State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

DATE: June 22nd, 2022

HCPCFC Program Letter No.: 22-01

TO: Health Care Program for Children in Foster Care Program Administrators and Department of Health Care Services Staff

SUBJECT: Fiscal Year 2022-2023 Allocation for the Health Care Program for Children in Foster Care

The purpose of this letter is to provide Health Care Programs for Children in Foster Care (HCPCFC) with their individual Fiscal Year (FY) 2022-2023 State General Fund (SGF) allocations. Detailed plan and budget information may be found in the Integrated Systems of Care Division (ISCD) Plan and Fiscal Guidelines (PFG).

This program letter serves as each local program's approved state HCPCFC administrative budget and enables each local program to use this letter to develop its budget. There will be no budget approval letters issued from ISCD. Local programs that have previously utilized budget approval letters to submit to the county's authorized personnel will be able to utilize the attached allocation notice as documentation and verification of the SGF allocated. Each local program remains responsible for overseeing and tracking its administrative budget expenditures. Each local program is authorized to spend up to the amount designated in the attached funding allocation table.

Acceptance of allocated funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the HCPCFC program and adhere to all applicable policies and procedures set forth by the Department of Health Care Services.

Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the HCPCFC program audit exception, are the exclusive and sole responsibility of each local program.

HCPCFC programs must maintain an audit file. At a minimum this audit file should include:

1. Documentation on required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under Federal Financial Participation (FFP).
2. Documentation in support of training and travel costs and other claimed operational expenditures.
3. Documentation in support of claimed internal and external overhead costs.

Counties should maintain and be able to produce the audit file to State and Federal regulators within seven (7) calendar days of a request.

Reporting Procedures

PFG required plan and budget reporting must be submitted electronically to the ISCD Budget Portal, no later than 60 days from July 1st, 2022. In FY 2022-2023 Child Health and Disability Prevention, California Children's Services, and HCPCFC plan and budget reporting will be submitted individually. Local programs should submit their completed FY 2022-2023 HCPCFC Plan and Budget Reporting Package to the ISCD Budget Portal, utilizing the reporting templates attached to this letter, as two documents:

1. One PDF document, which includes all indicated signatures.

   and

2. One Excel workbook, as provided in Attachment 4B.

Contact Information

Requests for current ISCD PFG, programmatic guidance, and clarification of reporting requirements may be directed to the central program inbox: HCPCFC@dhcs.ca.gov. Questions regarding the ISCD Budget Portal may be directed to: dhcsscdadmin@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY JOSEPH BILLINGSLEY

Joseph Billingsley, Assistant Deputy Director
Integrated Systems of Care Division

Attachments:

1. HCPCFC Base Allocation Table
2. HCPCFC Psychotropic Medication Monitoring and Oversight Allocation Table
3. HCPCFC Caseload Relief Allocation Table
4. HCPCFC FY 2022-23 Plan and Budget Reporting Package
    A. HCPCFC FY 2022-23 Reporting Checklist & Certification Statement
    B. HCPCFC FY 2022-23 Plan and Budget Reporting Workbook
5. HCPCFC FY 2022-23 Optional Quarterly Reporting Workbook
6. HCPCFC FY 2022-23 Quarterly Invoice Workbook

Attachment 1

Health Care Program For Children in Foster Care Base Allocation (07/01/2022 through 06/30/2023)				
Co/City No.	**County/City**	**State General Funds**	**Federal Funds**	**Total Funds**
1	Alameda	$169,519	$508,557	$678,076
2	Alpine	$0	$0	$0
3	Amador	$9,039	$27,116	$36,154
4	Butte	$66,707	$200,122	$266,830
5	Calaveras	$10,201	$30,603	$40,805
6	Colusa	$7,176	$21,527	$28,703
7	Contra Costa	$97,386	$292,158	$389,543
8	Del Norte	$15,914	$47,743	$63,657
9	El Dorado	$23,953	$71,858	$95,811
10	Fresno	$380,317	$1,140,952	$1,521,270
11	Glenn	$9,626	$28,878	$38,504
12	Humboldt	$58,256	$174,769	$233,026
13	Imperial	$57,594	$172,782	$230,376
14	Inyo	$3,000	$9,000	$12,000
15	Kern	$274,143	$822,429	$1,096,573
16	Kings	$53,906	$161,718	$215,624
17	Lake	$13,139	$39,417	$52,556
18	Lassen	$10,214	$30,641	$40,855
19	Los Angeles	$3,098,321	$9,294,963	$12,393,284
20	Madera	$42,930	$128,789	$171,719
21	Marin	$13,289	$39,867	$53,156
22	Mariposa	$3,000	$9,000	$12,000
23	Mendocino	$34,604	$103,812	$138,415
24	Merced	$79,846	$239,539	$319,386
25	Modoc	$3,238	$9,714	$12,951
26	Mono	$3,000	$9,000	$12,000
27	Monterey	$35,166	$105,499	$140,666
28	Napa	$16,377	$49,130	$65,507
29	Nevada	$8,976	$26,928	$35,904
30	Orange	$371,316	$1,113,949	$1,485,266
31	Placer	$27,616	$82,847	$110,462
32	Plumas	$6,263	$18,790	$25,053
33	Riverside	$453,051	$1,359,152	$1,812,202
34	Sacramento	$257,741	$773,224	$1,030,965
35	San Benito	$4,838	$14,514	$19,352
36	San Bernardino	$852,895	$2,558,685	$3,411,580

