



## Health Care Program for Children in Foster Care

### Budget Workbook Instructions

1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPFC) budget can be found within this workbook, the yearly HCPFC Allocation Letter, and the Plan & Fiscal Guidelines.
2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
4. Budget Submission Instructions
  - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPFC Allocation Letter.
  - A budget submission must consist of two documents:
    - I. Reporting Workbook in Excel Format
    - II. Reporting Workbook in Electronically Signed PDF Format
5. Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact your DHCS HCPFC Liaison at [HCPFC@dhcs.ca.gov](mailto:HCPFC@dhcs.ca.gov).
6. Submissions need only include the information requested in the attached HCPFC Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
8. Questions regarding access to the ISCD Budget Portal and expenditure invoicing may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). All other questions may be directed to: [HCPFC@dhcs.ca.gov](mailto:HCPFC@dhcs.ca.gov).



Health Care Program for Children in Foster Care

<b>Agency Information</b>		County/City:	Fiscal Year:	
		Nevada	2025-26	
Street Address:	500 Crown Point Cir. Ste 110	Health Officer Name:	Sherilynn Cooke, MD	
City:	Grass Valley	HPCFC Central Email	PH.Fiscal@nevadacountyca.gov	
Zip Code:	95945	Address:		
Authorized HPCFC Representative		Director of Social Services Agency		
Name, Title:	Charlene Weiss-Wenzl, Nu	Name:	Rachel Peña	
Phone:	(530) 265-7269	Phone:	(530) 265-7077	
Email:	charlene.Weiss-Wenzl@nevadacountyca.gov	Email:	Rachel.Pena@nevadacountca.gov	
Clerk of the Board of Supervisors		Chief Probation Officer		
Name:	Erin Mettler	Name:	Jeff Goldman	
Phone:	(530) 265-1480	Phone:	(530) 265-1200	
Email:	clerkofboard@nevadacountyca.gov	Email:	jeff.goldman@nevadacountyca.gov	
List All HPCFC Program Staff				
Name:	Title:	Support Staff	PHN	Email:
1 Charlene Weiss-Wenzl	Public Health Nursing Director		Yes	charlene.weiss-wenzl@nevadacountyca.g
2 Kathryn Kestler	Senior Public Health Nurse		Yes	kathryn.kestler@nevadacountyca.gov
3 Ashley Gonzalez	Public Health Nurse II		Yes	Ashley.Gonzalez@nevadacountyca.gov
4 Lyndsey Tyrna	Admin Services Assistant		No	Lyndsey.Tyrna@nevadacountyca.gov
5 Carol Smith	Admin Asst II		No	carol.smith@nevadacountyca.gov
6 Elsie Poplin	Accountant		No	elsie.poplin@nevadacountyca.gov
7 Brie Mendoza-Perez	Administrative Services Officer		No	Brie.Mendoza-Perez@nevadacountyca.g
8				
9				
10				
View additional rows by selecting the "+" to the left.				



Health Care Program for Children in Foster Care

<b>Certification Statement</b>	<b>County/City:</b>	<b>Fiscal Year:</b>
	Nevada	2025-26
<p>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 HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.</p>		
Charlene Weiss-Wenzl, Nursing Director		
HCPCFC/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet							County/City Name:		Fiscal Year:		
							Nevada		2025-26		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Charlene Weiss-Wenzl	Public Health Nursing Dire	0	Yes	0%	\$159,590	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	0%	\$131,140	\$0	0%	\$0	100%	\$0
3	Ashley Gonzalez	Public Health Nurse II	0	Yes	18.11%	\$99,272	\$17,978	100%	\$17,978	0%	\$0
4	Lyndsey Tyrna	Admin Services Assistant	0	No	0%	\$69,146	\$0	0%	\$0	100%	\$0
5	Carol Smith	Admin Asst II	0	No	0%	\$75,456	\$0	0%	\$0	100%	\$0
6	Elsie Poplin	Accountant	0	No	0%	\$75,265	\$0	0%	\$0	100%	\$0
7	Brie Mendoza-Perez	Administrative Services Of	0	No	0%	\$126,993	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$17,978		\$17,978		\$0
Staff Benefits (Specify %)			68%				\$12,225		\$12,225		\$0
I. Total Personnel Expenses							\$30,203		\$30,203		\$0
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		0%				\$0				\$0
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$0				\$0
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$30,203		\$30,203		\$0

