State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2018-19

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, Melissa Schilling	40%	$79,675	$31,870	0%	$0	100%	$31,870	100%	$31,870	0%	$0
2. Robin Lynch (office assistant)	50%	$40,219	$20,110	0%	$0	100%	$20,110		$0.00	100%	$20,110
3. Ariana Melendez (Health Assistant)	100%	$42,633	$42,633	0%	$0	100%	$42,633		$0.00	100%	$42,633
4.											
5.											
Total Salaries and Wages											
Less Salary Savings											
Net Salaries and Wages			$94,613		$0		$94,613		$31,870		$62,743
Staff Benefits (Specify %) 56.00%			$52,983				$52,983		$17,847		$35,136
I. Total Personnel Expenses			$147,596				$147,596		$49,717		$97,878
II. Operating Expenses											
1. Travel			$1,000				$1,000		$1,000		
2. Training			$4,000				$4,000		$4,000		
3. Communications			$2,500				$2,500				$2,500
4. Maintenance of Equipment and Faciltiy			$1,000				$1,000				$1,000
5. Supplies			$1,500				$1,500				$1,500
6. Rent			$8,000				$8,000				$8,000
7. Membership			$800				$800				$800
II. Total Operating Expenses			$18,800		$0		$18,800		$5,000		$13,800
III. Capital Expenses											
1.											
2.											
3.											
4.											
5.											
II. Total Capital Expenses			$0		$0		$0				$0
IV. Indirect Expenses											
1. Internal (Specify %) 25.00%			$36,899		$0		$36,899				$36,899
2. External (Specify %) 0.00%											
IV. Total Indirect Expenses			$36,899		$0		$36,899				$36,899
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			$0		$0		$0				$0
Budget Grand Total			$203,294		$0		$203,294		$54,717		$148,577

Delia Pichardo	11/15/2018	(831) 630-5173	dpichardo@cosb.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address

Revised April 2005

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2018-19

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)

Melissa Schilling — (831) 637-5367 — mschilling@cosb.us

CHDP Director or Deputy Director (Signature) — Date — Phone Number — Email Address

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2018-19

County/City Name: San Benito County

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)
I. Total Personnel Expenses	$147,596	$0	$147,596
II. Total Operating Expenses	$18,800	$0	$18,800
III. Total Capital Expenses	$0	$0	$0
IV. Total Indirect Expenses	$36,899	$0	$36,899
V. Total Other Expenses	$0	$0	$0
Budget Grand Total	$203,294	$0	$203,294

Column	1	2	3
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget
State General Funds			
Medi-Cal Funds:	$203,294		$203,294
State Funds	$87,968		$87,968
Federal Funds (Title XIX)	$115,326		$115,326

Delia Pichardo	11/15/2018	(831) 630-5173
Prepared By (Signature)	Date Prepared	Phone Number
Melissa Schilling	11/15/2018	(831) 637-5367
CHDP Director or Deputy Director (Signature)	Date	Phone Number

4	5
Enhanced State/Federal (25/75)	**Nonenhanced State/Federal (50/50)**
$49,717	$97,878
$5,000	$13,800
	$0
	$36,899
	$0
$54,717	$148,577

4	5
Enhanced State/Federal	**Nonenhanced State/Federal**
$13,679	$74,289
$41,038	$74,289

dpichardo@cosb.us
Email Address

mschilling@cosb.us
Email Address

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

CHDP Administrative Budget Summary
No County/City Match
Fiscal Year 2018-19

County/City Name: San Benito County

Column	1	2	3	4	5
Category/Line Item	Total Budget (2 + 3)	Total CHDP Budget	Total Medi-Cal Budget (4 + 5)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	$147,596	$0	$147,596	$49,717	$97,878
II. Total Operating Expenses	$18,800	$0	$18,800	$5,000	$13,800
III. Total Capital Expenses	$0	$0	$0		$0
IV. Total Indirect Expenses	$36,899	$0	$36,899		$36,899
V. Total Other Expenses	$0	$0	$0		$0
Budget Grand Total	$203,294	$0	$203,294	$54,717	$148,577

