



CCS Administrative Baseline Budget Summary

Fiscal Year: 2021-22
 County: San Benito

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	50	14.37%
OTLIP -		
Total Cases of Open (Active) OTLIP Children	57	16.38%
MEDI-CAL -		
Total Cases of Open (Active) Medi-Cal (Inpt-OTLIP) Children	241	69.25%
TOTAL CCS CASELOAD	348	100%

Category/Line Item	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)					
	Col 1 = Col 2+3+4	2	3	4	5	6
Total Budget						
I. Total Personnel Expense	195,264	28,199	32,147	135,918	0	135,918
II. Total Operating Expense	13,000	1,869	2,130	9,004	0	9,004
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	49,066	7,050	8,037	33,980	0	33,980
V. Total Other Expense	0	0	0	0	0	0
Budget Grand Total	258,330	37,118	42,314	178,902	0	178,902

Source of Funds	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)					
	Col 1 = Col 2+3+4	2	3	4	5	6
Total Budget						
Straight CCS						
State	18,559	18,559				
County	18,559	18,559				
OTLIP						
State	7,405		7,405			
County	7,405		7,405			
Federal (Title XXI)	27,504		27,504			
Medi-Cal						
State	89,451			89,451	0	89,451
Federal (Title XIX)	89,451			89,451	0	89,451

Prepared By (Signature):  Prepared By (Printed Name): **Vanessa Ruiz Orozco**
 Email Address: Vaozco@cosb.us
 Prepared By (Signature):  Prepared By (Printed Name): **Anthony Aguilar**
 Email Address: Aaguilar@cosb.us
 CCS Administrator (Signature): _____ CCS Administrator (Printed Name): _____

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-22

County: San Benito

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	50	14.37%
Total Cases of Open (Active) Straight CCS Children		
OTLIPC -	57	16.38%
Total Cases of Open (Active) OTLIPC Children		
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	241	69.25%
TOTAL CCS CASELOAD	348	100%



Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLIPC)			Medi-Cal (Non-OTLIPC)				
	4A	4	5A	5	6A	6	7A	7	8A	8	
Column	1	2	3	4	5	6	7	8	9	10	
	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Straight CCS County/State (50/50) Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Caseload %	Medi-Cal State/Federal Caseload %	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75) FTE	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)	
I. Personnel Expense											
Program Administration											
1. Anthony Aguilar, Public Health Nurse I	20.00%	84,565	16,913	2,430	16.38%	2,770	69.25%	11,713	100.00%	11,713	
2. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
3. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
4. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
5. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
Subtotal		84,565	16,913	2,430	16.38%	2,770	69.25%	11,713	100.00%	11,713	
Medical Case Management											
1. Anthony Aguilar, Public Health Nurse I	18.00%	84,565	15,222	2,187	16.38%	2,493	69.25%	10,542	100.00%	10,542	
2. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
3. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
4. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
5. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
6. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
7. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
8. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
Subtotal		84,565	15,222	2,187	16.38%	2,493	69.25%	10,542	100.00%	10,542	
Other Health Care Professionals											
1. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
2. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
3. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
Subtotal		0	0	0	16.38%	0	69.25%	0	100.00%	0	
Ancillary Support											
1. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
2. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
3. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
4. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
5. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
Subtotal		0	0	0	16.38%	0	69.25%	0	100.00%	0	
Clerical and Claims Support											
1. Maria Barrientos, Admin Services Spec	50.00%	81,285	40,643	5,840	16.38%	6,657	69.25%	28,146	100.00%	28,146	
2. Mariana Methlouthi, Eligibility Specialist	75.00%	49,137	36,853	5,285	16.38%	6,036	69.25%	25,522	100.00%	25,522	
3. Michelle Carolina Diaz, Office Assistant	50.00%	32,358	16,179	2,325	16.38%	2,650	69.25%	11,204	100.00%	11,204	
4. Vacant, Office Assistant		0	0	0	16.38%	0	69.25%	0	100.00%	0	
5. Employee Name, Position	0.00%	0	0	0	16.38%	0	69.25%	0	100.00%	0	
Subtotal		162,780	95,675	13,460	16.38%	15,343	69.25%	64,872	100.00%	64,872	