Health Care Program For Children in Foster Care Base Allocation (07/01/2022 through 06/30/2023)				
Co/City No.	**County/City**	**State General Funds**	**Federal Funds**	**Total Funds**
37	San Diego	$332,862	$998,586	$1,331,448
38	San Francisco	$103,924	$311,772	$415,696
39	San Joaquin	$176,770	$530,309	$707,079
40	San Luis Obispo	$41,242	$123,726	$164,968
41	San Mateo	$24,640	$73,921	$98,561
42	Santa Barbara	$68,020	$204,060	$272,080
43	Santa Clara	$142,553	$427,660	$570,214
44	Santa Cruz	$22,578	$67,733	$90,310
45	Shasta	$55,881	$167,644	$223,525
46	Sierra	$3,000	$9,000	$12,000
47	Siskiyou	$13,464	$40,392	$53,856
48	Solano	$62,744	$188,233	$250,978
49	Sonoma	$71,195	$213,586	$284,782
50	Stanislaus	$101,386	$304,159	$405,545
51	Sutter	$15,102	$45,305	$60,407
52	Tehama	$17,652	$52,956	$70,608
53	Trinity	$5,513	$16,539	$22,052
54	Tulare	$140,503	$421,510	$562,013
55	Tuolumne	$16,989	$50,968	$67,958
56	Ventura	$88,585	$265,755	$354,340
57	Yolo	$59,544	$178,632	$238,177
58	Yuba	$28,016	$84,047	$112,062
59	City of Berkeley	$5,851	$17,552	$23,403
Total		**$8,170,573**	**$24,511,719**	**$32,682,292**

Attachment 2

Health Care Program For Children in Foster Care Psychotropic Medication Monitoring and Oversight Allocation (07/01/2022 through 06/30/2023)				
Co/City No.	**County/City**	**State General Funds**	**Federal Funds**	**Total Funds**
1	Alameda	$40,795	$122,386	$163,181
2	Alpine	$3,659	$10,975	$14,634
3	Amador	$3,659	$10,975	$14,634
4	Butte	$18,293	$54,878	$73,171
5	Calaveras	$3,659	$10,975	$14,634
6	Colusa	$3,659	$10,975	$14,634
7	Contra Costa	$36,585	$109,756	$146,341
8	Del Norte	$3,659	$10,975	$14,634
9	El Dorado	$10,976	$32,926	$43,902
10	Fresno	$54,878	$164,634	$219,512
11	Glenn	$3,659	$10,975	$14,634
12	Humboldt	$7,317	$21,951	$29,268
13	Imperial	$14,634	$43,903	$58,537
14	Inyo	$3,659	$10,975	$14,634
15	Kern	$40,244	$120,732	$160,976
16	Kings	$7,317	$21,951	$29,268
17	Lake	$7,317	$21,951	$29,268
18	Lassen	$3,659	$10,975	$14,634
19	Los Angeles	$526,829	$1,580,488	$2,107,317
20	Madera	$3,659	$10,975	$14,634
21	Marin	$3,659	$10,975	$14,634
22	Mariposa	$3,659	$10,975	$14,634
23	Mendocino	$10,976	$32,926	$43,902
24	Merced	$10,976	$32,926	$43,902
25	Modoc	$3,659	$10,975	$14,634
26	Mono	$3,659	$10,975	$14,634
27	Monterey	$14,634	$43,903	$58,537
28	Napa	$3,659	$10,975	$14,634
29	Nevada	$3,659	$10,975	$14,634
30	Orange	$47,561	$142,683	$190,244
31	Placer	$7,317	$21,951	$29,268
32	Plumas	$3,659	$10,975	$14,634
33	Riverside	$102,439	$307,317	$409,756
34	Sacramento	$73,171	$219,512	$292,683
35	San Benito	$3,659	$10,975	$14,634
36	San Bernardino	$142,683	$428,049	$570,732

Health Care Program For Children in Foster Care Psychotropic Medication Monitoring and Oversight Allocation (07/01/2022 through 06/30/2023)				
Co/City No.	**County/City**	**State General Funds**	**Federal Funds**	**Total Funds**
37	San Diego	$80,488	$241,463	$321,951
38	San Francisco	$25,610	$76,829	$102,439
39	San Joaquin	$51,220	$153,658	$204,878
40	San Luis Obispo	$14,634	$43,903	$58,537
41	San Mateo	$10,976	$32,926	$43,902
42	Santa Barbara	$14,634	$43,903	$58,537
43	Santa Clara	$36,585	$109,756	$146,341
44	Santa Cruz	$7,317	$21,951	$29,268
45	Shasta	$14,634	$43,903	$58,537
46	Sierra	$3,658	$10,976	$14,634
47	Siskiyou	$3,658	$10,976	$14,634
48	Solano	$10,975	$32,927	$43,902
49	Sonoma	$18,292	$54,879	$73,171
50	Stanislaus	$29,267	$87,806	$117,073
51	Sutter	$7,316	$21,952	$29,268
52	Tehama	$3,658	$10,976	$14,634
53	Trinity	$3,658	$10,976	$14,634
54	Tulare	$21,951	$65,855	$87,806
55	Tuolumne	$3,658	$10,977	$14,635
56	Ventura	$25,609	$76,831	$102,440
57	Yolo	$14,634	$43,904	$58,538
58	Yuba	$7,316	$21,953	$29,269
59	City of Berkeley	$3,107	$9,322	$12,429
Total		**$1,650,000**	**$4,950,000**	**$6,600,000**

Attachment 3

Health Care Program For Children in Foster Care
Caseload Relief Allocation
(07/01/2022 through 06/30/2023)

