



LASSEN COUNTY

Health and Social Services Agency

- ☐ **HSS Administration**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8128
- ☐ **Public Guardian/Administrator**
1345 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8337
- ☐ **Housing & Grants**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8309
- ☐ **Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
(530) 251 - 8108
- ☒ **Public Health**
1445 Paul Bunyan Road, Ste B
Susanville, CA 96130
(530) 251 - 8183
- ☐ **Community Social Services**
1400 Chestnut Street, Ste A
Susanville, CA 96130
- LassenWORKS**
1616 Chestnut Street
Susanville, CA 96130
(530) 251 - 8152
- Child & Family Services**
1600 Chestnut Street
Susanville, CA 96130
(530) 251 - 8277
- Adult Services**
1400 Chestnut Street, Ste B
Susanville, CA 96130
(530) 251 - 8158
- Family Solutions/Wraparound**
1400 Chestnut Street, Ste C
Susanville, California 96130
(530) 251 - 8340

Mailing Address:
PO Box 1180
Susanville, California 96130

Date: January 13, 2026

To: The Chairman of the
Lassen County Board of Supervisors

From: Natalie Ruegger, Director
Lassen County Public Health

Subject: Approval of the California Department of Health Care
Services (DHCS), California Children's Services (CCS)
Program Plans and Budgets for FY 2025-26.

Background:

Lassen County's Public Health Department administers the California Department of Health Care Services' (DHCS) California Children's Services (CCS) program. Public Health is required to submit an annual program plan and budget to the DHCS. Before submission, the local governing body must approve those plans and budgets.

The CCS FY 2025-26 Budget totals \$75,807. The CCS budget consists of five categories: personnel expenses, operating expenses, capital expenses, indirect expenses, and other expenses. Personnel expenses include the salaries and benefits for a portion of the FTE for a Public Health Nurse and a Public Health Program Assistant. The changes to this year's budget submission include the addition of the Public Health Program Assistant and the cost-of-living adjustment for the Public Health Nurse position.

The operating expenses did not have a significant increase from the previous year, totaling \$4,113. These expenses include travel, training, office supplies, space rental, and technology. The CCS budget has no capital expenses and a 25% indirect cost rate of \$13,619. Finally, the budget contains other expenses for maintenance and transportation, postage, and printing.

More Information About CCS:

The [CCS program](#) is administered through a partnership between county health departments and the DHCS. The funding for a county CCS program is a combination of county, state general fund, and federal funds. The realignment passed in 1992, AB 948, requires the state and county CCS programs to share the cost of providing special medical care and rehabilitation of handicapped children.

To qualify for the CCS program, the child must have a CCS-eligible condition, be a California resident, and meet financial eligibility. The CCS caseload consists of three categories: straight CCS, Optional Targeted Low Income Children's Program (OTLICP), and Medi-Cal. Most of Lassen County's CCS Caseload, about 75%, falls under the Medi-Cal caseload, which is 100% state and federally funded. The remaining 25% are within Straight CCS or OTLICP, which are a combination of county/state/federal funds.

Fiscal Impact:

Submitting the approved plans and budgets ensures state funds are available for program operations. This agreement impacts Public Health Fund/Budget 110/0731.

Action Requested:



1) Approve the Program Plans and Budgets, and 2) authorize the Chairman of the Board of Supervisors to execute the certification.

Certification Statement - California Children's Services (CCS)

County/City: Lassen County

Fiscal Year: 2025-26

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 Fiscal Guidance Manual. 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		Date Signed <u>12/22/2025</u>
Signature of Director or Health Officer		Date Signed <u>11/18/25</u>
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 Information Sheet

County/City: Lassen County

Official Agency

Fiscal Year: 2025-26

Name:		Address:	
Health Officer	<i>Heri Koney, M.D.</i>		
CMS Director (if applicable)			

Name:		Address:	
Phone:		E-Mail:	
CCS Administrator			

Name:	<i>Natalie Ruegger</i>	Address:	<i>1445 Paul Bryan STE R</i>
Phone:	<i>530 251-8182</i>	E-Mail:	<i>Nruegger@co-lassen.ca.us</i>
Clerk of the Board of Supervisors or City Council			

Name:		Address:	
Phone:		E-Mail:	