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2021-22
County: San Benito

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -	50	14.37%
Total Cases of Open (Active) Straight CCS Children		
OTLIPC -	57	16.38%
Total Cases of Open (Active) OTLIPC Children		
MEDI-CAL -	241	69.25%
Total Cases of Open (Active) Medi-Cal (Medi-OTLIPC) Children		
TOTAL CCS CASELOAD	348	100%

Category/Line Item	Straight CCS			Optional Targeted Low Income Children's Program (OTLIPC)			Medi-Cal (Non-OTLIPC)													
	4A	4	5A	5	6A	7A	7	8A	8											
Total Salaries and Wages																				
Staff Benefits (Specify %)																				
I. Total Personnel Expense																				
II. Operating Expense																				
1. Travel																				
2. Training																				
3. Communications																				
4. Maintenance of Equipment & Structures																				
5. Supplies																				
6. Rent																				
7.																				
III. Total Operating Expense																				
III. Capital Expense																				
1.																				
2.																				
3.																				
III. Total Capital Expense																				
IV. Indirect Expense																				
1. Indirect Cost Rate																				
IV. Total Indirect Expense																				
V. Other Expense																				
1. Maintenance & Transportation																				
2.																				
3.																				
4.																				
5.																				
V. Total Other Expense																				
Budget Grand Total																				

Prepared By (Signature):  Vanessa Ruiz Orozco
 Prepared By (Printed Name): Vanessa Ruiz Orozco
 Date Prepared: 10/28/2021
 Date Signed: 1/4/22
 Phone Number: (831) 630-5176
 Phone Number: (831) 637-5367
 CCS Administrator (Signature):  Anthony Aguilar
 CCS Administrator (Printed Name): Anthony Aguilar



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Base

County-City Name: San Benito Fiscal Year: 2021-22

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$14,513	\$14,513	\$0
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$3,629		\$3,629
V Total Other Expenses			
Budget Grand Total	\$18,142	\$14,513	\$3,629

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$5,442	\$3,628	\$1,814
Federal Funds (Title XIX)	\$12,700	\$10,885	\$1,815
Budget Grand Total	\$18,142	\$14,513	\$3,629

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 Prepared By (Print & Sign) Date Phone Number E-mail Address

Anthony Aguiar 1/4/22 831-637-5367 aaguiar@cosb.us
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): _____ Base

County-City Name: San Benito Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Aguiar	Anthony	PHN II	Y	11.00%	\$84,565	\$9,302.15	100.00%	\$9,302	0.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					0.11%			100.00%		0.00%	
Total Salaries and Wages							\$9,303		\$9,303		\$0
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$9,303		\$9,303		\$0
Staff Benefits (Specify %)				56.00%			\$5,210		\$5,210		\$0
I. Total Personnel Expenses							\$14,513		\$14,513		\$0
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			25.00%			\$3,629				\$3,629
2	External										
IV. Total Indirect Expenses							\$3,629				\$3,629
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$18,142		\$14,513		\$3,629

Vanessa Ruiz Orozco

Prepared By (Print & Sign)

10/29/2021

Date

831-630-5176

Phone Number

vaorozco@cosb.us

E-mail Address

Anthony Aguiar

CHDP Director Or Deputy Director (Print & Sign)

1/4/22
Date

831-637-5367

Phone Number

aaguiar@cosb.us

E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: San Benito Fiscal Year: 2021-22

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Aguiar	Anthony	PHN II	Y	7.00%	\$84,565	\$5,919.55	100.00%	\$5,920	0.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					0.07%			100.00%		0.00%	
Total Salaries and Wages							\$5,920		\$5,920		\$0
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$5,920		\$5,920		\$0
Staff Benefits (Specify %)				56.00%			\$3,316		\$3,316		\$0
I. Total Personnel Expenses							\$9,236		\$9,236		\$0
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			25.00%			\$2,309				\$2,309
2	External										
IV. Total Indirect Expenses							\$2,309				\$2,309
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$11,545		\$9,236		\$2,309

Vanessa Ruiz Orozco  10/29/2021 831-630-5176 vaorozco@cosb.us
 Prepared By (Print & Sign) Date Phone Number E-mail Address