Co/City No.	County/City	State General Funds	Federal Funds	Total Funds
1	Alameda	$97,126	$291,374	$388,500
2	Alpine	$0	$0	$0
3	Amador	$3,996	$11,989	$15,985
4	Butte	$36,351	$109,051	$145,402
5	Calaveras	$5,836	$17,509	$23,345
6	Colusa	$3,172	$9,516	$12,688
7	Contra Costa	$67,880	$203,639	$271,519
8	Del Norte	$4,821	$14,464	$19,285
9	El Dorado	$19,095	$57,285	$76,380
10	Fresno	$133,095	$399,283	$532,378
11	Glenn	$5,075	$15,226	$20,301
12	Humboldt	$23,346	$70,036	$93,382
13	Imperial	$28,611	$85,832	$114,443
14	Inyo	$1,161	$3,483	$4,644
15	Kern	$109,940	$329,818	$439,758
16	Kings	$24,171	$72,511	$96,682
17	Lake	$10,341	$31,021	$41,362
18	Lassen	$4,314	$12,942	$17,256
19	Los Angeles	$1,389,880	$4,169,636	$5,559,516
20	Madera	$21,125	$63,376	$84,501
21	Marin	$5,963	$17,890	$23,853
22	Mariposa	$1,903	$5,710	$7,613
23	Mendocino	$17,318	$51,956	$69,274
24	Merced	$33,495	$100,487	$133,982
25	Modoc	$963	$2,889	$3,852
26	Mono	$0	$0	$0
27	Monterey	$27,659	$82,978	$110,637
28	Napa	$8,310	$24,932	$33,242
29	Nevada	$3,996	$11,989	$15,985
30	Orange	$150,604	$451,810	$602,414
31	Placer	$14,211	$42,632	$56,843
32	Plumas	$3,172	$9,516	$12,688

Health Care Program For Children in Foster Care Caseload Relief Allocation (07/01/2022 through 06/30/2023)				
Co/City No.	**County/City**	**State General Funds**	**Federal Funds**	**Total Funds**
33	Riverside	$219,497	$658,493	$877,990
34	Sacramento	$151,429	$454,285	$605,714
35	San Benito	$3,679	$11,038	$14,717
36	San Bernardino	$381,013	$1,143,039	$1,524,052
37	San Diego	$173,441	$520,324	$693,765
38	San Francisco	$57,856	$173,568	$231,424
39	San Joaquin	$98,139	$294,419	$392,558
40	San Luis Obispo	$26,328	$78,981	$105,309
41	San Mateo	$18,206	$54,621	$72,827
42	Santa Barbara	$28,357	$85,071	$113,428
43	Santa Clara	$74,668	$224,002	$298,670
44	Santa Cruz	$17,382	$52,147	$69,529
45	Shasta	$28,166	$84,500	$112,666
46	Sierra	$0	$0	$0
47	Siskiyou	$6,725	$20,174	$26,899
48	Solano	$27,469	$82,407	$109,876
49	Sonoma	$33,433	$100,297	$133,730
50	Stanislaus	$48,214	$144,641	$192,855
51	Sutter	$11,102	$33,305	$44,407
52	Tehama	$13,830	$41,489	$55,319
53	Trinity	$3,299	$9,896	$13,195
54	Tulare	$67,371	$202,115	$269,486
55	Tuolumne	$6,660	$19,983	$26,643
56	Ventura	$53,606	$160,818	$214,424
57	Yolo	$27,216	$81,647	$108,863
58	Yuba	$13,701	$41,109	$54,810
59	City of Berkeley	$2,283	$6,851	$9,134
Total		**$3,850,000**	**$11,550,000**	**$15,400,000**

Attachment 4

Health Care Program for Children in Foster Care
Plan and Budget Reporting Checklist

	Page Number
1. HCPCFC Plan and Budget Reporting Checklist	1
2. HCPCFC Certification Statement	2
3. HCPCFC Organizational Chart	3
4. HCPCFC MOU with Local Child Welfare/Social Services	NA
5. HCPCFC Probation IA	NA
6. If Applicable:	
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	NA
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	NA
c. Property Survey Report Form (STD 152)	NA
7. HCPCFC Plan and Budget Reporting Spreadsheet	
a. Agency Information Sheet	4
b. Memorandum of Understanding and Interagency Agreement List	NA
c. HCPCFC Incumbent List	5
d. HCPCFC Budgets	
i. Base	6
– Summary and Worksheet	7
– Budget Narrative	
ii. Psychotropic Medication Monitoring and Oversight	8
– Summary and Worksheet	9
– Budget Narrative	
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– Budget Narrative	
iv. Optional County/City - Federal Match	12
– Summary and Worksheet	13
– Budget Narrative	

Health Care Program for Children in Foster Care
Certification Statement

County/City: Mendocino **Fiscal Year:** 2022-23

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, including the Integrated Systems of Care Plan and Fiscal Guidelines Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Doug Rein 1/18/23