Column	1	2	3	4	5
Source of Funds	Total Funds	Total CHDP Budget	Total Medi-Cal Budget	Enhanced State/Federal	Nonenhanced State/Federal
State General Funds					
Medi-Cal Funds:	$203,294		$203,294		
State Funds	$87,968		$87,968	$13,679	$74,289
Federal Funds (Title XIX)	$115,326		$115,326	$41,038	$74,289

Delia Pichardo	11/15/2018	(831) 630-5173	dpichardo@cosb.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Melissa Schilling	11/15/2018	(831) 637-5367	mschilling@cosb.us
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2018-19

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, Melissa Schilling	40%	$79,675	$31,870	0%	$0	100%	$31,870	100%	$31,870	0%	$0
2. Robin Lynch (office assistant)	50%	$40,219	$20,110	0%	$0	100%	$20,110		$0.00	100%	$20,110
3. Ariana Melendez (Health Assistant)	100%	$42,633	$42,633	0%	$0	100%	$42,633		$0.00	100%	$42,633
4.											
5.											
Total Salaries and Wages											
Less Salary Savings											
Net Salaries and Wages											
Staff Benefits (Specify %) 56.00%			$94,613		$0		$94,613		$31,870		$62,743
I. Total Personnel Expenses			$52,983				$52,983		$17,847		$35,136
II. Operating Expenses			$147,596				$147,596		$49,717		$97,878
1. Travel											
2. Training			$1,000				$1,000		$1,000		
3. Communications			$4,000				$4,000		$4,000		
4. Maintenance of Equipment and Facility			$2,500				$2,500				$2,500
5. Supplies			$1,000				$1,000				$1,000
6. Rent			$1,500				$1,500				$1,500
7. Membership			$8,000				$8,000				$8,000
			$800				$800				$800
II. Total Operating Expenses			$18,800		$0		$18,800		$5,000		$13,800
III. Capital Expenses											
1.											
2.											
3.											
4.											
5.											
II. Total Capital Expenses			$0		$0		$0				$0
IV. Indirect Expenses											
1. Internal (Specify %) 25.00%			$36,899		$0		$36,899				$36,899
2. External (Specify %) 0.00%											
IV. Total Indirect Expenses			$36,899		$0		$36,899				$36,899
V. Other Expenses											
1.											
2.											
3.											
4.											
5.											
V. Total Other Expenses			$0		$0		$0				$0
Budget Grand Total			$203,294		$0		$203,294		$54,717		$148,577

Delia Pichardo — Prepared By (Signature)

11/15/2018 — Date Prepared

(831) 630-5173 — Phone Number

dpichardo@cosb.us — Email Address

Revised April 2005

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

CHDP Administrative Budget Worksheet
No County/City Match
State and State/Federal
Fiscal Year 2018-19

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)

Melissa Schilling 11/20/18 (831) 637-5367 mschilling@cosb.us

CHDP Director or Deputy Director (Signature) Date Phone Number Email Address

DON 11/20/18

State of California – Health and Human Services Agency

Department of Health Care Services – Children's Medical Services

HCPCFC Administrative Budget Summary

Fiscal Year 2018-19

County/City Name: San Benito County

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	$19,887	$19,887	$0
II. Total Operating Expenses	$300	$300	$0
III. Total Capital Expenses			
IV. Total Indirect Expenses	$4,972		$4,972
V. Total Other Expenses			
Budget Grand Total	$25,159	$20,187	$4,972

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds	$7,533	$5,047	$2,486
Federal Funds (Title XIX)	$17,626	$15,140	$2,486
Budget Grand Total	$25,159		

Delia Pichardo	11/15/2018	(831) 630-5173	dpichardo@cosb.us
Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Melissa Schilling	11/20/18	(831) 637-5367	mschilling@cosb.us
CHDP Director or Deputy Director (Signature)	Date	Phone Number	Email Address

