

**Child Health and Disability Prevention Program**

<b>Agency Information</b>		County/City: Nevada	Fiscal Year: 2023-24
Street Address:	500 Crown Point Cir Ste 110	CHDP Central Email Address:	publichealth@nevadacountyca.gov
City:	Grass Valley		
Zip Code:	95945		
CHDP Director		CHDP Deputy Director	
Name, Title:	Sherilynn Cooke, MD	Name:	Charlene Weiss-Wenzl
Phone:	(530) 265-1450	Phone:	(530) 265-7269
Email:	Sherilynn.Cooke@nevadacountyca.gov	Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov
Clerk of the Board of Supervisors		Health Officer	
Name:	Julie Patterson-Hunter	Name:	Sherilynn Cooke, MD
Phone:	(530) 265-1480	Phone:	(530) 265-1450
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Email:	Sherilynn.Cooke@nevadacountyca.gov
List All CHDP Program Staff			
	Name:	Title:	Email:
1	Charlene Weiss-Wenzl	Public Health Nursing Director	Charlene.Weiss-Wenzl@nevadacountyca.gov
2	Dawn Graves	Health Tech II	Dawn.Graves@nevadacountyca.gov
3	Carol Smith	Administrative Assistant II	Carol.Smith@nevadacountyca.gov
4	Chie Newsom	Public Health Nurse II	Chie.Newsom@nevadacountyca.gov
5			
6			
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8			
9			
10			
View additional rows by selecting the "+" to the left. Additional rows may be added above this line.			

State of California—Health and Human Service      Department of Health Care Services  
**Child Health and Disability Prevention Program**

<b>Certification Statement</b>	County/City: Nevada	Fiscal Year: 2023-24
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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.

Charlene Weiss-Wenzl	<i>Charlene Weiss-Wenzl</i>	9/27/23
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CHDP/County Authorized Representative	Signature	Date
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Ed Scofield		
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Local Governing Body Chairperson Name,	Signature	Date
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**Child Health and Disability Prevention Program**

Base Budget Worksheet								County/City Name:		Fiscal Year:	
								Nevada		2023-24	
Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3
I. Personnel Expenses	Total FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
#	Name	Title									
1	Charlene Weiss-Wenzl	Public Health Nursing Director	\$3,637	25%	\$909	75%	\$2,728	0%	\$0	0%	\$0
2	Dawn Graves	Health Tech II	\$1,314	0%	\$0	100%	\$1,314	0%	\$0	0%	\$0
3	Carol Smith	Administrative Assistant II	\$1,711	0%	\$0	100%	\$1,711	0%	\$0	0%	\$0
4	Chie Newsom	Public Health Nurse II	\$2,641	50%	\$1,320	50%	\$1,320	0%	\$0	0%	\$0
5	0	0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
6	0	0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
7	0	0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
8	0	0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
9	0	0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
10	0	0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
<i>View additional rows by selecting the "+" to the left.</i>											
Total Net Salaries and Wages			\$9,302		\$2,230		\$7,073		\$0		\$0
Staff Benefits (Specify %)		70%	\$6,511		\$1,561		\$4,951		\$0		\$0
I. Total Personnel Expenses			\$15,813		\$3,791		\$12,024		\$0		\$0
II. Total Operating Expenses (List in Narrative)			\$660		\$0		\$660		\$0		\$0
III. Total Capital Expenses (List in Narrative)			\$0				\$0		\$0		\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)	25%	\$3,953				\$3,953		\$0		\$0
2.	External (Specify %)	0%	\$0				\$0		\$0		\$0
IV. Total Indirect Expenses (List in Narrative)			\$3,953				\$3,953		\$0		\$0
V. Total Other Expenses (List in Narrative)			\$0				\$0		\$0		\$0
Budget Grand Total			\$20,426		\$3,791		\$16,637		\$0		\$0

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.

Charlene Weiss-Wenzl, Director of Public Health Nursing *Charlene Weiss-Wenzl* 09/27/23  
 Authorized CHDP Signor Name, Title Signature Date Budget Summary tables can be found on the "Summary Tables" sheet of this

**Child Health and Disability Prevention Program**

<b>Base Budget Narrative</b>		County/City Name:	Fiscal Year:
		Nevada	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
All salaries and benefits amounts are from CEO personnel planner for FY 23/24. PHN and DPHN positions remain at 2.5%. Both Health Tech and Admin Ass't positions have been reduced from 5% to 2.5% for FY 23/24			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
General Office supplies \$240, Postage \$180, Printing Duplication \$240. General Office and duplication are both being reduced by \$60 from FY 22/23. Postage is increasing by \$60 from FY 22/23. No travel is anticipated for FY 23/24			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	CDPH approved rate of 25% of personnel is being used for FY 23/24.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			
N/A			

I certify that the Child Health & Disability Prevention Program (CHDP) 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 CHDP 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 CHDP may be subject to sanctions or other remedies if this CHDP violates any of the above.

Charlene Weiss-Wenzl, Director of Public Health Nursing	<i>Charlene Weiss-Wenzl</i>	9/27/23
Authorized CHDP Signor Name, Title	Signature	Date