Signature of HCPCFC Director/County Authorized Representative — Date Signed

Glenn MD 1/17/23

Signature of Director or Health Officer — Date Signed

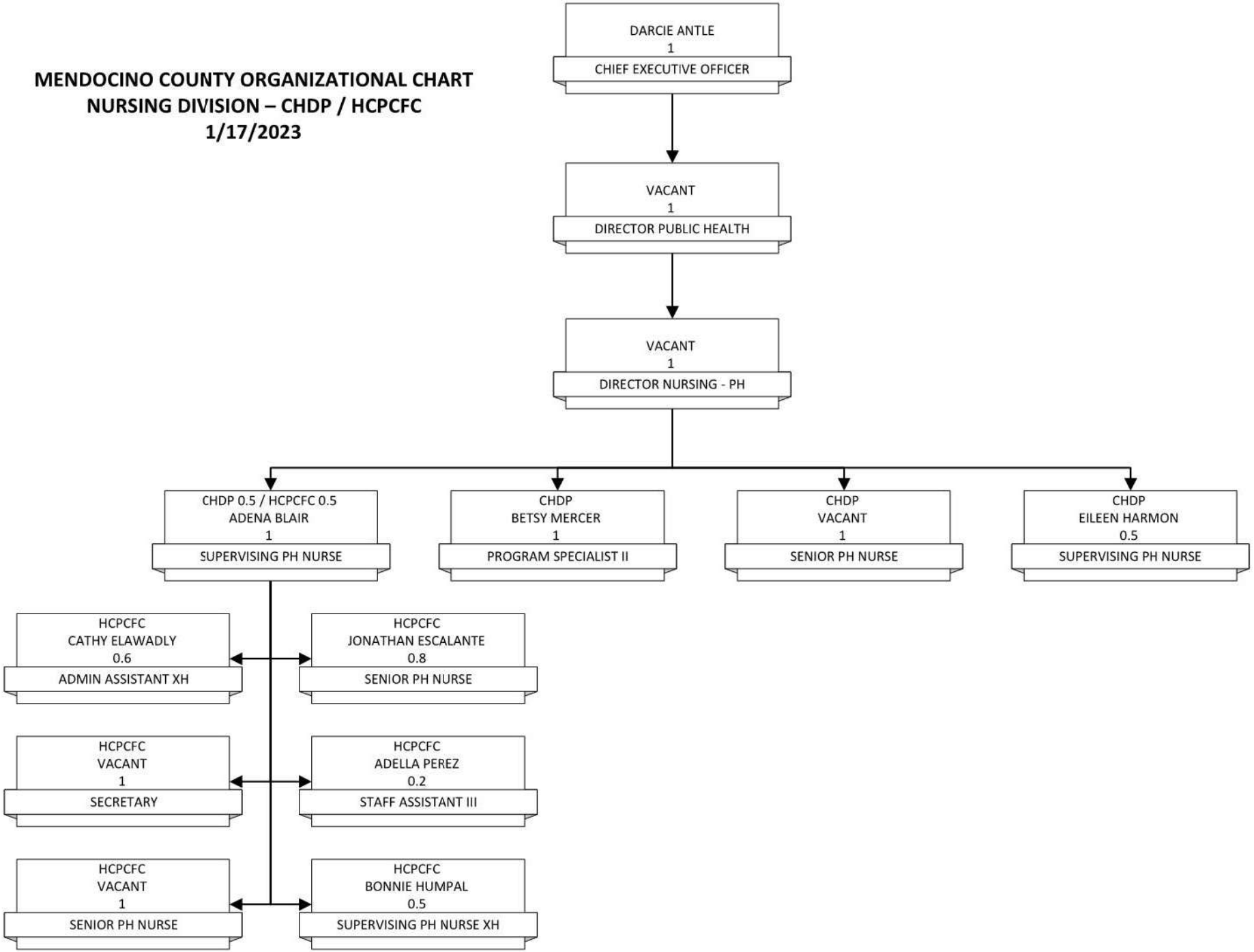
Signature and Title of Other – Optional — Date Signed

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

Glenn McGourty 06/20/2023

Signature of Local Governing Body Chairperson — Date Signed

MENDOCINO COUNTY ORGANIZATIONAL CHART
NURSING DIVISION – CHDP / HCPCFC
1/17/2023



County/City:	Mendocino	**Fiscal Year:**	2022-23
Official Agency			
Street Address:	1120 S. Dora Street	Health Officer:	Dr. Andy Coren
City:	Ukiah	Local HCPCFC	
Zip Code:	95482	Central Inbox:	
Parent Agency Director (if applicable)			
Name:	Darcie Antle	Street Address:	501 Low Gap
Phone:	707-463-4441	City:	Ukiah
Email:	ceo@mendocinocounty.org	Zip Code:	95482
Authorized HCPCFC Program Administrative Representative			
Name:	Darcie Antle	Street Address:	501 Low Gap
Phone:	707-463-4441	City:	Ukiah
Email:	ceo@mendocinocounty.org	Zip Code:	95482
Clerk of the Board of Supervisors or City Council			
Name:	Darcie Antle	Street Address:	501 Low Gap Rd
Phone:	707-463-4111	City:	Ukiah
Email:	ceo@mendocinocounty.org	Zip Code:	95482
Director of Social Services Agency			
Name:	Bekkie Emery	Street Address:	737 South State Street
Phone:	707-463-7761	City:	Ukiah
Email:	emeryb@mendocinocounty.or	Zip Code:	95482
Chief Probation Officer			
Name:	Izen Locatelli	Street Address:	585 Low Gap Rd
Phone:	707-234-6900	City:	Ukiah
Email:	locateli@mendocinocounty.or	Zip Code:	95482

DHCS

MICHELLE GIASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Incumbent List

GAVIN NEWSOM
GOVERNOR

County/City:	Mendocino	Fiscal Year:	2022-23

List all Health Care Program for Children in Foster Care staff.

HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By selecting "Yes" you certify that this individuals Civil Service Classification and Duty Statement meet the requirements outlined in Section 8 of the Plan and Fiscal Guidelines for the position selected. Please enter Vacant positions, including Title.