HCPCFC Administrative Budget Worksheet
Fiscal Year 2018-19

County/City Name: San Benito County

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
I. Personnel Expenses								
Public Health Nurse II/M.Shilling		16%	$79,675	$12,748	100%	$12,748	0%	$0
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
Total Salaries and Wages								
Less Salary Savings								
Net Salaries and Wages				$12,748		$12,748		$0
Staff Benefits (Specify %)	56.00%			$7,139		$7,139		$0
I. Total Personnel Expenses				$19,887		$19,887		$0
II. Operating Expenses								
1. Travel				$150				
2. Training				$150				
II. Total Operating Expenses				$300		$300		$0
III. Capital Expenses								
1.								
2.								
II. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	25.00%			$4,972				$4,972
2. External								
IV. Total Indirect Expenses				$4,972				$4,972
V. Other Expenses								
1.								
2.								
V. Total Other Expenses								
Budget Grand Total				$25,159		$20,187		$4,972

Delia Pichardo	Delia Pichardo	11/15/2018	(831) 630-5173	dpichardo@cosb.us
Prepared By (Signature)		Date prepared	Phone Number	Email Address
Melissa Schilling	Melissa Schilling	11/20/18	(831) 637-5367	Mschilling@cosb.us
CHDP Director or Deputy Director (Signature)		Date	Phone Number	Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	43	10.62%
OTLICP - Total Cases of Open (Active) OTLICP Children	62	15.31%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	300	74.07%
TOTAL CCS CASELOAD	405	100%

CCS Administrative Budget Summary

Fiscal Year: 2018-19

County: SAN BENITO

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	176,717	18,762	27,053	130,902	13,811	117,091
II. Total Operating Expense	22,700	2,409	3,475	16,813	273	16,540
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	44,179	4,691	6,763	32,725		32,725
V. Total Other Expense	0	0	0	0		0
Budget Grand Total	243,596	25,862	37,291	180,440	14,084	166,356

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	12,931	12,931				
County	12,931	12,931				
OTLICP						
State	2,237		2,237			
County	2,237		2,237			
Federal (Title XXI)	32,817		32,817			
Medi-Cal						
State	86,699			86,699	3,521	83,178
Federal (Title XIX)	93,741			93,741	10,563	83,178

Prepared By (Signature)	Della pichardo	11/15/2018	dpichardo@cosb.us
	Prepared By (Printed Name)	Date	Email Address
CCS Administrator (Signature)	Melissa Schilling	11/20/18	mschilling@cosb.us
	CCS Administrator (Printed Name)	Date	Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
TRAIGHT CCS - otal Cases of Open (Active) Straight CS Children	43	10.62%
TLICP - otal Cases of Open (Active) OTLICP Children	62	15.31%
EDI-CAL - otal Cases of Open (Active) Medi-Cal on-OTLICP) Children	300	74.07%
TOTAL CCS CASELOAD	405	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2018-19

County: SAN BENITO

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
Personnel Expense													
Program Administration													
Melissa Schilling, Public Health Nurse II	15.00%	79,675	11,951	10.62%	1,269	15.31%	1,830	74.07%	8,853			100.00%	8,853
2. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
Subtotal		79,675	11,951		1,269		1,830		8,853				8,853
Medical Case Management													
Melissa Schilling, Public Health Nurse II	15.00%	79,675	11,951	10.62%	1,269	15.31%	1,830	74.07%	8,853	100.00%	8,853	0.00%	0
2. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
4. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
6. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
7. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
8. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
Subtotal		79,675	11,951		1,269		1,830		8,853		8,853		0
Other Health Care Professionals													
1. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
2. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
3. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
1. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
2. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
3. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
4. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
5. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
Subtotal		0	0		0		0		0				0
Clerical and Claims Support													
rrientos, Maria - Admin Srvcs Spec	50.00%	70,642	35,321	10.62%	3,750	15.31%	5,407	74.07%	26,164	0.00%	0	100.00%	26,164
thlouthi, Mariana - Eligibility Worker	75.00%	44,450	33,338	10.62%	3,540	15.31%	5,104	74.07%	24,695	0.00%	0	100.00%	24,695
ra, Silvia - Office Assistant	50.00%	41,437	20,719	10.62%	2,200	15.31%	3,172	74.07%	15,347	0.00%	0	100.00%	15,347

