

DATE: July 29, 2025

CCS Information Notice: 25-04

TO: CALIFORNIA CHILDREN'S SERVICES PROGRAM
ADMINISTRATORS

SUBJECT: FISCAL YEAR 2025-2026 COUNTY ALLOCATIONS FOR
CCS MEDICAL THERAPY PROGRAM

The purpose of this California Children's Services (CCS) Information Notice is to provide County CCS Medical Therapy Programs with their Medical Therapy Program (MTP) approved budget allocations for fiscal year (FY) 2025-26. The Department of Health Care Services (DHCS) will not issue individual county budget notices.

DHCS calculated the FY 2025-26 Medical Therapy Program allocations as follows:

- **MTP Allocation:** This allocation is based on the submitted baseline budgets for FY 2025-26 and distributed proportionally. Allocations reflect each county's share of the total available appropriation. Only counties with active Medical Therapy Units (MTU) or AB 3632 eligibility were included.

Each county remains responsible for overseeing and tracking its MTP expenditures and will only be reimbursed up to the county's authorized allocation.

County Medical Therapy Programs must submit the MTP budget for FY 2025-26 no later than sixty (60) days from the date of this Information Notice. Please submit your budgets electronically to the ISCD Budget Portal. County MTP Programs requiring the most recent version of the Plan and Fiscal Guidelines (PFG) manual Section 7 may download from ISCD Budget Portal or contact ISCDFiscal@dhcs.ca.gov.



County Medical Therapy Programs are expected to comply with all Federal and State requirements pertaining to the CCS Program and must adhere to all applicable Department policies and procedures. County CCS Programs must submit invoices based only on actual MTP expenditures, and in accordance with Section 7, Expenditure Claims and Property Management of the PFG manual.

For questions regarding this IN, fiscal questions and/or requests, please contact ISCDFiscal@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Joseph Billingsley, Assistant Deputy Director
Integrated Systems of Care Division
Department of Health Care Services

Attachment:

Attachment A: CCS Medical Therapy Program Allocation

Attachment A
FY 2025-26 CCS Medical Therapy Program

COUNTY		CCS MEDICAL THERAPY PROGRAM ALLOCATION
1	Alameda	\$4,393,068
2	Alpine**	\$0
3	Amador**	\$0
4	Butte	\$418,309
5	Calaveras	\$101,618
6	Colusa**	\$0
7	Contra Costa	\$2,389,567
8	Del Norte**	\$0
9	El Dorado	\$276,489
10	Fresno	\$1,341,139
11	Glenn	\$21,564
12	Humboldt	\$481,518
13	Imperial	\$221,429
14	Inyo*	\$11,959
15	Kern	\$2,108,830
16	Kings	\$111,345
17	Lake	\$145,705
18	Lassen**	\$0
19	Los Angeles	\$16,630,478
20	Madera	\$453,946
21	Marin	\$433,052
22	Mariposa**	\$0
23	Mendocino	\$35,948
24	Merced	\$759,360
25	Modoc**	\$0
26	Mono*	\$8,008
27	Monterey	\$1,084,825
28	Napa	\$595,396
29	Nevada	\$203,587
30	Orange	\$6,534,814
31	Placer	\$517,536
32	Plumas**	\$0
33	Riverside	\$6,037,883
34	Sacramento	\$1,433,238

COUNTY		CCS MEDICAL THERAPY PROGRAM ALLOCATION
35	San Benito	\$151,486
36	San Bernardino	\$3,962,758
37	San Diego	\$5,735,512
38	San Francisco	\$1,561,388
39	San Joaquin	\$1,047,073
40	San Luis Obispo	\$840,684
41	San Mateo	\$1,516,137
42	Santa Barbara	\$1,825,003
43	Santa Clara	\$4,318,186
44	Santa Cruz	\$496,798
45	Shasta	\$598,713
46	Sierra **	\$0
47	Siskiyou**	\$0
48	Solano	\$444,834
49	Sonoma	\$1,708,740
50	Stanislaus	\$1,146,138
51	Sutter	\$170,570
52	Tehama	\$16,636
53	Trinity**	\$0
54	Tulare	\$448,133
55	Tuolumne	\$23,912
56	Ventura	\$2,553,726
57	Yolo	\$368,020
58	Yuba	\$29,945
Total Allocation Statewide		\$75,715,000

