



RESOLUTION NO. 21-051

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING NEVADA COUNTY'S CHILDREN'S MEDICAL SERVICES (CMS) PLAN WHICH INCLUDES THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM, HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC), AND CALIFORNIA CHILDREN'S SERVICES (CCS) FOR FISCAL YEAR 2020/21

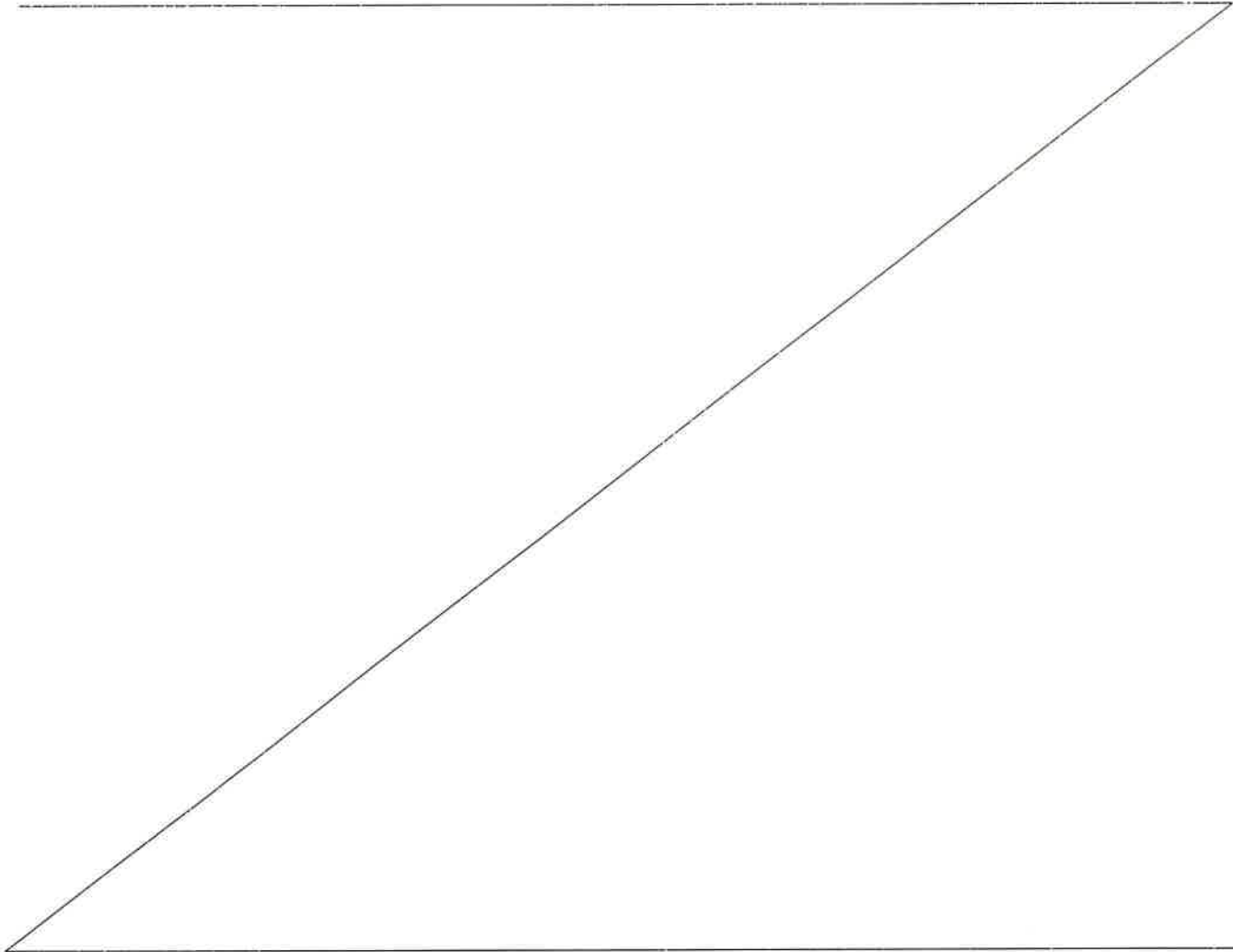
WHEREAS, the Child Health and Disability (CHDP) Prevention, the Health Care Program for Children in Foster Care (HCPCFC), and the California Children's Services (CCS) programs provide preventive and treatment related health care services to low income children and young adults; and