				Straight CCS		Optional Targeted Low Income Children's Program (OTLICP)		Medi-Cal (Non-OTLICP)					
Column	1	2	3	4A	4	5A	5	6A	6	7A	7	8A	8
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 +6 + 7)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Caseload %	Medi-Cal State/Federal	Enhanced % FTE	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Medi-Cal State/Federal (50/50)
4. Vacant, Office Assitant	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
5. Employee Name, Position	0.00%	0	0	10.62%	0	15.31%	0	74.07%	0	0.00%	0	100.00%	0
Subtotal		156,529	89,378		9,490		13,683		66,206		0		66,206
Total Salaries and Wages			113,280	10.62%	12,027	15.31%	17,342	74.07%	83,912	10.55%	8,853	89.45%	75,059
Staff Benefits (Specify %) 56.00%			63,437	10.62%	6,735	15.31%	9,711	74.07%	46,990		4,958		42,032
I. Total Personnel Expense			176,717	10.62%	18,762	15.31%	27,053	74.07%	130,902		13,811		117,091
II. Operating Expense													
1. Travel			2,000	10.62%	212	15.31%	306	74.07%	1,481	10.55%	156	89.45%	1,325
2. Training			1,500	10.62%	159	15.31%	230	74.07%	1,111	10.55%	117	89.45%	994
3. Communications			3,200	10.62%	340	15.31%	490	74.07%	2,370			100.00%	2,370
4. Maintenance of Equipment & Structures			2,000	10.62%	212	15.31%	306	74.07%	1,481			100.00%	1,481
5. Supplies			2,000	10.62%	212	15.31%	306	74.07%	1,481			100.00%	1,481
6. Rent			12,000	10.62%	1,274	15.31%	1,837	74.07%	8,889			100.00%	8,889
7.			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
II. Total Operating Expense			22,700		2,409		3,475		16,813		273		16,540
III. Capital Expense													
1.			0	10.62%	0	15.31%	0	74.07%	0				0
2.			0	10.62%	0	15.31%	0	74.07%	0				0
3.			0	10.62%	0	15.31%	0	74.07%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Internal 25.00%			44,179	10.62%	4,691	15.31%	6,763	74.07%	32,725			100.00%	32,725
2. External			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
IV. Total Indirect Expense			44,179		4,691		6,763		32,725				32,725
V. Other Expense													
1.			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
2.			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
3.			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
4.			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
5.			0	10.62%	0	15.31%	0	74.07%	0			100.00%	0
V. Total Other Expense			0		0		0		0				0
Budget Grand Total			243,596		25,862		37,291		180,440		14,084		166,356

Prepared By (Signature) — Della Pichardo (Prepared By (Printed Name)) — 11/15/2018 (Date Prepared) — dpichardo@cosb.us (E-Mail address) — 831-634-4908 (Telephone Number with Area Code)

CCS Administrator (Signature) — Melissa Schilling (CCS Administrator (Printed Name)) — 11/20/18 (Date Signed) — mschilling@cosb.us (E-Mail address) — (831) 637-5367 (Telephone Number with Area Code)

Revised 8/25/2016

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	43	10.62%
OTLICP - Total Cases of Open (Active) OTLICP Children	62	15.31%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal non-OTLICP) Children	300	74.07%
TOTAL CCS CASELOAD	**405**	**100%**

CCS Administrative Budget Summary

Fiscal Year: 2018-19

County: SAN BENITO

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
. Total Personnel Expense	176,717	18,762	27,053	130,902	13,811	117,091
I. Total Operating Expense	22,700	2,409	3,475	16,813	273	16,540
II. Total Capital Expense	0	0	0	0		0
V. Total Indirect Expense	44,179	4,691	6,763	32,725		32,725
/. Total Other Expense	0	0	0	0		0
Budget Grand Total	243,596	25,862	37,291	180,440	14,084	166,356