*AB3632 = State only

**No Medical Therapy Unit

Medical Therapy Program Staffing Determination Tool

Revised 4/24/2025

TO BE COMPLETED BY COUNTY CCS PROGRAM

Fiscal Year: 2025-26

County: Mendocino

Date: 9/9/2025

Total no. of MTUs in county: 1

Total no. of MTU satellites in county: 35

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

35

Please explain if caseload data is from another source:

Manual excel sheet is kept. Most cases receive PT/OT through an IEP.

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

PT 15 OT 11

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

PT 15 OT 11

Total # of children on waiting list:

PT 15 OT 11

A. MTP Administrative Positions

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

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

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

B. Calculating FTE's for Treatment Needs**

1	2	3	4	5	6	7	8	9	10
Total weekly prescribed PT hours	Total weekly prescribed OT hours	Total prescribed hours (Col 1+Col 2)	Total hours for consultation* (see below for explanation)	Total treatment hours = prescribed hrs + consult hours (Col 3+4)	Standard hours per week for full-time employee	Total paid break time per week (in hours)	Total weekly work hours available for 1.0 FTE	Expected Tx hrs/wk at 75% direct therapy service (Col 8 x 0.75)	Total treating FTE's needed to staff MTP (Col 8/Col 9)
		0.00	0.00	0.00		2.50	(2.50)	(1.88)	0.00

PT cases: _____

OT cases: _____

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

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

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

C. Calculating Interagency Liaison and IEP Hours for Treatment FTEs

These numbers should be taken from the timestudies submitted to CMS

Timestudy	Total Interagency Liaison Hours	Total Interagency IEP Hours	Total Interagency hours for timestudy month	Total Interagency Hours for quarter***
Prior year 4 th quarter			-	-
Current year 1 st quarter			-	-
Current year 2 nd quarter			-	-
Current year 3 rd quarter			-	-
Total Annual Interagency Hours			-	-
Weekly average interagency hours for treatment positions				-
Weekly hours available for treatment by one FTE				(2.50)
Total treatment FTE's needed for SELPA interagency activities				0.00

D. Total MTP Treatment Positions

FTEs needed for prescription treatment hours:	0.00
FTEs needed for IEP and Interagency liaison hours:	0.00
Total MTP Treatment Positions:	0.00

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:	1.00
Total MTP Treatment Positions:	0.00
TOTAL MTP FTE POSITIONS:	1.00

Name/Signature of Chief Therapist / Unit Supervisor

Name/Signature of CCS Administrator

Nate England

MTP Staffing and Budget Summary

Revised 4/24/25

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 2025-26 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 2025-26 Estimated MTP Funding (County)	FY 2025-26 Estimated MTP Funding (State - No AB3632)	FY 2025-26 Estimated MTP Funding (AB 3632 State Only)	FY 2025-26 Total Estimated MTP Budget
	35	1.00	0.00	0.00	1.00	\$17,974	\$17,974	\$0	\$35,948