Anthony Aguiar  1/4/22 831-637-5367 aaguiar@cosb.us
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: San Benito Fiscal Year: 2021-22

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$9,236	\$9,236	\$0
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$2,309		\$2,309
V Total Other Expenses			
Budget Grand Total	\$11,545	\$9,236	\$2,309

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$3,463	\$2,309	\$1,154
Federal Funds (Title XIX)	\$8,082	\$6,927	\$1,155
Budget Grand Total	\$11,545	\$9,236	\$2,309

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 Prepared By (Print & Sign) Date Phone Number E-mail Address

Anthony Aguiar 1/4/22 831-637-5367 aaguiar@cosb.us
 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

CHDP-LPP Budget Summary
 FISCAL YEAR 2021-2022

CATEGORY/LINE ITEM	CHDP-LPP FUNDS (100% CHDP-LPP)
I. TOTAL PERSONNEL EXPENSE	5,276.86
II. TOTAL TRAVEL EXPENSE	284.17
III. TOTAL OTHER EXPENSE	-
BUDGET GRAND TOTAL	5,561.03

Source of Funds	CHDP-LPP FUNDS
(100% CHDP-LPP)	
CHDP-LPP FUND GRAND TOTAL	5,561.03

Prepared By: VA Orozco @ cosb.us Email Address

Area Code / Telephone Number: 831-630-5176

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Signature: [Signature] Date: 1/4/22

CHDP Director/Deputy Director (Signature)

CHDP-LPP Local Assistance Allocation Budget Worksheet

Fiscal Year: 2021-2022

Year:

County/City: San Benito

ity

Name:

Column	1	2	3
Category/Line Item	% of FTE towards CHDP-LPP	Annual Salary	Total Budget (1 x 2 for Personnel)
I. Personnel Expense			
1. Public Health Nurse II, Anthony Aguiar	4.00%	84,565.00	3,382.60
2. Employee Name, Position	0.00%	-	-
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
6. Employee Name, Position	0.00%	-	-
7. Employee Name, Position	0.00%	-	-
8. Employee Name, Position	0.00%	-	-
9. Employee Name, Position	0.00%	-	-
10. Employee Name, Position	0.00%	-	-
Total Salaries and Wages			3,382.60
Staff Benefits (Specify %)			1,894.26
I. Total Personnel Expense			5,276.86
II. Total Travel Expense			284.17
III. Other Expense (Must Separately Itemize all Other Expenses)			
1.			-
2.			-
3.			-
4.			-
5.			-
III. Total Other Expense			-
Budget Grand Total			5,561.03

Prepared By: Vanessa Ruiz orozco

Date Prepared: 10/29/2021

Phone Number: 831-630-5176

Email Address: vaorozco@cosb.us



CHDP Director or Deputy Director
(Signature)

Date: 1/4/22

Phone Number: 831-630-5176

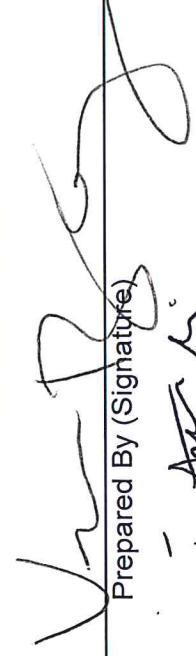

Email Address: aguiaar@cosb.us

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2021-22

County/City Name: San Benito

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$132,919	\$0	\$132,919	\$52,769	\$80,150
II. Total Operating Expenses	\$31,500	\$0	\$31,500	\$4,000	\$27,500
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$33,230	\$0	\$33,230		\$33,230
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$197,649	\$0	\$197,649	\$56,769	\$140,880

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds					
Medi-Cal Funds:	\$197,649		\$197,649		
State Funds	\$84,632		\$84,632	\$14,192	\$70,440
Federal Funds (Title XIX)	\$113,017		\$113,017	\$42,576	\$70,440


 Prepared By (Signature) _____ Date Prepared 10/29/2021 Phone Number 831-630-5176 Email Address vaorozco@cosb.us

 Date 1/4/22 Phone Number 831-637-5367 Email Address aaguilar@cosb.us
 CHDP Director or Deputy Director (Signature) _____ Phone Number _____ Email Address _____

CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2021-22

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
1. Public Health Nurse II, Anthony Aguiar	40%	\$84,565	\$33,826	0%	\$0	100%	\$33,826	100%	\$33,826	0%	\$0
2. Robin Lynch (office assistant)	30%	\$44,035	\$13,211	0%	\$0	100%	\$13,211	100%	\$0	100%	\$13,211
3. Vacant (Health Assistant)	100%	\$38,168	\$38,168	0%	\$0	100%	\$38,168	100%	\$0	100%	\$38,168
4.											
5.											
6.		\$0	\$0								
7.		\$0	\$0								
8.		\$0	\$0								
9.		\$0	\$0								
10.		\$0	\$0								
Total Salaries and Wages											
Less Salary Savings											
Net Salaries and Wages			\$85,205		\$0		\$85,205		\$33,826		\$51,379
Staff Benefits (Specify %) 56.00%			\$47,715				\$47,715		\$18,943		\$28,772
I. Total Personnel Expenses			\$132,920				\$132,919		\$52,769		\$80,150
II. Operating Expenses											
1. Travel			\$2,000				\$2,000		\$2,000		
2. Training			\$2,000				\$2,000		\$2,000		
3. Communications			\$4,000				\$4,000				\$4,000
4. Maintenance of Equipment and Facility			\$3,000				\$3,000				\$3,000
5. Supplies			\$3,000				\$3,000				\$3,000
6. Rent			\$14,500				\$14,500				\$14,500
7. Membership			\$3,000				\$3,000				\$3,000
8.			\$31,500		\$0		\$31,500		\$4,000		\$27,500
II. Total Operating Expenses			\$31,500		\$0		\$31,500		\$4,000		\$27,500
III. Capital Expenses											
1.											
2.											
3.											
4.											
5.			\$0		\$0		\$0				\$0
II. Total Capital Expenses			\$0		\$0		\$0				\$0
IV. Indirect Expenses											
1. Internal (Specify %) 25.00%			\$33,230		\$0		\$33,230				\$33,230
2. External (Specify %) 0.00%					\$0		\$0				\$0
IV. Total Indirect Expenses			\$33,230		\$0		\$33,230				\$33,230
V. Other Expenses											
1.											
2.											
3.											
4.											
5.			\$0		\$0		\$0				\$0
V. Total Other Expenses			\$0		\$0		\$0		\$56,769		\$140,880
Budget Grand Total			\$197,649		\$0		\$197,649		\$56,769		\$140,880

Vanessa Ruiz Orozco *VR* 10/29/2021 Date Prepared (831) 630-5176 Phone Number vaorozco@cosb.us Email Address
 Prepared By (Signature) *Antoni* 1/4/22 Date 831-637-5367 Phone Number aaular@cosb.us Email Address
 CHDP Director or Deputy Director (Signature) _____ Date _____ Phone Number _____ Email Address _____

Medical Therapy Program Staffing Determination Tool

TO BE COMPLETED BY COUNTY CCS PROGRAM

Revised 3/18/19

Fiscal Year: 2021-22

County: San Benito

Date: 10/28/21

Total no. of MTUs in county: 1

Total no. of MTU satellites in county: 0

Total no. of children on MTP caseload per CMS Net: 47

Data is taken from MTU therapist spreadsheets of actual clients seen.
 Unsure of how to retrieve number from CMS Net.

Please explain if caseload data is from another source:

Total number of children on waiting list for services, receiving no services:	PT	<u>0</u>	OT	<u>0</u>
Total # of children on waiting list, receiving services temporarily through a vendor:	PT	<u>0</u>	OT	<u>0</u>
Total # of children on waiting list:	PT	<u>0</u>	OT	<u>0</u>

A. MTP Administrative Positions

MTP Administrative Positions*	# County Positions Approved & Filled	# County Positions Approved & Vacant	Total Administrative Positions
Chief Therapist			0.00
Asst Chief Therapist(s)			0.00
MTU Supervisors			0.00
MTU Clerks	0.75		0.75
Total Adm Pos:	0.75	0.00	0.75

*Must be State approved positions based on Ch. 4 and caseload reviews - see instructions