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
1	Adena Blair	Supervising Public Health Nurse		Yes	30%	blaira@mendocinocounty.or	CHDP 50%
2	Johnathan Escalante	Senior Public Health Nurse		Yes		escalantej@mendocinocounty.org	
3	Bonnie Humpal	Senior Public Health Nurse		Yes		humpalb@mendocinocounty.org	
4	Vacant - Senior Public Health Nurse	Senior Public Health Nurse		Yes			
5	Adella Perez	Staff Assistant III	Yes			perezaj@mendocinocounty.c	MCAH 80%
6	Vacant - Secretary	Secretary	Yes				
7	Catherine Elawadly	Administrative Assistant	Yes			elawadlyc@mendocinocounty.org	
8							
9							
10							
	(Insert additional lines as needed)						

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Worksheet

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Base

County/City Name:	Mendocino	Fiscal Year:	2022-23

Column			1A	1B	1	2A	2	3A	3
Category/Line Item			Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses									
#	Name								
1	Adena Blair		25%	$106,050	$26,512	75%	$19,884	25%	$6,628
2	Johnathan Escalante		20%	$95,826	$19,165	95%	$18,207	5%	$958
3	Bonnie Humpal		20%	$50,305	$10,061	95%	$9,558	5%	$503
4	Vacant - Senior Public Health Nurse		20%	$91,270	$18,254	95%	$17,341	5%	$913
5					$0		$0	100%	$0
6					$0		$0	100%	$0
7					$0		$0	100%	$0
8					$0		$0	100%	$0
9					$0		$0	100%	$0
10					$0		$0	100%	$0
	(insert additional rows as needed)				$0		$0	100%	$0
Total PHN FTE %			85%			42%		43%	
Total Direct Support Staff FTE %			85%			42%		43%	
Net Salaries and Wages					$73,993		$64,990		$9,002
Staff Benefits (Specify %)		49%			$36,257		$31,845		$4,411
I. Total Personnel Expenses					**$110,250**		**$96,835**		**$13,413**
II. Operating Expenses									
1.	Travel				$602	100%	$602	0%	$0
2.	Training				$0	0%	$0	0%	$0
II. Total Operating Expenses					**$602**		**$602**		**$0**
III. Total Capital Expenses									
IV. Indirect Expenses									
1.	Internal (Specify %)	25%			$27,563				$27,563
IV. Total Indirect Expenses					**$27,563**				**$27,563**
V. Total Other Expenses									
Budget Grand Total					**$138,415**		**$97,437**		**$40,976**

Prepared By:	Sign	Sofia Vargas	Department Analyst I	1/18/2023	vargass@mendocinocounty.org
		Print	Title	Date	Email
Authorized HCPCFC Program Representative:	Sign	Sara Pierce	Acting Deputy CEO	1/18/2023	pierces@mendocinocounty.org
		Print	Title	Date	Email

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Narrative

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	**Base**		
County/City Name:	Mendocino	**Fiscal Year:**	2022-23

I. Personnel Expenses **Identify and Explain Any Changes in Personnel/Personnel Expenses**	
Utilize nursing staffing for increased Enhanced %	
II. Operating Expenses **Identify and Explain All Operating Expense Line Items**	
Travel:	Staff travel for necessary program related duties.
Training:	
III. Capital Expenses *cannot be included in this budget*	
IV. Indirect Expenses *Indirect External Expenses cannot be included in this budget* **Identify and Explain All Indirect Expense Line Items**	
Internal:	ICR of 25% in line with approval from State
V. Other Expenses *cannot be included in this budget*	

Prepared By: Sign	Print	Title	Date	Email
	Sofia Vargas	artment Analy	1/18/2023	s@mendocinocou
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email
	Sara Pierce	ting Deputy Cl	1/18/2023	es@mendocinocount

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Worksheet

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Psychotropic Medication Monitoring & Oversight

County/City Name:	Mendocino	Fiscal Year:	2022-23

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses								
#	Name							
1	Adena Blair	15%	$106,050	$15,907	75%	$11,931	25%	$3,977
2	Johnathan Escalante	10%	$95,826	$9,583	95%	$9,103	5%	$479
3	Vacant - Senior Public Health Nurse	0%	$91,270	$0	95%	$0	5%	$0
4				$0		$0	100%	$0
5				$0		$0	100%	$0
6				$0		$0	100%	$0
7				$0		$0	100%	$0
8				$0		$0	100%	$0
9				$0		$0	100%	$0
10				$0		$0	100%	$0
	(insert additional lines as needed)			$0		$0	100%	$0
Total PHN FTE %		30%			15%		15%	
Total Direct Support Staff FTE %		30%			15%		15%	
Net Salaries and Wages				$25,490		$21,034		$4,456
Staff Benefits (Specify %)	52%			$13,255		$10,938		$2,317
I. Total Personnel Expenses				**$38,745**		**$31,972**		**$6,773**
II. Operating Expenses								
1.	Travel			$0	0%	$0	0%	$0
2.	Training			$0	0%	$0	0%	$0
II. Total Operating Expenses				**$0**		**$0**		**$0**
III. Total Capital Expenses								
IV. Indirect Expenses								
1.	Internal (Specify %)	24%		$6,156				$6,156
IV. Total Indirect Expenses				**$6,156**				**$6,156**
V. Total Other Expenses								
Budget Grand Total				**$44,901**		**$31,972**		**$12,929**

Prepared By:	Sign	Print	Title	Date	Email
		Sofia Vargas	Department Analyst I	1/18/2023	vargass@mendocinocounty.org
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email
		Sara Pierce	Acting Deputy CEO	1/18/2023	pierces@mendocinocounty.org

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.

