

SECTION 2 – PLAN AND BUDGET SUBMISSION

General Instructions 2

Plan and Budget Required Documents Checklist 7

Agency Information Sheet..... 9

Certification Statement - California Children's Services (CCS) 10

Incumbent List - California Children's Services 12

Memoranda of Understanding/Interagency Agreement List..... 13

General Instructions

The Children's Medical Services (CMS) Plan and Budget (PLAN) package should be submitted electronically to the Department of Health Care Services (DHCS), Systems of Care Division (SCD) at DHCSAdmin@dhcs.ca.gov.

The Plan is composed of the documents that are required for submission. Programs will be notified on an annual basis on the submission due date for budgets.

Beginning with Fiscal Year (FY) 2006-07, CMS requires counties to submit two separately signed Certification Statements, one for the Child Health and Disability Prevention Program (CHDP) and another for the California Children's Services (CCS) Program. The Certification Statements and Interagency Agreement, however, may be sent under separate cover after other documents have been submitted. **All pages must be numbered and dated.** After assembling the PLAN package, complete the Checklist and include the Checklist in the PLAN package. Unless specified, counties should submit one package for all three CMS programs.

The following are required documents of the CMS Plan package for Fiscal Year (FY) 2024-2025.

I. Checklist (see page 7)

The CMS Plan and Budget Required Documents Checklist assists in identifying the contents and sequence of the documents for submission in the PLAN package. The contents of the package must be submitted in the sequence reflected on the checklist.

II. Agency Information sheet (see page 9)

Complete the Agency Information Sheet with **all of the following**:

- A. Official name and address of the county/city agency in which the CCS, CHDP, and for Health Care Program for Children in Foster Care (HCPCFC) programs are organizationally located; name and contact information for the County/City Health Officer.
- B. Name and contact information of the CMS Director, if any;
- C. Name and contact information of the CCS Administrator;
- D. Name and contact information of the CHDP Director (must be a physician);
- E. Name and contact information of the CHDP Deputy Director;
- F. Name and contact information of the Clerk of the County Board of Supervisors or City Council;
- G. Name and contact information of the Director of Social Services Agency for the HCPCFC Program; and,
- H. Name and contact information of the Chief Probation Officer for the HCPCFC Program.

III. Certification Statements (see page 10)

- A. For the CHDP Certification Statement, obtain current signatures, including the dates signed, of the CHDP Director, Director/Health Officer, and the chairperson of the local governing body, as required.
- B. For the CCS Certification Statement, obtain current signatures, including the dates signed, of the CCS Administrator, Director/Health Officer, and the chairperson of the local governing body, as required.
- C. Submit the CHDP and CCS original Certification Statements (with signatures) and one photocopy to the Regional Office. The Certification Statements are valid for one year.
- D. The citations of current federal and state legislation and regulations for the CCS, CHDP, and HCPCFC programs are listed in Section 9 - References.
- E. An additional line for the signature of any other person with fiscal or programmatic responsibility is included for optional use.

IV. Agency Description

- A. Describe in Brief Narrative:
 - 1. The structure of the agencies in which CHDP programs are located;
 - 2. The current organizational structures of the CHDP programs within the local agencies (Health and/or Social Services);
 - 3. The integration of the CHDP and HCPCFC programs within the agency and county structure; and
 - 4. Outline the accomplishments for the last fiscal year and any anticipated changes for the current fiscal year for CHDP programs.
- B. Retain current organizational charts for CHDP, HCPCFC and CCS with names of incumbent staff using the same job titles as listed on the budget worksheets.
- C. Retain a copy of the CCS County Staffing Standards Profile (Section 6, page 80) and highlight the caseload category for your county/city. For counties with total caseloads below 500, write the words "Below 500" at the top of the CCS Staffing Standards Profile and highlight those words only.
- D. Submit Incumbent List (see page 12) for CCS, CHDP, and HCPCFC programs using the same job titles as listed on the organizational chart and budget detail worksheet.
- E. Submit civil service classification statements for newly established, proposed, or revised classifications.
- F. Submit duty statements for all staff budgeted to the programs if there are changes from the previous year.