** Calculation reflects licensed OT/PT staff needed to meet treatment needs. See instructions. Therapy Assistant/Aide conversions cannot be used to increase the number of therapy staff submitted on the MTP Baseline Budgets. **

B. Calculating FTE's for Treatment Needs**

1	2	3	4	5	6	7	8	9	10
Total weekly prescribed PT hours	Total weekly prescribed OT hours	Total prescribed hours (Col 1+Col 2)	Total hours for consultation* (see below for explanation)	Total treatment hours = prescribed hrs + consult hours (Col 3+4)	Standard hours per week for full-time employee	Total paid break time per week (in hours)	Total weekly work hours available for 1.0 FTE	Expected Tx hrs/wk at 75% direct therapy service (Col 8 x 0.75)	Total treating FTE's needed to staff MTP (Col 5/Col 9)
20.0	15.0	35.00	12.72	47.72	40.0	0.00	40.00	30.00	1.59

PT cases: 54
 # OT cases: 52

* Calculated hours for consultation = # PT cases x 0.12 = 6.48
 * Calculated hours for consultation = # OT cases x 0.12 = 6.24
Total consultation hours (used for Column 4 above) = 12.72

C. Calculating Interagency Liaison and IEP Hours for Treatment FTEs

These numbers should be taken from the timestudies submitted to CMS

Timestudy	Total Interagency Liaison Hours	Total Interagency IEP Hours	Total Interagency hours for timestudy month	Total Interagency Hours for quarter***
Prior year 4 th quarter	5.00	6.75	11.75	35.25
Current year 1 st quarter	5.00	6.75	11.75	35.25
Current year 2 nd quarter		6.75	6.75	20.25
Current year 3 rd quarter		6.75	6.75	20.25
Total Annual Interagency Hours			37.00	111.00
Weekly average interagency hours for treatment positions				2.13
Weekly hours available for treatment by one FTE				40.00

Medical Therapy Program Staffing Determination Tool

Revised 3/18/19

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2021-22

County: San Benito

Date: _____

Total treatment FTE's needed for SELPA interagency activities	0.05
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D. Total MTP Treatment Positions

FTEs needed for prescription treatment hours:	1.59
FTEs needed for IEP and Interagency liaison hours:	0.05
Total MTP Treatment Positions:	1.64

E. MTP Position Summary

Based on the above calculations, the following MTP FTE positions are needed to meet the caseload of the County identified above.

Total MTP Administrative Positions:	0.75	
Total MTP Treatment Positions:	1.64	0.82
TOTAL MTP FTE POSITIONS:	2.39	

1.89 0.50

Name/Signature of Chief Therapist / Unit Supervisor



Name/Signature of CCS Administrator

MTP Staffing and Budget Summary

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
County Name	FY 2021-22 Total Est. MTP Caseload	Total Budgeted MTP Administrative Positions (FTEs) (Section A)	Total Budgeted MTP Treatment Positions (FTEs) (Section B)	Total Budgeted SELPA Interagency Activities (FTEs) (Section C)	Total Budgeted MTP Positions (FTEs) (Section E)	FY 2021-22 Estimated MTP Funding (County)	FY 2021-22 Estimated MTP Funding (State - No AB3632)	FY 2021-22 Estimated MTP Funding (AB 3632 State Only)	FY 2021-22 Total Estimated MTP Budget
	47	0.75	1.59	0.05	2.39	\$157,734	\$157,734	\$21,652	\$337,120

Autocalculates

Autocalculates

MTP Staffing and Budget Summary

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
County Name	FY 2021-22 Total Est. MTP Caseload	Total Budgeted MTP Administrative Positions (FTEs) (Section A)	Total Budgeted MTP Treatment Positions (FTEs) (Section B)	Total Budgeted SELPA Interagency Activities (FTEs) (Section C)	Total Budgeted MTP Positions (FTEs) (Section E)	FY 2021-22 Estimated MTP Funding (County)	FY 2021-22 Estimated MTP Funding (State - No AB3632)	FY 2021-22 Estimated MTP Funding (AB 3632 State Only)	FY 2021-22 Total Estimated MTP Budget
	47	0.75	1.59	0.05	2.39	\$157,734	\$157,734	\$21,652	\$337,120