Health Care Program for Children in Foster Care
Budget Narrative

State/Federal Funding Source:	Psychotropic Medication Monitoring & Oversight		
County/City Name:	Mendocino	Fiscal Year:	2022-23

I. Personnel Expenses
Identify and Explain Any Changes in Personnel/Personnel Expenses

Utilize nursing staffing for increased Enhanced %

II. Operating Expenses
Identify and Explain All Operating Expense Line Items

Travel:	
Training:	

III. Capital Expenses *cannot be included in this budget*

IV. Indirect Expenses *Indirect External Expenses cannot be included in this budget*
Identify and Explain All Indirect Expense Line Items

Internal:	ICR of 24%, Approval from State is up to 25%

V. Other Expenses *cannot be included in this budget*

Prepared By: Sign	Print	Title	Date	Email
	Sofia Vargas	artment Anal	1/18/2023	ass@mendocinocount
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email
	Sara Pierce	ting Deputy Cl	1/18/2023	es@mendocinocount

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Worksheet

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Caseload Relief

County/City Name:	Mendocino	Fiscal Year:	2022-23

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		Total Caseload Relief FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses								
#	**Name**							
1	Catherine Elawaldy	50%	$52,832	$26,416	0%	$0	100%	$26,416
2	Adella Perez	20%	$ 44,033.60	$8,807	0%	$0	100%	$8,807
3	Vacant - Secretary	25%	$ 47,902.40	$11,976	0%	$0	100%	$11,976
4				$0		$0	100%	$0
5				$0		$0	100%	$0
6				$0		$0	100%	$0
7				$0		$0	100%	$0
8				$0		$0	100%	$0
9				$0		$0	100%	$0
10				$0		$0	100%	$0
	(insert additional lines as needed)			$0		$0	100%	$0
Total PHN FTE %		95%			0%		95%	
Total Direct Support Staff FTE %		95%			0%		95%	
Net Salaries and Wages				$47,198		$0		$47,198
Staff Benefits (Specify %)	23%			$10,620		$0		$10,620
I. Total Personnel Expenses				**$57,818**		**$0**		**$57,818**
II. Operating Expenses								
1.	Travel			$0	0%	$0	0%	$0
2.	Training			$0	0%	$0	0%	$0
II. Total Operating Expenses				**$0**		**$0**		**$0**
III. Total Capital Expenses								
IV. Indirect Expenses								
1.	Internal (Specify %)	20%		$11,454				$11,454
IV. Total Indirect Expenses				**$11,454**				**$11,454**
V. Total Other Expenses								
Budget Grand Total				**$69,272**		**$0**		**$69,272**

Prepared By:	Sign	Sofia Vargas	Department Analyst I	1/18/2023	vargass@mendocinocounty.org
		Print	Title	Date	Email
Authorized HCPCFC Program Representative:	Sign	Sara Pierce	Acting Deputy CEO	1/18/2023	pierces@mendocinocounty.org
		Print	Title	Date	Email

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Narrative

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	**Caseload Relief**		
County/City Name:	Mendocino	**Fiscal Year:**	2022-23

I. Personnel Expenses **Identify and Explain Any Changes in Personnel/Personnel Expenses**
Added support to cover vacancies

II. Operating Expenses **Identify and Explain All Operating Expense Line Items**	
Travel:	
Training:	
III. Capital Expenses *cannot be included in this budget*	
IV. Indirect Expenses *Indirect External Expenses cannot be included in this budget* **Identify and Explain All Indirect Expense Line Items**	
Internal:	ICR of 20%, Approval from State is up to 25%
V. Other Expenses *cannot be included in this budget*	

Prepared By:	Sign	Sofia Vargas	Print	artment Anal	Title	1/18/2023	Date	ass@mendocinocount	Email
Authorized HCPCFC Program Representative:	Sign	Sara Pierce	Print	ting Deputy Cl	Title	1/18/2023	Date	es@mendocinocount	Email

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Worksheet

GAVIN NEWSOM
GOVERNOR

County/City - Federal Funding Source:	County/City-Federal

County/City Name:	Mendocino	Fiscal Year:	2022-23

Column		1A	1B	1	2A	2	3A	3
Category/Line Item		Total Co-Fed FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses								
#	Name							
1	Adena Blair	10%	$106,050	$10,605	75%	$7,954	25%	$2,651
2	Johnathan Escalante	50%	$95,826	$47,913	95%	$45,517	5%	$2,396
3	Bonnie Humpal	30%	$50,305	$15,091	95%	$14,337	5%	$755
4	Vacant - Senior Public Health Nurse	5%	$91,270	$4,564	95%	$4,335	5%	$228
5	Adella Perez	0%	$44,034	$0	0%	$0	100%	$0
6	Vacant - Secretary	0%	$47,902	$0	0%	$0	100%	$0
7	Catherine Elawaldy	10%	$52,832	$5,283	0%	$0	100%	$5,283
8				$0		$0	100%	$0
9				$0		$0	100%	$0
10				$0		$0	100%	$0
	(insert additional lines as needed)			$0		$0	100%	$0
Total PHN FTE %		105%			48%		57%	
Total Direct Support Staff FTE %		105%			48%		57%	
Total Salaries and Wages				$83,456		$72,143		$11,313
Less Salary Savings				$0		$0		$0
Net Salaries and Wages				$83,456		$72,143		$11,313
Staff Benefits (Specify %)	55%			$45,901		$39,679		$6,222
I. Total Personnel Expenses				**$129,357**		**$111,822**		**$17,535**
II. Operating Expenses								
1. Travel				$0	0%	$0	0%	$0
2. Training				$0	0%	$0	0%	$0
II. Total Operating Expenses				**$0**		**$0**		**$0**
III. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	25%			$32,339				$32,339
IV. Total Indirect Expenses				**$32,339**				**$32,339**
V. Total Other Expenses								
Budget Grand Total				**$161,696**		**$111,822**		**$49,874**