WHEREAS, the California Department of Health Care Services requires that counties submit an annual plan and budget, including Certification Statements signed by the local governing body chairperson to indicate approval of the plan and compliance with applicable sections of the State Health and Safety Code; and

WHEREAS, the services provided under the CMS Plan will help eligible low-income residents have access to needed health care and preventive care; and

WHEREAS, an Interagency Agreement is a requirement for the programs within Children's Medical Services to demonstrate collaboration and official linkages to services for children who are eligible for services within CMS programs.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada, State of California, approves Nevada County's Children's Medical Services (CMS) Plan which includes Child Health And Disability Prevention (CHDP) Program, Health Care Program for Children in Foster Care (HCPCFC), and California Children's Services (CCS) for Fiscal Year 2020/21, that the Chair of the Board of Supervisors be and is hereby authorized to sign Plan Certifications on behalf of the County of Nevada, and that the County Executive Officer is authorized to sign an Interagency Agreement between CHDP and KidZCommunity for Fiscal Years 2020/2021 and 2021/2022 on behalf of the County of Nevada.



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 9th day of March, 2021, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 


Dan Miller, Chair

3/9/2021 cc: PH*
AC*

Plan and Budget Required Documents Checklist

MODIFIED FY 2020/2021

County/City:	NEVADA COUNTY	Fiscal Year:	<u>2020-21</u>
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County/City: **NEVADA COUNTY** **Fiscal Year:** 2020-21

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Agency Information Sheet

County/City: NEVADA COUNTY

Fiscal Year: 2020-21

Official Agency

Name:	Nevada County Public Health	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Health Officer	Scott Kellermann, MD, MPHTM		500 Crown Point Circle, Ste 110 Grass Valley, CA 95945

CMS Director (if applicable)

Name:	Scott Kellermann	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Phone:	(530)265-1450		
Fax:	(530)271-0894	E-Mail:	Health.Officer@co.nevada.ca.us

CCS Administrator

Name:	Maryellen Beauchamp	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Phone:	(530)265-1425		
Fax:	(530)271-0894	E-Mail:	Maryellen.Beauchamp@co.nevada.ca.us

CHDP Director

Name:	Scott Kellerman	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Phone:	(530)265-1450		
Fax:	(530)271-0894	E-Mail:	Health.Officer@co.nevada.ca.us

CHDP Deputy Director

Name:	Cynthia Wilson	Address:	500 Crown Point Circle, Ste 110 Grass Valley, CA 95945
Phone:	(530)265-7269		
Fax:	(530)271-0894	E-Mail:	Cynthia.Wilson@co.nevada.ca.us

Clerk of the Board of Supervisors or City Council

Name:	Julie Patterson Hunter	Address:	950 Maidu Avenue, Suite 200 Nevada City, CA 95959
Phone:	(530)265-1480		
Fax:	(530)265-9836	E-Mail:	Julie.Patterson-Hunter@co.nevada.ca.us

Director of Social Services Agency

Name:	Rachel Pena Roos	Address:	950 Maidu Avenue, Suite 120 Nevada City, CA 95959
Phone:	(530)265-1340		
Fax:	(530)265-9859	E-Mail:	Rachel.Roos@co.nevada.ca.us

Chief Probation Officer

Name:	Michael Ertola	Address:	109 ½ North Pine Street Nevada City, CA 95959
Phone:	(530)265-1200		
Fax:	(530)265-6293	E-Mail:	Michael.Ertola@co.nevada.ca.us

Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: NEVADA COUNTY Fiscal Year: **2020-21**

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 Children's Medical Services 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 Director
Scott Kellermann, MD, MPHTM

1/20/2021


Date Signed



Signature of Director or Health Officer
Jill Blake, Public Health Director

01/20/21

Date Signed




Signature of CHDP Deputy Director
Cynthia Wilson, Director of Public Health Nursing

1/20/21

Date Signed

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



Signature of Local Governing Body Chairperson

Dan Miller,
Chair of the Board of Supervisors

3/15/2021

Date Signed

Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

Certification Statement - California Children's Services (CCS)

County/City: NEVADA COUNTY Fiscal Year: **2020-21**

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 Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. 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.