1. Changes are defined as:
 - a. Changes in job duties or activities;
 - b. Changes in percentage of time allotted for each activity; and
 - c. Changes in percentages of time allotted for enhanced and non-enhanced activities.
2. Include in the duty statement all of the following:
 - a. Position title;
 - b. Civil service classification;
 - c. Percent Full Time Equivalent (FTE) in CCS, CHDP, and/or HCPCFC program(s) and percent FTE in other program(s) if applicable;
 - d. Actual job duties appropriate and specific to the CCS, CHDP, and/or HCPCFC program with an estimated percentage of time allocated to each activity (see Documentation of Staff and Time for more information (see Section 2, page 9); and
 - e. If staff work in multiple programs, retain separate job duty statements for each program.

V. Implementation of Performance Measures (see Section 3 – Scope of Work and Performance Measures)

- A. CCS, CHDP, and HCPCFC programs under joint administrations should submit joint Performance Measures when reporting to CMS.
- B. CCS, CHDP, and HCPCFC programs under separate administrations should collaborate to ensure coordination of services and resources and cooperatively submit one package when reporting Performance Measures to CMS.
- C. Performance Measures should be reported in the appropriate reporting format, except for those Performance Measures that specifically require a county tracking system.
- D. Data collection for these Performance Measures began with Fiscal Year 2002-03. Reporting on these Performance Measures is due **November 30, for each fiscal year.**

VI. Data Forms

CHDP Program Referral Data (see Section 4, pages 11-12).

VII. Memoranda of Understanding (MOU) and Interagency Agreements (IAA) (see page 13)

- A. Submit a list of all current MOU and IAA.

- B. Submit all MOU and IAA that are new, renewed, or have been revised, since the prior fiscal year.
 - 1. Retain CHDP IAA with the Department of Social Services (DSS) biennially.
 - 2. Retain Interdepartmental MOU for HCPCFC biennially.
 - 3. Retain Memoranda of Understanding/Interagency Agreements List (see page 13).

VIII. Budgets

- A. CHDP Administrative Budget (No County/City Match)
 - 1. Budget Summary
 - 2. Budget Worksheet
 - 3. Budget Justification Narrative
- B. CHDP Administrative Budget (County/City Match) – **Optional**
 - 1. Budget Summary
 - 2. Budget Worksheet
 - 3. Budget Justification Narrative
- C. CHDP Foster Care Administrative Budget (County/City Match) – **Optional**
 - 1. Budget Summary
 - 2. Budget Worksheet
 - 3. Budget Justification Narrative
- D. HCPCFC Administrative Budget
 - 1. Budget Summary
 - 2. Budget Worksheet
 - 3. Budget Justification Narrative
- E. CCS Administrative Budget
 - 1. Budget Summary
 - 2. Budget Worksheet
 - 3. Budget Justification Narrative

IX. Management of Equipment Purchased with State Funds

To ensure that each local program complies with the DHCS Asset Management policies, the following are now required to be submitted with the annual plan and budget. Detailed information and forms may be found in Section 7-114.

- A. Contractor Equipment Purchased With DHCS Funds Form (DHCS 1203) **if applicable.**
- B. Inventory/Disposition of DHCS-Funded Equipment Form (DHCS 1204) **if applicable.**
- C. Property Survey Report Form (STD 152) **if applicable.**

Plan and Budget Required Documents Checklist

MODIFIED FY 2024-2025

County/City: Mendocino

Fiscal Year:

	Document	Page Number
1.	Checklist	7-8
2.	Agency Information Sheet	9
3.	Certification Statements	
	A. Certification Statement (CHDP) – Original and one photocopy	N/A
	B. Certification Statement (CCS) – Original and one photocopy	10
4.	Agency Description	
	A. Brief Narrative	11
	B. Organizational Charts for CCS, CHDP, and HCPCFC	Retain locally
	C. CCS Staffing Standards Profile	N/A
	D. Incumbent Lists for CCS, CHDP, and HCPCFC	12
	E. Civil Service Classification Statements – Include if newly established, proposed, or revised	N/A
	F. Duty Statements – Include if newly established, proposed, or revised	N/A
5.	Implementation of Performance Measures – Performance Measures for FY 2024—2025 are due November 30, 2025.	N/A
6.	Data Forms	
	CHDP Program Referral Data	N/A
7.	Memoranda of Understanding and Interagency Agreements List	
	A. MOU/IAA List	13
	B. New, Renewed, or Revised MOU or IAA	Yes
	C. CHDP IAA with DSS biennially	N/A
	D. Interdepartmental MOU for HCPCFC biennially	Retain locally
8.	Budgets	
	A. CHDP Administrative Budget (No County/City Match)	
	1. Budget Summary	N/A

County/City: Mendocino

Fiscal Year: 24 - 25

	Document	Page Number
	2. Budget Worksheet	N/A
	3. Budget Justification Narrative	N/A
B.	CHDP Administrative Budget (County/City Match) - Optional	
	1. Budget Worksheet	N/A
	2. Budget Justification Narrative	N/A
	3. Budget Justification Narrative	N/A
C.	CHDP Foster Care Administrative Budget (County/City Match) - Optional	
	1. Budget Summary	N/A
	2. Budget Worksheet	N/A
	3. Budget Justification Narrative	N/A
D.	HCPCFC Administrative Budget	
	1. Budget Summary	N/A
	2. Budget Worksheet	N/A
	3. Budget Justification Narrative	N/A
E.	CCS Administrative Budget	
	1. Budget Summary	Attachment
	2. Budget Worksheet	Attachment
	3. Budget Justification Narrative	Attachment
	.	
G.	Other Forms	
	1. County/City Capital Expenses Justification Form	N/A
	2. County/City Other Expenses Justification Form	N/A
9.	Management of Equipment Purchased with State Funds	
	1. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
	2. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
	3. Property Survey Report Form (STD 152)	N/A

Agency Information Sheet

County/City: **Mendocino** **Fiscal Year:** 2024 - 25

Official Agency

Name:	Mendocino County Public Health	Address:	1120 S Dora Street
Health Officer	Dr. James Flaherty, MD		Ukiah, CA 95482

CMS Director (if applicable)

Name:	N/A	Address:	
Phone:			
Fax:		E-Mail:	

CCS Administrator

Name:	Katheryn Reihl	Address:	1120 S Dora St
Phone:	707.972.3533		Ukiah, CA 95482
Fax:	707.472.2735	E-Mail:	reihlk@mendocinocounty.org

CHDP Director

Name:	N/A	Address:	
Phone:			
Fax:		E-Mail:	

CHDP Deputy Director

Name:	N/A	Address:	
Phone:			
Fax:		E-Mail:	

Clerk of the Board of Supervisors or City Council

Name:	Darcie Antle	Address:	501 Low Gap Rd
Phone:	707-463-4441		Ukiah, CA 95482
Fax:	707-463-5649	E-Mail:	

Director of Social Services Agency

Name:	DeNeese Parker		757 S State St
Phone:	707.463.7774		Ukiah, CA 95482
Fax:	707-463-7878	E-Mail:	parkerd@mendocinocounty.org

Chief Probation Officer

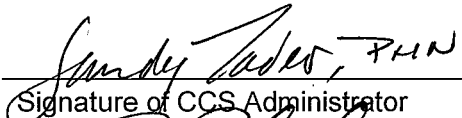
Name:	Izen Locatelli		589 B Low Gap Rd
Phone:	707-234-6911		Ukiah, CA 95482
Fax:	707-234-6925	E-Mail:	locateli@mendocinocounty.org

Certification Statement - California Children's Services (CCS)

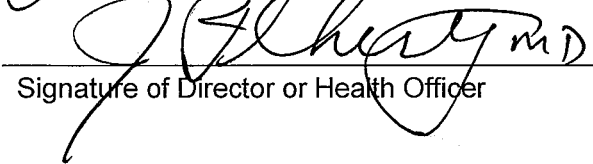
County/City: Mendocino

Fiscal Year: 24-25

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


Signature of CCS Administrator

4/9/25
Date Signed


Signature of Director or Health Officer

4/15/25
Date Signed

Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

Date

Agency Narrative

Program Overview:

The California Children's Services (CCS) and Health Care Program for Children in Foster Care (HCPCFC) programs in Mendocino County are housed within the Public Health Department, with its main location in Ukiah, CA. Ukiah is the largest city and the economic center of Mendocino County, a predominantly rural county known for its expansive forests, coastal landscapes, and agricultural economy. Many residents in our county face challenges related to geographic isolation and limited access to specialty healthcare services. This makes the Mendocino CMS programs critical for supporting children with special healthcare needs.

Accomplishments from FY 2023-2024:

- **Provider Recruitment:** The CCS program successfully contracted with a local Medical Doctor (MD) to serve as the CCS Medical Consultant. This achievement is particularly significant as Mendocino County has a notable shortage of healthcare providers. Having a dedicated medical consultant strengthens the program's capacity to provide expert guidance and support for CCS cases.
- **Staff Retention:** The HCPCFC and CCS programs successfully retained 2 Health Program Eligibility Workers, 2 Public Health Nurses, Supervising Public Health Nurse, and a Staff Assistant III. This is during a period when recruitment and retention pose challenges to program services across the State.

Goals for FY 2024-2025:

1. **Expand the CCS Medical Therapy Program:** The program aims to enhance its service offerings by broadening the scope and availability of medical therapy services.
2. **Contract with Vendors for PT and OT Services:** To address gaps in physical therapy (PT) and occupational therapy (OT) services, the program plans to establish contracts with qualified vendors. This will improve access to essential therapeutic interventions for eligible children.
3. **Recruit and Retain CCS and HCPCFC Nursing Staff**

These goals reflect Mendocino County's commitment to improving access to care for children and youth with special needs, and addressing provider shortages in the region.

Incumbent List - California Children’s Services

For FY 2024-25 complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed in the last fiscal year. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: Mendocino			Fiscal Year: 24-25	
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Senior Health Program Eligibility Worker	Angelina Contreras	97	No	No
Senior Health Program Eligibility Worker	Maria Manzo	92	No	No
Senior Public Health Nurse (Underfill Registered Nurse)	Sandy Tadeo	25.30	No	No
Supervising Public Health Nurse	Vacant	26.71	No	No
Director of Nursing – Public Health (Interim)	Katheryn Reihl	4.67	No	No
Physical Therapist	Vacant	-	No	No
Occupational Therapist	Vacant	-	No	No

State of California - Health and Human Services Agency - Department of Health Care Services - Children's Medical Services

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.


County/City: Mendocino

Fiscal Year: 2024 - 25

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
SELPA	IAA	2013 - unchanged	2016	Katheryn Reihl	No
Partnership Health Plan of California	MOU	Pending	2025	Katheryn Reihl	Pending
Head Start Child Development Program	MOU	2024 – 2027	2024	Katheryn Reihl	No
Mendocino County Department of Social Services and Juvenile Probation	MOU	2019 – Pending	2025	Adena Blair	Yes – implementing minor revisions in wording, routing to be effective July 1 st , 2025

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
Jenine Miller, Psy.D.
Director of Health Services

Date: 3/9/26

Budgeted: N/A
Grant: No
Grant No.: N/A

COUNTY OF MENDOCINO

By: _____
BERNIE NORVELL, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

DARCIE ANTLE, Clerk of said Board

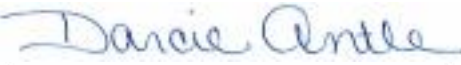
By: _____
Deputy

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

INSURANCE REVIEW:

By: 
Risk Management

Date: 03/02/2026

CONTRACTOR/COMPANY NAME

By: _____

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Health Care Services
California Medicaid Management Information
Systems Operations Fiscal Intermediary
P.O. Box 13029
Sacramento, CA 95813-4029

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:

By: 
COUNTY COUNSEL

Date: 03/02/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 03/02/2026

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: State; CMS Plan & Guidelines