Autocalculates

Autocalculates

Revised 3/18/19

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year: 2021-22

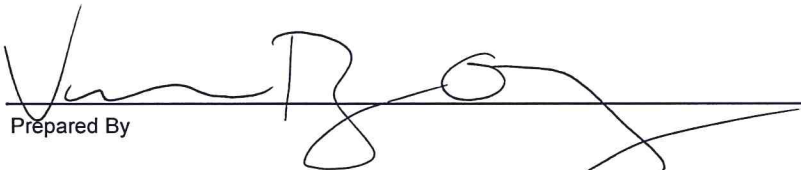
County: San Benito

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
I. COUNTY EMPLOYED MTU STAFF			
MTP Administrative Positions			
1. Methlouthi, Mariana - Elegibility Worker	25.00%	49,137	12,284
2. VACANT, Office Assistant I/II/III	50.00%	33,079	16,539
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
Subtotal		82,216	28,823
Treatment Staff			
1. Physical Therapist, Vacant	24.00%	69,310	16,634
2. Occupational Therapist, Vacant	18.00%	69,310	12,476
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
6. Employee Name, Position	0.00%	-	-
7. Employee Name, Position	0.00%	-	-
8. Employee Name, Position	0.00%	-	-
9. Employee Name, Position	0.00%	-	-
Subtotal		138,620	29,110
Total Salaries and Wages			57,933
Staff Benefits (Specify %)	42.00%		24,332
Total Personnel Expenses, County Employed MTU Staff			82,265
Travel Costs			-
Internal Indirect Costs (Specify %)	20.00%		16,453
I. TOTAL, COUNTY EMPLOYED MTU STAFF			\$ 98,718
II. CONTRACT THERAPISTS			
Physical and Occupational Therapy Contracts			
1. Peninsula Pedriatic Therapist, OT and PT	100.00%		200,000
2. Coastal Kids Home Care, PT			-
3. Contractor Name, Position			-
4. Contractor Name, Position			-
5. Contractor Name, Position			-
II. TOTAL, CONTRACT THERAPISTS			\$ 200,000
III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS			

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
MTP Administrative Positions			
2. Physical Therapist	22.00%	69,310	15,248
2. Employee Name, Position	0.00%	-	-
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
Subtotal		69,310	15,248
Treatment Staff			
1. Employee Name, Position	0.00%	-	-
2. Employee Name, Position	0.00%	-	-
3. Employee Name, Position	0.00%	-	-
4. Employee Name, Position	0.00%	-	-
5. Employee Name, Position	0.00%	-	-
6. Employee Name, Position	0.00%	-	-
7. Employee Name, Position	0.00%	-	-
8. Employee Name, Position	0.00%	-	-
9. Employee Name, Position	0.00%	-	-
Subtotal		-	-
Total Salaries and Wages			15,248
Staff Benefits (Specify %)	42.00%		6,404
Total Personnel Expenses for SELPA/LEA/IEP Functions			21,652
Travel Costs			-
Indirect Costs (Specify %)	0.00%		-
III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS			\$ 21,652
IV. MTU EXPENDITURES			
1. MTU Supply and Equipment Costs			
a. Office Expense			2,500
b. Medical-Dental Lab Expenses			2,500
c. Maintenance of Equipment			2,500
d. Item 4			-
Subtotal			7,500
2. MTU Conference Costs			
a. Item 1			-
b. Item 2			-
c. Item 3			-
d. Item 4			-
Subtotal			-
3. Training/Education			
a. Training/Meetings			-
b. Item 2			-
c. Item 3			-
d. Item 4			-
Subtotal			-

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
4. Miscellaneous MTU Costs			
a. Medical Transcription			1,500
b. Other Miscellaneous costs			1,250
c. Translation Services			6,500
d. Item 4			-
Subtotal			9,250
IV. TOTAL, MTU EXPENDITURES			\$ 16,750
BUDGET GRAND TOTAL			\$ 337,120

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)		\$ 157,734	
County Funds		\$ 157,734	
MTP (State 100%) (Section III)			
State General Funds (2)		\$ 21,652	
Total State General Funds (1 + 2)		\$ 179,386	


10/28/21
 Prepared By _____ Date Prepared _____

Approved By _____ Date Approved _____