



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention Program
 Plan and Budget Reporting Checklist**

County/City:	Fiscal Year:	<i>Page Number</i>
1. CHDP Plan and Budget Reporting Checklist		_____
2. CHDP Certification Statement		_____
3. CHDP Organizational Chart		_____
4. CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		_____
5. If Applicable:		_____
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		_____
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		_____
c. Property Survey Report Form (STD 152)		_____
6. CHDP Plan and Budget Reporting Spreadsheet		_____
a. Agency Information Sheet		_____
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		_____
c. CHDP Incumbent List		_____
d. CHDP Budget		_____
i. CHDP Administrative Budget (Base)		_____
– Budget Worksheet & Narrative Justification		_____
– Budget Summary		_____
ii. Optional County/City - Federal Match Budget		_____
– Summary and Worksheet		_____
– Budget Narrative		_____

All items listed here should be submitted to the ISCD Budget Portal as one signed PDF document. In addition, Excel worksheet components of this reporting package should also be submitted as one document. Detailed instruction for each item listed can be found in the Integrated Systems of Care Division Plan and Fiscal Guidelines.



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**Child Health and Disability Prevention Program
Certification Statement**

County/City:

Fiscal Year:

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Integrated Systems of Care Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP 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.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Signature of CHDP Deputy Director
Charlene Weiss-Wenzl, Public Health Nursing Director