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above. HPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Charlene Weiss-Wenzl, Nursing Director		
Authorized HPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Narrative		County/City Name: Nevada	Fiscal Year: 2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefit amounts are based on the CEO-issued salary planner for FY 2025–26. The vacant nurse position from FY 2024–25 has been filled by Ashley Gonzalez, and this year’s base budget reflects only her time and benefits. The Senior Public Health Nurse will continue performing activities covered under the base budget; however, these expenses will be supported with County funds rather than included in this allocation.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect expenses have been removed from this budget for simplicity and lack of funds. The indirect costs will be supported with County funds rather than included in this allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director		
Authorized HCPCFC Signor Name, Title	Signature	Date



### Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet							County/City Name:		Fiscal Year:		
							Nevada		2025-26		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	0%	\$159,590	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	3.75%	\$131,140	\$4,918	100%	\$4,918	0%	\$0
3	Ashley Gonzalez	Public Health Nurse II	0	Yes	3.82%	\$99,272	\$3,792	100%	\$3,792	0%	\$0
4	Lyndsey Tyrna	Admin Services Assistant	0	No	0%	\$69,146	\$0	0%	\$0	100%	\$0
5	Carol Smith	Admin Asst II	0	No	0%	\$75,456	\$0	0%	\$0	100%	\$0
6	Elsie Poplin	Accountant	0	No	0%	\$75,265	\$0	0%	\$0	100%	\$0
7	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$126,993	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$8,710		\$8,710		\$0
Staff Benefits (Specify %)			68%				\$5,923		\$5,923		\$0
I. Total Personnel Expenses							\$14,633		\$14,633		\$0
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)						\$0				\$0
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$0				\$0
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$14,633		\$14,633		\$0

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above. HPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Charlene Weiss-Wenzl, Nursing Director	
Authorized HPCFC Signor Name, Title	Signature Date



Health Care Program for Children in Foster Care

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>		County/City Name:	Fiscal Year:
		Nevada	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefit amounts are based on the CEO-issued salary planner for FY 2025–26. The vacant nurse position from FY 2024–25 has been filled by Ashley Gonzalez. This year’s PMM&O budget reflects only her and the Senior Public Health Nurse's time and benefits at the updated FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect expenses have been removed from this budget for simplicity and lack of funds. The indirect costs will be supported with County funds rather than included in this allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director

Authorized HPCFC Signor Name, Title

Signature

Date





Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet							County/City Name:		Fiscal Year:		
							Nevada		2025-26		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	0%	\$159,590	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	0%	\$131,140	\$0	0%	\$0	100%	\$0
3	Ashley Gonzalez	Public Health Nurse II	0	Yes	9.59%	\$99,272	\$9,515	100%	\$9,515	0%	\$0
4	Lyndsey Tyrna	Admin Services Assistant	0	No	0%	\$69,146	\$0	0%	\$0	100%	\$0
5	Carol Smith	Admin Asst II	0	No	0%	\$75,456	\$0	0%	\$0	100%	\$0
6	Elsie Poplin	Accountant	0	No	0%	\$75,265	\$0	0%	\$0	100%	\$0
7	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$126,993	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total PHN FTE %					10%			100%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$9,515		\$9,515		\$0
Staff Benefits (Specify %)			68%			\$6,470		\$6,470		\$0	
I. Total Personnel Expenses							\$15,985		\$15,985		\$0
II. Total Operating Expenses (List in Narrative)							\$0		\$0		\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		0%			\$0					\$0
2.	External (Specify %)		0%			\$0					\$0
IV. Total Indirect Expenses (List in Narrative)							\$0				\$0
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$15,985		\$15,985		\$0

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above. HPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Charlene Weiss-Wenzl, Nursing Director		
Authorized HPCFC Signor Name, Title	Signature	Date





Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
		Nevada	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefit amounts are based on the CEO-issued salary planner for FY 2025–26. The vacant nurse position from FY 2024–25 has been filled by Ashley Gonzalez, and this year’s Caseload Relief budget reflects only her time and benefits. The Senior Public Health Nurse will continue performing activities covered under the Caseload Relief budget; however, these expenses will be supported with County funds rather than included in this allocation.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect expenses have been removed from this budget for simplicity and lack of funds. The indirect costs will be supported with County funds rather than included in this allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director		
Authorized HPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet						County/City Name:		Fiscal Year:			
						Nevada		2025-26			
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	0%	\$159,590	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	0%	\$131,140	\$0	0%	\$0	100%	\$0
3	Ashley Gonzalez	Public Health Nurse II	0	Yes	48.49%	\$99,272	\$48,132	47%	\$22,622	53%	\$25,510
4	Lyndsey Tyrna	Admin Services Assistant	0	No	0%	\$69,146	\$0	0%	\$0	100%	\$0
5	Carol Smith	Admin Asst II	0	No	0%	\$75,456	\$0	0%	\$0	100%	\$0
6	Elsie Poplin	Accountant	0	No	0%	\$75,265	\$0	0%	\$0	100%	\$0
7	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$126,993	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$48,132		\$22,622		\$25,510
Staff Benefits (Specify %)			68%				\$32,691		\$15,365		\$17,326
I. Total Personnel Expenses							\$80,823		\$37,987		\$42,836
II. Total Operating Expenses (List in Narrative)							\$0				\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$20,206				\$20,206
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$20,206				\$20,206
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$101,029		\$37,987		\$63,042