Autocalculates

Autocalculates

Revised 04/24/2025

CCS Medical Therapy Program (MTP) Budget Worksheet

Fiscal Year: 2025-26County: Mendocino

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
I. COUNTY EMPLOYED MTU STAFF			
MTP Administrative Positions			
1. Sandy Tadeo, Supervising Public Health Nurse	4.00%	116,450	4,658
2. Whitney Eads, Registered Nurse	5.00%	103,281	5,164
3. Angelina Contreras, Children's Services Specialist	3.00%	62,139	1,864
4. Maria Manzo, Children's Services Specialist	4.60%	62,139	2,859
5. Employee Name, Position	0.00%	-	-
Subtotal		344,009	14,545
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			14,545
Staff Benefits (Specify %) 83.03%			12,077
Total Personnel Expenses, County Employed MTU Staff			26,622
Travel Costs			-
Internal Indirect Costs (Specify %) 25.00%			6,655
I. TOTAL, COUNTY EMPLOYED MTU STAFF			\$ 33,277
II. CONTRACT THERAPISTS			
Physical and Occupational Therapy Contracts			
1. Contractor Name, Position			
2. Contractor Name, Position			-
3. Contractor Name, Position			-
4. Contractor Name, Position			-
5. Contractor Name, Position			-
II. TOTAL, CONTRACT THERAPISTS			\$ -
III. COUNTY STAFF FOR SELPA/LEA/IEP FUNCTIONS			
MTP Administrative Positions			

Column		1	2	3
Category/Line Item		% FTE	Annual Salary	Total Budget (1 x 2)
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%	-	-
Subtotal			-	-
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				-
Staff Benefits (Specify %)	0.00%			-
Total Personnel Expenses for SELPA/LEA/IEP Functions				-
Travel Costs				-
Indirect Costs (Specify %)	0.00%			-
III. TOTAL, STAFF FOR SELPA/LEA/IEP FUNCTIONS				\$ -
IV. MTU EXPENDITURES				
1. MTU Supply and Equipment Costs				
a. Item 1				-
b. Item 2				-
c. Item 3				-
d. Item 4				-
Subtotal				-
2. MTU Conference Costs				
a. Sten-Tel Transcription Services				1,500
b. Item 2				-
c. Item 3				-
d. Item 4				-
Subtotal				1,500
3. Training/Education				
a. Item 1				-
b. Item 2				-
c. Item 3				-
d. Item 4				-
Subtotal				-
4. Miscellaneous MTU Costs				

Column	1	2	3
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2)
a. Office Supplies			1,000
b. Travel Costs			171
c. Item 3			-
d. Item 4			-
Subtotal			1,171
IV. TOTAL, MTU EXPENDITURES			\$ 2,671
BUDGET GRAND TOTAL			\$ 35,948

SOURCE OF FUNDS			
MTP (State/County 50/50) (Sections I, II & IV)			
State General Funds (1)		\$ 17,974	
County Funds		\$ 17,974	
MTP (State 100%) (Section III)			
State General Funds (2)		\$ -	
Total State General Funds (1 + 2)		\$ 17,974	

Sofia Vargas

9/9/2025

Prepared By

Date Prepared

Nate England


9/25/2025

Approved By

Date Approved

IN WITNESS WHEREOF


DEPARTMENT FISCAL REVIEW:

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

Date: 12/19/25

Budgeted: Yes
Budget Unit: 4035
Line Item: 82-5250 (\$17,974), 82-7802
(\$17,974)
Org/Object Code: HSCCS-HSMTP
Grant: No
Grant No.: 'N/A'


COUNTY OF MENDOCINO

By: 
~~JOHN HAGOS~~, Chair Bernie Norvell
BOARD OF SUPERVISORS

Date: 02/03/2026


ATTEST:

DARCIE ANTLE, Clerk of said Board

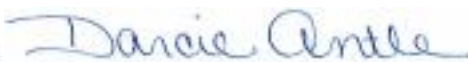
By: 
Deputy 02/03/2026

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 02/03/2026

INSURANCE REVIEW:

By: 
Risk Management

Date: 12/04/2025

CONTRACTOR/COMPANY NAME

By: See signature Page 2
SIGNATURE

Date: July 29, 2025

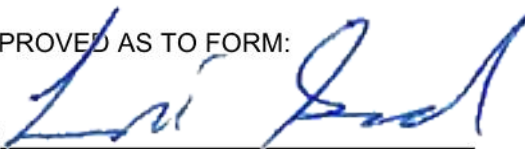
NAME AND ADDRESS OF CONTRACTOR:

California Department of Health Care
Services
1501 Capital Ave.
Sacramento, CA 95889-7437
(916) 449-5005

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: 12/04/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 12/04/2025

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/Government Entity