Date Signed

Signature of Director
Jill Blake, Public Health Director

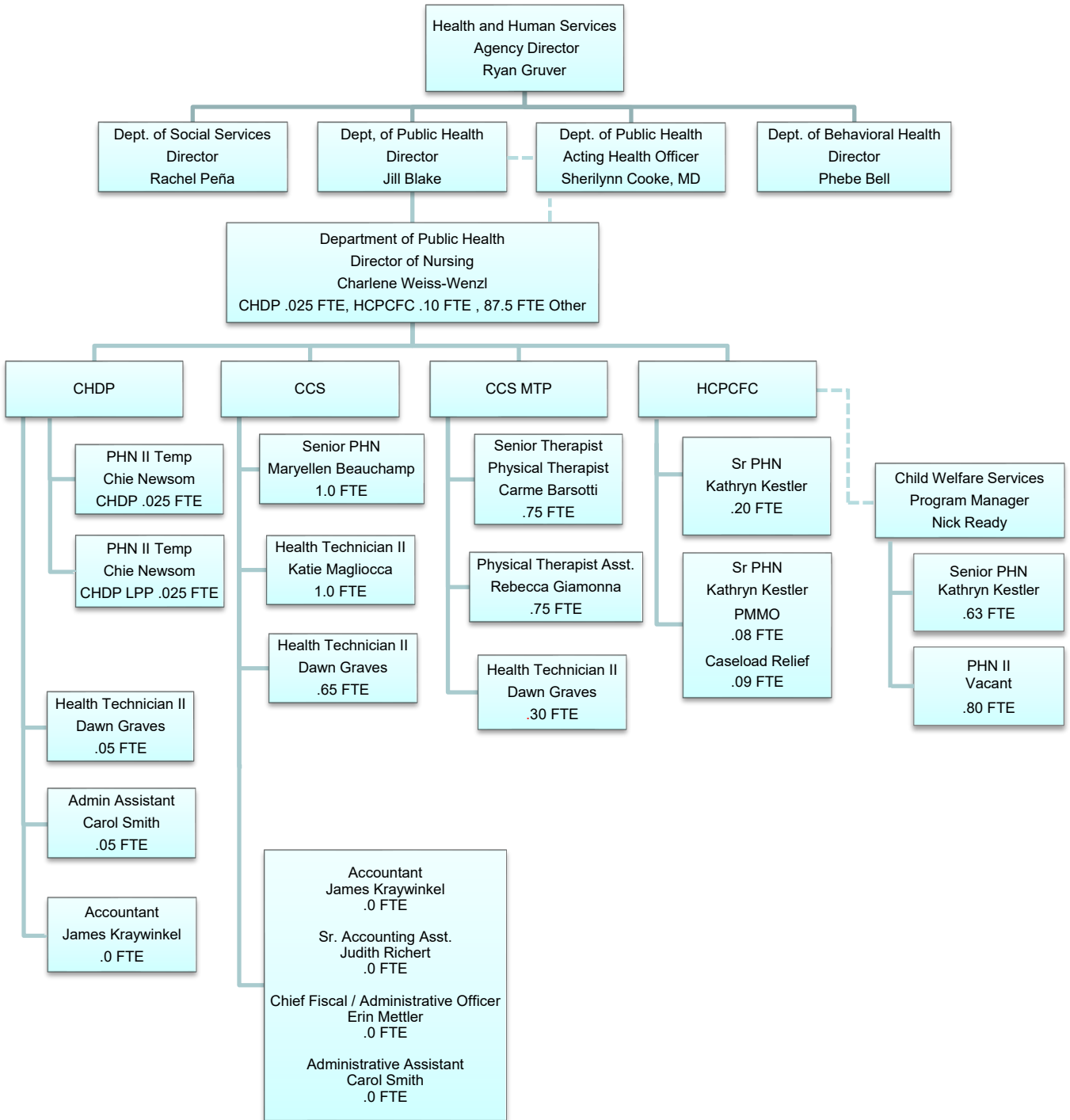
Date Signed

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

Signature of Local Governing Body Chairperson
Susan K. Hoek,
Chair of the Board of Supervisors

Date Signed

2022-23 Nevada County Children's Medical Services





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

**Child Health and Disability Prevention
 Agency Information**



County/City:	Nevada	Fiscal Year:	2022-23
Official Agency			
Street Address:	500 Crown Point Circle, Ste 110	Health Officer:	Sherilynn Cooke, MD
City:	GrassValley	Local CHDP	
Zip Code:	95945	Central Inbox:	publichealth@nevadacountyca.gov
CMS Director (if applicable)			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Director			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Deputy Director			
Name:	Charlene Weiss-Wenzl	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-7269	City:	Grass Valley
Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov	Zip Code:	95945
Clerk of the Board of Supervisors or City Council			
Name:	Julie Patterson Hunter	Street Address:	950 Maidu Avenue, Ste 200
Phone:	(530) 265-1480	City:	Nevada City
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Zip Code:	95959



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**Child Health and Disability Prevention
Memoranda of Understanding/Interagency Agreement List**



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County/City: Nevada	Fiscal Year: 2022-23
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<i>List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Child Health and Disability Prevention.</i>			
	Title or Name of MOU/IA	Name of Partner Entity	Date Last Renewed
1	Nevada County IAA	Public Health/Social Services/Probation Department	6/1/2021
2	HCPFC/CWS MOU	Foster Care and Child Welfare Services	6/1/2021
3	SELPA IAA	California Childrens Services/Nevada County Public Health	7/1/2018
4	Blue Cross CCS/HF MOU	Blue Cross/California Childrens Services/Healthy Families	2/1/1999
5	Blue Shield CCS/HF MOU	Blue Shield/California Childrens Services/Health Families	2/1/1999
6	Access Dental CCS/HF MOU	Access Dental/California Childrens Services	2/1/1999
7	Delta Dental CCS/HF MOU	Delta Dental/California Childrens Services	2/1/1999
8	EyeMed Vision Care CCS/HF MOU	EyeMed Vision Care/California Childrens Services	7/1/2005
9	SafeGuard Vision CCS/HF MOU	Safeguard Vision/California Childrens Services	10/1/2005
10	VSP Vision Svc CCS/HF MOU	VSP Vision Services/California Childrens Services	7/1/2015
11	California Health & Wellness MOU	County of Nevada and CHWP	7/1/2015



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**Child Health and Disability Prevention
Incumbent List**



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County/City: Nevada	Fiscal Year: 2022-23
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List all Child Health and Disability Prevention staff.

Please include applicable vacant positions, including title.

	Name	Title	Email Address	Other Programs (with FTE % each)
1	Charlene Weiss-Wenzl	Director of Public Health Nursing	Charlene.Weiss-Wenzl@countynevadaca.gov	IZ 10%, MCAH 10%, CHVP 10%
2				Senior Outreach 10%, Client Care 57.5%
3	Chie Newsom	Public Health Nurse	Chie.Newsom@countynevadaca.gov	CLPPP 40%, DIS Work Dev 55%
4	Carol Smith	Administrative Assistant	Carol.Smith@countynevadaca.gov	IZ 10%, MCAH 5%, Client Care 80%
5	Dawn Graves	Health Technician	Dawn.Graves@countynevadaca.gov	CCS Admin 65%, CCS DTT 30%
6				
7				
8				
9				
10				
	<i>(Insert additional lines as needed)</i>			



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Department of Health Care Services