Prepared By:	Sign	Print	Title	Date	Email
		Sofia Vargas	Department Analyst I	1/18/2023	vargass@mendocinocounty.org
Authorized HCPCFC Program Representative:	Sign	Print	Title	Date	Email
		Sara Pierce	Acting Deputy CEO	1/18/2023	pierces@mendocinocounty.org

Budget Summary tables can be found on the "Summary Tables" sheet of this workbook.

State/Federal Funding Source:	County/City-Federal Match		
County/City Name:	Mendocino	Fiscal Year:	2022-23

I. Personnel Expenses **Identify and Explain Any Changes in Personnel/Personnel Expenses**	
Staffing necessary for program exceeded allocation	
II. Operating Expenses **Identify and Explain All Operating Expense Line Items**	
Travel:	Not applicable
Training:	Not applicable
III. Capital Expenses *cannot be included in this budget*	
IV. Indirect Expenses *Indirect External Expenses cannot be included in this budget* **Identify and Explain All Indirect Expense Line Items**	
Internal:	25% ICR based on state certification
V. Other Expenses *cannot be included in this budget*	

Prepared By: Sign	Print	Title	Date	Email
	Sofia Vargas	artment Analy	1/18/2023	ass@mendocinocount
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email
	Sara Pierce	ting Deputy Cl	1/18/2023	es@mendocinocount

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Budget Summaries

GAVIN NEWSOM
GOVERNOR

County/City:	Mendocino									Fiscal Year:	2022-23	
Funding Source:	**Base**			**PMM&O**			**Caseload Relief**			**County/City-Federal**		
A	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**
I. Total Personnel Expenses	$110,248	$96,835	$13,413	$38,745	$31,972	$6,773	$69,272	$0	$69,272	$129,357	$111,822	$17,535
II. Total Operating Expenses	$602	$602	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	$27,563		$27,563	$6,156		$6,156	$11,454		$11,454	$32,339		$32,339
V. Total Other Expenses												
Budget Grand Total	$138,413	$97,437	$40,976	$44,901	$31,972	$12,929	$69,272	$0	$80,725	$161,696	$111,822	$49,874
E	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**
State/County Funds	$44,847	$24,359	$20,488	$14,458	$7,993	$6,465	$40,363	$0	$40,363	$52,893	$27,956	$24,937
Federal Funds (Title XIX)	$93,566	$73,078	$20,488	$30,444	$23,979	$6,465	$40,363	$0	$40,363	$108,804	$83,867	$24,937
Budget Grand Total	$138,413	$97,437	$40,976	$44,901	$31,972	$12,929	$80,725	$0	$80,725	$161,696	$111,822	$49,874

Prepared By: Sign	Print	Title	Date	Email
	Sofia Vargas	Department Analyst I	1/18/2023	rgass@mendocinocounty.c
Authorized HCPCFC Program Representative: Sign	Print	Title	Date	Email
	Sara Pierce	Acting Deputy CEO	1/18/2023	erces@mendocinocounty.c

Due to a error o the State's file the budget is overstated. @ ce we hear back from the State we will resubmit usi g their updated form

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Quarterly Report Instructions

GAVIN NEWSOM
GOVERNOR

1. It is requested that this optional report be submitted quarterly in order to contribute to the development of activity based program data.
2. Please submit completed forms, feedback, and questions to HCPCFC@dhcs.ca.gov. Suggestions for further development of this fo

Submission Due	State Fiscal Year Data Reflected
November 30th	1st Quarter (July-September)
February 28th	2nd Quarter (October-December)
May 31st	3rd Quarter (January-March)
August 31st	4th Quarter (April-June)

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Optional Quarterly Activity Report

GAVIN NEWSOM
GOVERNOR

County-City Name:		**Fiscal Year:**	
Quarter:		**Quarter End Date:**	

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1.	Total minor dependents in *foster care at any time in the quarter				
2.	Total **non-minor dependents at any time in the quarter				
3.	Total new placements and placement changes of minor dependents in				
4.	Total dependents in *foster care with an active ***psychotropic medication (may revise previous quarters with each submission as appropriate)				
5.	Total non-PMM&O PHN hours worked (not budgeted)				
6.	Total PMM&O PHN hours worked (not budgeted)				
7.	Total JV-225's received/obtained by the HCPCFC program in the quarter				
8.	Total JV-220A's received/obtained by the HCPCFC program in the quarter				
9.	Total JV-220B's received/obtained by the HCPCFC program in the quarter				
10.	Total JV-223's received/obtained by the HCPCFC program in the quarter				

* California Welfare and Institutions Code, section 11400:
(f) "Foster care" means the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting ** California Welfare and Institutions Code, section 11400:
(v) "Nonminor dependent" means, on and after January 1, 2012, a foster child, as described in Section 675(8)(B) of Title 42 of the United States Code under the federal Social Security Act who is a current dependent child or ward of the juvenile court, or who is a nonminor under the transition jurisdiction of the juvenile court, as described in Section 450 , and who satisfies all of the following criteria:
(1) He or she has attained 18 years of age while under an order of foster care placement by the juvenile court, and is not more than 19 years of age on or after January 1, 2012, not more than 20 years of age on or after January 1, 2013, or not more than 21 years of age on or after January 1, 2014, and as described in Section 10103.5 .
(2) He or she is in foster care under the placement and care responsibility of the county welfare department, county probation department, Indian tribe, consortium of tribes, or tribal organization that entered into an agreement pursuant to Section 10553.1 .
(3) He or she has a transitional independent living case plan pursuant to Section 475(8) of the federal Social Security Act (42 U.S.C. Sec. 675(8)), as contained in the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351), 1 as described in Section 11403 .
*** Psychotropic Medication:
Any medication listed in the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care, Appendix B: Parameters for Use of Psychotropic Medication for Children and Adolescents.