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	19	18.63%
OTLIP -		
Total Cases of Open (Active) OTLIP Children	7	6.86%
MEDI-CAL -		
Total Cases of Open (Active) Medi-Cal (non-OTLIP) Children	76	74.51%
TOTAL CCS CASELOAD	102	100%

CCS Administrative Budget Summary

Fiscal Year:

2025-26
202X-XX

County:

Lassen

	Col 1 = Col 2+3+4	Straight CCS	OTLIP	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Category/Line Item	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLIP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
I. Total Personnel Expense	54,475	10,148	3,739	40,590	0	40,590
II. Total Operating Expense	4,113	766	283	3,065	0	3,065
III. Total Capital Expense	0	0	0	0		0
IV. Total Indirect Expense	13,519	2,537	935	10,147		10,147
V. Total Other Expense	3,600	671	248	2,683		2,683
Budget Grand Total	75,807	14,122	5,205	56,485	0	56,485

	Col 1 = Col 2+3+4	Straight CCS	OTLIP	Medi-Cal (non-OTLIP) (Column 4 = Columns 5 + 6)		
Column	1	2	3	4	5	6
Source of Funds	Total Budget	Straight CCS County/State (50/50)	Optional Targeted Low Income Children's Program (OTLIP) County/State/Fed (17.5/17.5/65)	Medi-Cal State/Federal	Enhanced Medi-Cal State/Federal (25/75)	Non-Enhanced Medi-Cal State/Federal (50/50)
Straight CCS						
State	7,061	7,061				
County	7,061	7,061				
OTLIP						
State	911		911			
County	911		911			
Federal (Title XXI)	3,383		3,383			
Medi-Cal						
State	28,243			28,243	0	28,243
Federal (Title XIX)	28,242			28,242	0	28,242



Prepared By (Signature)

Sarah Taylor

Prepared By (Printed Name)

staylor@co.lassen.ca.us

Email Address



CCS Administrator (Signature)

Natalie Ruegger

CCS Administrator (Printed Name)

nruegger@co.lassen.ca.us

Email Address

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS -		
Total Cases of Open (Active) Straight CCS Children	19	18.63%
OTLIP -		
Total Cases of Open (Active) OTLIP Children	7	6.86%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non OTLIP) Children		
	76	74.51%
TOTAL CCS CASELOAD	102	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2025-26
202X-XX

County: Lassen



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLIP)		Medi-Cal (Non-OTLIP)					
				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)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIP) Co/State/Fed (17.5/17.5/65)	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)
I. Personnel Expense													
Program Administration													
Alyssa Soto, PHN	6.00%	86,273	5,176	18.63%	964	6.86%	355	74.51%	3,857			100.00%	3,857
2 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
3 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
Subtotal		86,273	5,176		964		355		3,857				3,857
Medical Case Management													
Alyssa Soto, PHN	6.00%	86,273	5,176	18.63%	964	6.86%	355	74.51%	3,857	0.00%	0	100.00%	3,857
2 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
6 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
7 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
8 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
Subtotal		86,273	5,176		964		355		3,857		0		3,857
Other Health Care Professionals													
1 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
2 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
Subtotal		0	0		0		0		0		0		0
Ancillary Support													
1 Alyssa Soto, PHN	27.00%	56,273	23,294	18.63%	4,339	6.86%	1,599	74.51%	17,356			100.00%	17,356
2 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
3 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
4 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
5 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
Subtotal		56,273	23,294		4,339		1,599		17,356				17,356
Clerical and Claims Support													
Jordan Prater, Public Health Program Assistant	14.96%	55,202	8,258	18.63%	1,538	6.86%	567	74.51%	6,153	0.00%	0	100.00%	6,153
2 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
3 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
4 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
5 Employee Name, Position	0.00%	0	0	18.63%	0	6.86%	0	74.51%	0	0.00%	0	100.00%	0
Subtotal		55,202	8,258		1,538		567		6,153		0		6,153

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS		
Total Cases of Open (Active) Straight CCS Children	19	18.63%
OTLCP		
Total Cases of Open (Active) OTLCP Children	7	6.86%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children	76	74.51%
TOTAL CCS CASELOAD	102	100%