Child Health and Disability Prevention
Budget Worksheet



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State/Federal Funding Source:	Base
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County/City Name:	Nevada	Fiscal Year:	2022-23
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Column	1A	1B	1	4A	4	5A	5	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)	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
I. Personnel Expenses											
#	Name										
1	2.5%	\$135,259	\$3,381	0%	\$0	100%	\$3,381	2.5%	\$3,381	100%	\$3,381
2	2.5%	\$97,537	\$2,438	70%	\$1,707	30%	\$732	2.5%	\$2,438	100%	\$2,438
3	5.0%	\$67,099	\$3,355	0%	\$0	100%	\$3,355	5.0%	\$3,355	100%	\$3,355
4	5.0%	\$51,513	\$2,576	0%	\$0	100%	\$2,576	5.0%	\$2,576	100%	\$2,576
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				
	<i>(insert additional rows as needed)</i>										
			\$11,751		\$1,707		\$10,044		\$11,751		\$11,751
			\$0		\$0		\$0		\$0		\$0
			\$11,751		\$1,707		\$10,044		\$11,751		\$11,751
		69%	\$8,108		\$1,178		\$6,930		\$8,108		\$8,108
			\$19,859		\$2,885		\$16,974		\$19,859		\$19,859
II. Operating Expenses (List in Narrative)											
			\$1,320		\$0		\$1,320		\$1,320		\$1,320
III. Capital Expenses (List in Narrative)											
			\$0		\$0		\$0		\$0		\$0
IV. Indirect Expenses											
1.	Internal (Specify %)	25%	\$4,965				\$4,965		\$4,965		\$4,965
2.	External (Specify %)	0%	\$0				\$0		\$0		\$0
			\$4,965				\$4,965		\$4,965		\$4,965
V. Other Expenses											
			\$0				\$0		\$0		\$0
Budget Grand Total			\$26,144		\$2,885		\$23,259		\$26,144		\$26,144

APPROVED
By James Kraywinkel at 3:03 pm, Aug 29, 2022

James Kraywinkel Accountant James.Kraywinkel@nevadacountyca.gov

Prepare APPROVED Sign
By Char Weiss-Wenzl at 6:49 pm, Aug 30, 2022

Print Title Date Email
Charelene Weiss-Wenzl Director of Public Health Nursing charlene.Weiss-Wenzl@nevadacountyca.gov

Authorized CHDP Sign
Print Title Date Email

Program Representative:

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



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**Child Health and Disability Prevention
Budget Narrative**



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State/Federal Funding Source:	Base		
County/City Name:	Nevada	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Temporay PHN has been removed from last year's budget. PHN will continue to stay at 5%, combining 2.5% CHCP with 2.5% CHDP-CLPP programs. Overall benefit percent will increase with temp removed from budget.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
General office expense is \$300 (\$25/monthX12 months). Duplication will also be \$300 (\$25/month X 12 months). Postage will be \$120 (\$10/month X 12 months). Communication is being removed from the budget for FY22/23			
Travel:	Travel will remain at \$300, the same as FY 21/22		
Training:	Training will remain at \$300, the same as FY 21,22.		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	25% Indirect Rate as approved by CDPH. This amount is for department and agency support.		
External:	External indirect will be supported by Public Health realignment.		
V. Other Expenses			
Identify and Explain All Other Expense Line Items			

APPROVED
By James Kraywinkel at 3:09 pm, Aug 29, 2022

James Kraywin Accountant 0 ywinkel@nevadaco

Prepare **APPROVED** Sign
By Char Weiss-Wenzl at 6:51 pm, Aug 30, 2022

Print Title Date Email
Charlene Weiss-W DPHN 0 iss-Wenzl@nevada

Authorized CHDP Program Representative: Sign Print Title Date Email



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

Child Health and Disability Prevention
Budget Summaries



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County/City:	Nevada	Fiscal Year:	2022-23
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Funding Source:	Base					County/City-Federal		
	1	4	5	2	3	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$19,859	\$2,885	\$16,974	\$19,859	\$19,859	\$0	\$0	\$0
II. Total Operating Expenses	\$1,320	\$0	\$1,320	\$1,320	\$1,320	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$4,965		\$4,965	\$4,965	\$4,965	\$0		\$0
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0
Budget Grand Total	\$26,144	\$2,885	\$23,259	\$26,144	\$26,144	\$0	\$0	\$0
Source of Funds:	1	4	5	2	3	F	G	H
Total Funds	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced
State General Funds	\$26,144			\$26,144				
Medi-Cal Funds:	\$26,144				\$26,144			
State/County Funds	\$12,351	\$721	\$11,630		\$12,351	\$0	\$0	\$0
Federal Funds (Title XIX)	\$2,164	\$2,164	\$0		\$2,164	\$0	\$0	\$0
Budget Grand Total	\$26,144	\$2,885	\$23,259	\$26,144	\$26,144	\$0	\$0	\$0

APPROVED
By James Kraywinkel at 3:10 pm, Aug 29, 2022

Prepared by:	James Kraywinkel	Accountant	0
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APPROVED
By Char Weiss-Wenzl at 6:52 pm, Aug 30, 2022

Print	Title	Date
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Charelene Weiss-Wenzl	Director of Public Health Nursin	0
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Print	Title	Date
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