	Col 1 = Col 2+3+4	Straight CCS	OTLICP	Medi-Cal (non-OTLICP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS State/County (50/50)	Optional Targeted Low Income Children's Program (OTLICP) State/County/Federal (6.0/6.0/88)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	12,931	12,931				
County	12,931	12,931				
OTLICP						
State	2,237		2,237			
County	2,237		2,237			
Federal (Title XXI)	32,817		32,817			
Medi-Cal						
State	86,699			86,699	3,521	83,178
Federal (Title XIX)	93,741			93,741	10,563	83,178

Prepared By (Signature)	Delia pichardo (Prepared By (Printed Name))	11/15/2018 (Date)	dpichardo@cosb.us (Email Address)
CCS Administrator (Signature)	Melissa Schilling (CCS Administrator (Printed Name))	Date	mschilling@cosb.us (Email Address)

Revised 8/25/2016

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year: 2018-19

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 - Eligibility Worker		25.00%	44,450	$ 11,113.00
2. Physical Therapist		45.00%	80,859	$ 36,387.00
3. Employee Name, Position		0.00%	-	$ -
4. Employee Name, Position		0.00%	-	$ -
5. Employee Name, Position		0.00%	-	$ -
Subtotal			125,309	$ 47,500.00
Treatment Staff				
1. Physical Therapist		0.00%		$ -
2. Occupational Therapist		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				$ 47,500.00
Staff Benefits (Specify %)	56.00%			$ 26,600.00
Total Personnel Expenses, County Employed MTU Staff				$ 74,100.00
Travel Costs				$ 1,000.00
Internal Indirect Costs (Specify %)	25.00%			$ 18,525.00
I. TOTAL, COUNTY EMPLOYED MTU STAFF				**$ 93,625.00**
II. CONTRACT THERAPISTS		**% FTE Equivalent**	**Contract - Hourly Rate**	**Total Contract**
Physical and Occupational Therapy Contracts				
1. Contractor Name, OT $112 (Contains some PT hrs, also		68.00%	112	$ 158,000.00
2. Contractor Name, PT $95		28.00%	95	$ 55,000.00
3. Contractor Name, Position		0.00%	-	$ -
4. Contractor Name, Position		0.00%	-	$ -
5. Contractor Name, Position		0.00%	-	$ -
II. TOTAL, CONTRACT THERAPISTS				**$ 213,000.00**

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS	% FTE	Annual Salary	Total Budget (1 x 2)
MTP Administrative Positions			
1. Physical Therapist	26.00%	84,036	$ 21,849.00
2. Employee Name, Position	0.00%	-	$ -
3. Employee Name, Position	0.00%	-	$ -
4. Employee Name, Position	0.00%	-	$ -
5. Employee Name, Position	0.00%	-	$ -
Subtotal		84,036	$ 21,849.00
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			$ 21,849.00
Staff Benefits (Specify %) 56.00%	26%		$ 12,235.44
Total Personnel Expenses for SELPA/LEA/IEP Functions			$ 34,084.44
Travel Costs			$ -
Internal Indirect Costs (Specify %) 25.00%			$ 8,521.11
III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS			**$ 42,605.55**
IV. MTU EXPENDITURES			
1. MTU Supply and Equpment Costs			
a. Office Expense			$ 2,800.00
b. Medical-Dental Lab Expenses			$ 3,500.00
c. Maintenance of Equipment			$ 2,500.00
d. Item 4			$ -
Subtotal			$ 8,800.00
2. MTU Conference Costs			
a. Item 1			$ 2,000.00
b. Item 2			$ -
c. Item 3			$ -
d. Item 4			$ -
Subtotal			$ 2,000.00
3. Training/Education			
a. Training/Meetings			$ 2,000.00
b. Item 2			$ -
c. Item 3			$ -