CCS Administrative Budget Worksheet

Fiscal Year: 2025-26
202X-XX

County: Lassen



Column	1	2	3	Straight CCS		Optional Targeted Low Income Children's Program (OTLCP)		Medi-Cal (Non-OTLCP)					
				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)	Caseload %	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLCP) Co/State/Fed (17.5/17.5/65)	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)
Total Salaries and Wages			41,904	18.63%	7,806	6.86%	2,876	74.51%	31,223	0.00%	0	100.00%	31,223
Staff Benefits (Specify %)	30.00%		12,571	18.63%	2,342	6.86%	863	74.51%	9,367		0		9,367
I. Total Personnel Expense			54,475	18.63%	10,148	6.86%	3,739	74.51%	40,590		0		40,590
II. Operating Expense													
1. Travel			150	18.63%	28	6.86%	10	74.51%	112	0.00%	0	100.00%	112
2. Training			200	18.63%	37	6.86%	14	74.51%	149	0.00%	0	100.00%	149
3. Communications \$145.01 x 545 FTE + 38.01 x 12 mnth cell			535	18.63%	100	6.86%	37	74.51%	399			100.00%	399
4. Rent 85 sq ft x \$1.00 x 12 months			1,020	18.63%	190	6.86%	70	74.51%	760			100.00%	760
5. office supplies \$25 x 12 months			300	18.63%	56	6.86%	21	74.51%	224			100.00%	224
6. IT expenses \$3500 annual x 545 FTE			1,908	18.63%	355	6.86%	131	74.51%	1,421			100.00%	1,421
7.				18.63%	0	6.86%	0	74.51%	0			100.00%	0
II. Total Operating Expense			4,113		766		283		3,065		0		3,065
III. Capital Expense													
1.				18.63%	0	6.86%	0	74.51%	0				0
2.				18.63%	0	6.86%	0	74.51%	0				0
3.				18.63%	0	6.86%	0	74.51%	0				0
III. Total Capital Expense			0		0		0		0				0
IV. Indirect Expense													
1. Indirect Cost Rate	25.00%		13,619	18.63%	2,537	6.86%	935	74.51%	10,147			100.00%	10,147
			0	18.63%	0	6.86%	0	74.51%	0			100.00%	0
IV. Total Indirect Expense			13,619		2,537		935		10,147				10,147
V. Other Expense													
1. Maintenance & Transportation			3,000	18.63%	559	6.86%	206	74.51%	2,235			100.00%	2,235
2. Postage			300	18.63%	56	6.86%	21	74.51%	224			100.00%	224
3. Printing			300	18.63%	56	6.86%	21	74.51%	224			100.00%	224
4.				18.63%	0	6.86%	0	74.51%	0			100.00%	0
5.				18.63%	0	6.86%	0	74.51%	0			100.00%	0
V. Total Other Expense			3,600		671		248		2,683				2,683
Budget Grand Total			75,807		14,122		5,205		56,485		0		56,485

Sarah Taylor
Prepared By (Signature)

Sarah Taylor
Prepared By (Printed Name)

11/6/25
Date Prepared

(530) 251-2655
Phone Number

Natalie Ruegger
CCS Administrator (Signature)

Natalie Ruegger
CCS Administrator (Printed Name)

11/6/25
Date Signed

(530) 251-8182
Phone Number

**Budget Justification Narrative
Integrated Systems of Care Division
County
Budget Narrative
Fiscal Year 2025-2026**

I. PERSONNEL EXPENSES		Identify and explain any changes in Personnel including FTE percentage changes.
Total Salaries:	\$41,904	Cost of living adjustment for PHN, Addition of PH program assistant
Total Benefits:	\$12,571	Cost of living adjustment for PHN, Addition of PH program assistant
Total Personnel Expenses:	\$54,475	
Supervising PHN (2)		
Public Health Nurse	Alyssa Soto	
PHN II		
PHN I		
Program Assistant	Jordan Prater	

II. OPERATING EXPENSES		List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.
Travel	\$150	
Training	\$200	
Office Supplies and Services	\$300	
Space Rental	\$1,020	
Telephone	\$535	
Computer upgrade/ maintenance	\$1,908	
Office Equipment	\$0	
Total Operating Expenses:	\$4,113	

III. CAPITAL EXPENSES		List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.
Total Capital Expenses:	0	None

IV. INDIRECT EXPENSES		
A. Indirect Cost Rate @	25%	
Total Indirect Expenses:	\$13,619	

V. OTHER EXPENSES		List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.
Maintenance and Transportation	\$3,000	
Postage	\$300	
Printing	\$300	
Total Other Expenses:	\$3,600	

Budget Grand Total	\$75,807
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