Maryellen Beauchamp Sr. PHN
Maryellen Beauchamp Sr. PHN (Jan 21, 2021 10:17 PST)

Jan 21, 2021

Signature of CCS Administrator
Maryellen Beauchamp, Sr. Public Health Nurse

Date Signed

Jill Blake
Jill Blake (Jan 21, 2021 10:30 PST)

Jan 21, 2021

Signature of Director or Health Officer
Jill Blake, Public Health Director

Date Signed

S Suzanne Doyle
S Suzanne Doyle (Jan 21, 2021 10:32 PST)

Jan 21, 2021

Signature of Administrative Services Officer
Suzanne Doyle, HHS Administrative Services Officer

Date Signed

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

D Miller
Dan Miller (Mar 11, 2021 09:57 PST)

Mar 11, 2021

Signature of Local Governing Body Chairperson

Date Signed

Dan Miller,
Chair of the Board of Supervisors

Nevada County Public Health
Children's Medical Service

Agency Description
FY 2020-21

Brief Narrative

Nevada County is located in the rural Sierra Nevada Foothills and has a population of just less than 100,000. The three primary aggregated areas of population, Grass Valley, Nevada City, and the town of Truckee, comprise roughly 30% of the county population with the remaining 70% of the residents living in small towns and unincorporated areas.

The county has five geographical districts. Each district elects one representative to serve as a member of the Board of Supervisors, which is the legislative and executive body of county government.

Nevada County Health and Human Services Agency (HHSA) is supervised by Ryan Gruver. The HHSA is comprised of Public Health, Child Support Services, Social Services, and Behavioral Health Departments. Ken Cutler, M.D., MPH, recently retired as our Public Health Officer after 8 years of service, Scott Kellermann, M.D., MPHTM, is now our Public Health Officer effective January 1, 2021 and Jill Blake, MPA has been the Director of Public Health since November 2014.

Within the Public Health Department, the CMS program consists of: California Children's Services (CCS) which includes the Medical Therapy Unit (MTU); Child Health and Disability Prevention (CHDP); and the Health Care Program for Children in Foster Care (HCPCFC).

Nursing and support staff for this FY year include the following: Cindy Wilson, PHN, as the Director of Public Health Nursing (DPHN), Maryellen Beauchamp, Senior PHN, as the CCS Nurse Case Manager; Remy Lindsey, PHN focusing on CHDP management follow-up, Sherry Armstrong PHN in HCPCFC Case Management services; Kathryn Kestler, Senior PHN, also in HCPCFC/CPS; Katie Magliocca, HT, and Dawn Graves, HT, providing clerical and administrative support.

Staffing at the Medical Therapy Unit is as follows: Carme Barsotti, PT, Senior Therapist. Rebecca Giammona, PTA; and the part-time OT position remains vacant. Nevada County contracts with Permanente Medical Group for Lawrence Manhart, MD, to provide physiatrist services for quarterly clinics.

Accomplishments for FY2019-2020:

- Case managed an average of approximately 365 active CCS clients per month
- Continued a contract with Permanente Medical Group for continuity of physiatrist services for MTU children
- Maintained a contract/MOU with Medi-Cal Managed Care through California Health and Wellness and Anthem Blue Cross, including whole child model transitions when transferring to or from other counties for CCS
- Developed a Continuity of Operations Plan for events such as power shut-offs, emergencies and pandemics
- Provided PT services, with support for OT activities, to approximately 50 children through the MTU
- Held equipment and orthotic clinics on a quarterly basis at the MTU, with multi-disciplinary providers participating and case-conferencing with 40 families
- Pivoted to video sessions for MTU therapy
- Maintained essential CCS services throughout Covid pandemic
- Case managed children referred to CWS, including developmental assessments with referrals as appropriate and monitoring of psychotropic medications
- Continued CHDP responsibilities with a focus on dental and foster care

