health Services Agency (HSA) Assistant Director
 County of Santa Cruz
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 AB27637A500A44A...
 Signature Adoption: Uploaded Signature Image
 Using IP Address: 67.180.162.62
 Signed using mobile

Sent: 2/26/2025 2:58:14 PM
 Viewed: 2/28/2025 9:24:09 AM
 Signed: 2/28/2025 9:24:57 AM


Electronic Record and Signature Disclosure:
 Accepted: 3/15/2022 11:53:09 AM
 ID: adfbf871-ce91-4e73-80d4-0f78b849cdb5

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

DocuSigned by:

 309EB769DA614E4...
 Signature Adoption: Uploaded Signature Image
 Using IP Address: 63.249.104.22

Sent: 3/11/2025 1:28:54 PM
 Viewed: 4/2/2025 10:35:13 AM
 Signed: 4/2/2025 10:35:19 AM

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

Signer Events	Signature	Timestamp
CBD eSignature cbd.esignature@santacruzcountyca.gov County of Santa Cruz Security Level: Email, Account Authentication (None)	Signed 	Sent: 4/2/2025 10:35:21 AM Viewed: 4/3/2025 3:43:34 PM Signed: 4/10/2025 9:24:47 AM Freeform Signing
Using IP Address: 63.194.190.100		

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 Maite Arce Maite.Arce@santacruzcountyca.gov Associate Analyst County of Santa Cruz Security Level: Email, Account Authentication (None)	Status <div>VIEWED</div>	Timestamp Sent: 2/28/2025 9:24:59 AM Viewed: 3/11/2025 1:25:25 PM Completed: 3/11/2025 1:28:54 PM
Using IP Address: 73.158.132.136		

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)	<div>COPIED</div>	Sent: 4/10/2025 9:24:49 AM
Electronic Record and Signature Disclosure: Accepted: 4/24/2024 2:34:11 PM ID: 00c89360-1e1f-479f-918e-15cefaa8da5a		
HSA PH Admin HSAPHAdmin@santacruzcountyca.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 4/10/2025 9:24:49 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/26/2025 2:55:08 PM
Envelope Updated	Security Checked	2/28/2025 9:15:57 AM
Envelope Updated	Security Checked	2/28/2025 9:15:57 AM
Envelope Updated	Security Checked	2/28/2025 9:15:57 AM
Envelope Updated	Security Checked	3/11/2025 1:28:54 PM
Envelope Updated	Security Checked	3/11/2025 1:28:54 PM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	4/3/2025 3:43:34 PM
Signing Complete	Security Checked	4/10/2025 9:24:47 AM
Completed	Security Checked	4/10/2025 9:24:49 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, County of Santa Cruz (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact County of Santa Cruz:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: nada.algharib@santacruzcounty.us

To advise County of Santa Cruz of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at nada.algharib@santacruzcounty.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from County of Santa Cruz

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to nada.algharib@santacruzcounty.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with County of Santa Cruz

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to nada.algharib@santacruzcounty.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify County of Santa Cruz as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Santa Cruz during the course of your relationship with County of Santa Cruz.



**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 (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 3/20/2025
Signature ID: 31665E46B... Date


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:

Signature

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 Date 3/20/2025



**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

3/20/2025 10:02:40 AM

Date



**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

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:

Judy Thompson
Signature

3/20/2025

Date



Health Care Program for Children in Foster Care

County-City Match 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	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 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 a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

DocuSigned by:
Judy Thompson
3/20/2025
Authorized HCPFC Signor Name, Title Signature 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 XDO)	\$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		