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Quarterly Expenditure Invoice Instructions

GAVIN NEWSOM
GOVERNOR

Complete and submit the attached Health Care Program for Children in Foster Care Quarterly Invoice in accordance with the instructions provided in the Plan and Fiscal Guidelines and the table below.

Submission Due	State Fiscal Year Data Reflected
November 30th	1st Quarter (July-September)
February 28th	2nd Quarter (October-December)
May 31st	3rd Quarter (January-March)
August 31st	4th Quarter (April-June)
Submit to:	
DHCSSCDAdmin@dhcs.ca.gov & HCPCFC@dhcs.ca.gov	

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Quarterly Expenditure Invoice

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Base

County-City Name:		Fiscal Year:	

Quarter Number:		Quarter End Date:	

Category/Line Item		Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A		(B = C + D)	C	D
I	Total Personnel Expenses	$0		
II	Total Operating Expenses	$0		
III	Total Capital Expenses			
IV	Total Indirect Expenses	$0		
V	Total Other Expenses			
Expenditures Grand Total		$0	$0	$0

Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	$0	$0	$0
Federal Funds (Title XIX)	$0	$0	$0
Expenditures Grand Total	$0	$0	$0

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 1090 to 1096 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.

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

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Quarterly Expenditure Invoice

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Psychotropic Medication Monitoring & Oversight

County-City Name:		Fiscal Year:	

Quarter Number:		Quarter End Date:	

	Category/Line Item	Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
	A	(B = C + D)	C	D
I	Total Personnel Expenses	$0		
II	Total Operating Expenses	$0		
III	Total Capital Expenses			
IV	Total Indirect Expenses	$0		
V	Total Other Expenses			
Expenditures Grand Total		$0	$0	$0

Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	$0	$0	$0
Federal Funds (Title XIX)	$0	$0	$0
Expenditures Grand Total	$0	$0	$0

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 1090 to 1096 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.

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

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Quarterly Expenditure Invoice

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Caseload Relief

County-City Name:		Fiscal Year:	

Quarter Number:		Quarter End Date:	

Category/Line Item		Total Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A		(B = C + D)	C	D
I	Total Personnel Expenses	$0		
II	Total Operating Expenses	$0		
III	Total Capital Expenses			
IV	Total Indirect Expenses	$0		
V	Total Other Expenses			
Expenditures Grand Total		$0	$0	$0

Source of Funds	Total Funds Invoiced	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	$0	$0	$0
Federal Funds (Title XIX)	$0	$0	$0
Expenditures Grand Total	$0	$0	$0

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 1090 to 1096 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.

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

DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

Health Care Program for Children in Foster Care
Quarterly Expenditure Invoice

GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Caseload Relief

County-City Name:		Fiscal Year:	

Quarter Number:		Quarter End Date:	

Category/Line Item			Enhanced County/City - Federal (25/75)	Non-Enhanced County/City - Federal (50/50)
A		(B = C + D)	C	D
I	Total Personnel Expenses	$0		
II	Total Operating Expenses	$0		
III	Total Capital Expenses			
IV	Total Indirect Expenses	$0		
V	Total Other Expenses			
Expenditures Grand Total		$0	$0	$0

Source of Funds	Total Funds Invoiced	Enhanced County/City - Federal (25/75)	Non-Enhanced County/City - Federal (50/50)
E	(F = G + H)	G	H
County/City Funds	$0	$0	$0
Federal Funds (Title XIX)	$0	$0	$0
Expenditures Grand Total	$0	$0	$0

Source of County/City Funds:	

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 1090 to 1096 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.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: _____
DEPARTMENT HEAD

Date: Mar 8, 2023

Budgeted: ☒ Yes ☐ No

Budget Unit: 4080

Line Item: 82-5490

Org/Object Code: CHDPFC

Grant: ☐ Yes ☒ No

Grant No.: Allocation

COUNTY OF MENDOCINO

By: _____
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 06/20/2023

ATTEST:
DARCIE ANTLE, Clerk of said Board

By: _____
Deputy 06/20/2023

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy 06/20/2023

INSURANCE REVIEW:

By: _____
Risk Management

Date: 03/03/2023

CONTRACTOR/COMPANY NAME

By: N/A - Allocation
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Department of Health Care Services,
Integrated Systems of Care Division
1515 K Street, Suite 400
Sacramento, CA 95814;
P.O. Box 997413, MS 4502
Sacramento, CA 95899-7413
(916) 552-9105
HCPCFC@dhcs.ca.gov

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: _____
Deputy

Date: 03/03/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO or Designee

Date: 03/03/2023

Signatory Authority: $0-25,000 Department; $25,001- 50,000 Purchasing Agent; **$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed ☐ N/A
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: N/A State Allocation _____