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

0

Authorized HCPCFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Nevada	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and benefit amounts are based on the CEO-issued salary planner for FY 2025–26. The vacant nurse position from FY 2024–25 has been filled by Ashley Gonzalez, and this year’s County-City Match budget reflects only her time and benefits. This is consistent with FY2425.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	The indirect expenses have been removed from this budget for simplicity and lack of funds. The indirect costs will be supported with County funds rather than included in this allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director		
Authorized HPCFC Signor Name, Title	Signature	Date



### Health Care Program for Children in Foster Care

Administrative Budget Worksheet							County/City Name:		Fiscal Year:		
							Nevada		2025-26		
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	25.00%	\$159,590	\$39,898			25%	\$39,898
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	37.85%	\$131,140	\$49,636			38%	\$49,636
3	Ashley Gonzalez	Public Health Nurse II	0	Yes	10.00%	\$99,272	\$9,927			10%	\$9,927
4	Lyndsey Tyrna	Admin Services Assistant	0	No	25.00%	\$69,146	\$17,287			25%	\$17,287
5	Carol Smith	Admin Asst II	0	No	25.00%	\$75,456	\$18,864			25%	\$18,864
6	Elsie Poplin	Accountant	0	No	10.01%	\$75,265	\$7,534			10%	\$7,534
7	Brie Mendoza-Perez	Administrative Services Officer	0	No	5.00%	\$126,993	\$6,350			5%	\$6,350
8	0	0	0	0	0.00%	\$0	\$0			0%	\$0
9	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$149,495				\$149,495
Staff Benefits (Specify %)			69.98%				\$104,617				\$104,617
I. Total Personnel Expenses							\$254,112				\$254,112
II. Total Operating Expenses (List in Narrative)							\$0				\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$63,528				\$63,528
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$63,528				\$63,528
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$317,640		\$0		\$317,640

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above. HPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Charlene Weiss-Wenzl, Nursing Director	
Authorized HPCFC Signor Name, Title	Signature Date



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name:	Fiscal Year:
		Nevada	2025-26
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
The Supervising Public Health Nurse (SPHN) role is distributed among the Nursing Director, Senior Nurse, and Nurse II, totaling 0.7285 FTE, providing oversight and guidance to PHNs in alignment with HCPCFC requirements. The Public Health Assistant (PHA) is filled by an Administrative Services Assistant at 0.25 FTE, supporting PHNs with clerical tasks, record management, and scheduling. Fiscal Support Staff responsibilities are shared between an Accountant and the Administrative Services Officer, totaling 0.1501 FTE, ensuring budget oversight and required financial reporting. Administrative Support Staff functions are provided by an Administrative Assistant II at 0.25 FTE, delivering operational and administrative support to maintain program compliance and efficiency.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Indirect for Nevada County is 25% of personnel expenses based upon FY 25/26 CDPH approved Indirect Cost allocation.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

Budget Summary							County/City:			Fiscal Year:					
							Nevada			2025-26					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	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	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$30,203	\$30,203	\$0	\$14,633	\$14,633	\$0	\$15,985	\$15,985	\$0	\$80,823	\$37,987	\$42,836	\$254,112		\$254,112
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$20,206		\$20,206	\$63,528		\$63,528
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$30,203	\$30,203	\$0	\$14,633	\$14,633	\$0	\$15,985	\$15,985	\$0	\$101,029	\$37,987	\$63,042	\$317,640		\$317,640
E	F	G	H	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	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$7,551	\$7,551	\$0	\$3,658	\$3,658	\$0	\$3,996	\$3,996	\$0	\$41,018	\$9,497	\$31,521	\$158,820		\$158,820
Federal Funds (Title XIX)	\$22,652	\$22,652	\$0	\$10,975	\$10,975	\$0	\$11,989	\$11,989	\$0	\$60,011	\$28,490	\$31,521	\$158,820		\$158,820
Budget Grand Total	\$30,203	\$30,203	\$0	\$14,633	\$14,633	\$0	\$15,985	\$15,985	\$0	\$101,029	\$37,987	\$63,042	\$317,640		\$317,640

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, TitleSignatureDate