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
d. Item 4			$ -
Subtotal			$ 2,000.00
4. Miscellaneous MTU Costs			
a. Medical Transcription			$ 2,750.00
b. Item 2			$ -
c. Item 3			$ -
d. Item 4			$ -
Subtotal			$ 2,750.00
IV. TOTAL, MTU EXPENDITURES			**$ 15,550.00**
BUDGET GRAND TOTAL			**$ 364,780.55**

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)		**$ 161,088**	
County Funds		**$ 161,087**	
MTP (State 100%) (Section III)			
State General Funds (2)		**$ 42,606**	
Total State General Funds (1 + 2)		**$ 203,694**	

Delia Pichardo
Prepared By

11/14/2018
Date Prepared

Melissa Schilling
Approved By

11/14/2018
Date Approved

Medical Therapy Program Staffing Determination Tool

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2018-19

County: San Benito Date: 10/24/2018

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: 44

Please explain if caseload data is from another source: From actual MTU monthly appointments list

Total number of children on waiting list for services, receiving no services: PT 0 OT 0

Total # of children on waiting list, receiving services temporarily through a vendor: PT OT

Total # of children on waiting list: PT 0 OT 0

A. MTP Administrative Positions

MTP Administrative Positions*	# County Positions Approved & Filled	# County Positions Approved & Vacant	Total Administrative Positions
Chief Therapist		1.00	1.00
Asst Chief Therapist(s)			0.00
MTU Supervisors			0.00
MTU Clerks	0.25		0.25
Total Adm Pos:	0.25	1.00	1.25

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

B. Calculating FTE's for Treatment Needs**

** 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. **

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)
16.1	15.5	31.61	8.88	40.49	28.0	1.75	26.25	19.69	2.06

PT cases: 33

OT cases: 41

* Calculated hours for consultation = # PT cases x 0.12 = 3.96

* Calculated hours for consultation = # OT cases x 0.12 = 4.92

Total consultation hours (used for Column 4 above) = 8.88

C. Calculating Interagency Liaison and IEP Hours for Treatment FTEs

These numbers should be taken from the timestudies submitted to CMS

Medical Therapy Program Staffing Determination Tool

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2018-19

County: San Benito Date: 10/24/2018

Timestudy	Total Interagency Liaison Hours	Total Interagency IEP Hours	Total Interagency hours for timestudy month	Total Interagency Hours for quarter***
Prior year 4th quarter	15.00	15.00	30.00	90.00
Current year 1st quarter	15.00	15.00	30.00	90.00
Current year 2nd quarter	15.00	15.00	30.00	90.00
Current year 3rd quarter	15.00	15.00	30.00	90.00
Total Annual Interagency Hours			**120.00**	**360.00**
Weekly average interagency hours for treatment positions				6.92
Weekly hours available for treatment by one FTE				26.25
Total treatment FTE's needed for SELPA Interagency activities				**0.26**

D. Total MTP Treatment Positions

FTEs needed for prescription treatment hours:	2.06
FTEs needed for IEP and Interagency liaison hours:	0.26
Total MTP Treatment Positions:	**2.32**

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:	1.25
Total MTP Treatment Positions:	2.32
TOTAL MTP FTE POSITIONS:	**3.57**

3.31 Non-Selpa
0.26 Selpa
3.57 Total

Name/Signature of Chief Therapist / Unit Supervisor

Melissa Schilling
Name/Signature of CCS Administrator

Lynn Mello DON
11/20/18

MTP Staffing and Budget Summary

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6 (C3+C4+C5)	Column 7 (=C8)	Column 8 (=C7)	Column 9	Column 10 (C7+C8+C9)
County Name	FY 2018-19 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 2018-19 Estimated MTP Funding (County)	FY 2018-19 Estimated MTP Funding (State - No AB3632)	FY 2018-19 Estimated MTP Funding (AB 3632 State Only)	FY 2018-19 Total Estimated MTP Budget
San Benito	44	1.25	2.06	0.26	3.57	$161,088	$161,087	$42,606	$364,781
					Autocalculates				*Autocalculates*