Anticipated Changes for FY 2020-2021:

- Continue recruitment for part time OT
- Enact programmatic changes in CCS, CHDP, and HCPCFC as directed by California DHCS and/or CDPH
- Continue to meet quarterly with representatives from California Health and Wellness and Anthem Blue Cross to improve services and avoid duplication
- Evaluate clinical practice and fiscal activity processes to enhance efficiencies and effectiveness throughout the CMS program
- Continue to provide all services as mandated via video conferencing and in person when possible during the Covid pandemic
- Continue to update the data-base of equipment-dependent children to initiate contact during power shut-offs and emergencies
- Establish a referral system for children within CWS and from CWS to MCAH

Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

Incumbent List - California Children's Services

For FY 2020-21, complete the table below for all personnel listed in the CCS budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City:		NEVADA COUNTY		Fiscal Year: 2020-21	
Job Title	Incumbent Name	FTE % on CCS Admin Budget	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)	
Senior PHN, Case Manager	Maryellen Beauchamp	100%	N	N	
Health Technician II	Katie Magliocca	100%	N	N	
Health Technician II	Dawn Graves	76%	N	N	

Incumbent List - Child Health and Disability Prevention Program

For FY 2020-21, complete the table below for all personnel listed in the CHDP budgets. Use the same job titles for both the budget and the incumbent list. Total percent for an individual incumbent should not be over 100 percent.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: **NEVADA COUNTY** Fiscal Year: **2020-21**

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Senior PHN	Char Weiss-Wenzl	5%	0%	95% Various	N	N
PHN II, Temp	Remy Lindsey	20%	0%	80% Various	N	N
PHN, Temp	Vacant	45%	0%	55% Various	N	N
Health Technician II	Dawn Graves	10%	0%	90% Various	N	N
Admin Assistant	Carol Smith	10%	0%	90% Various	N	N

CHDP Program Referral Data
Fiscal Year 2020-21

County/City: NEVADA COUNTY	FY 17-18		FY 18-19		FY 19-20	
Basic Informing and CHDP Referrals						
1. Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	CalWORKs 423	Medi-Cal 2115	CalWORKs 441	Medi-Cal 2314	CalWORKs 371	Medi-Cal 1701
2. Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
a. Number of CalWORKs cases/recipients	9	19	2	3	10	32
b. Number of Foster Care cases/recipients	0	0	0	0	0	0
c. Number of Medi-Cal only cases/recipients	9	18	1	2	10	25

3. Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:	38	5	57
a. Medical and/or dental services	22	5	49
b. Medical and/or dental services with scheduling and/or transportation	8	3	40
c. Information only (optional)	30	2	3
4. Number of persons who were contacted by telephone, home visit, face-to-face, office visit, or written response to outreach letter	30	5	20
Results of Assistance			
5. Number of recipients actually provided scheduling and/or transportation assistance by program staff	0	0	0
6. Number of recipients in "5" who actually received medical and/or dental services	0	0	0

Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency

Department of Health Care Services - Children's Medical Services

Memoranda of Understanding/Interagency Agreement List

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City: **NEVADA COUNTY**

Fiscal Year: **2020-21**

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Nevada County IAA	IAA	7/1/19-6/30/21	6/19	Cynthia Wilson	No
CHDP/Behavioral Health	MOU	10/1/19-9/30/21	9/19	Cynthia Wilson	No
CHDP/WIC MOU	MOU	10/1/19-9/30/21	9/19	Cynthia Wilson	No
HCPCFC/CWS MOU	MOU	7/1/19-6/30/21	6/19	Cynthia Wilson	No
CHDP/Head Start	IAA	7/1/20-6/30/22	6/20	Cynthia Wilson	Yes
SELPA MOU	IAA	7/1/18-present	6/18	Cynthia Wilson	No
Blue Cross CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No

Children's Medical Services Plan and Fiscal Guidelines

County/City: NEVADA COUNTY

Fiscal Year: 2020-21

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
Blue Shield CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
Access Dental CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
Delta Dental CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
EyeMed Vision Care CCS/HF	MOU	7/1/05-present	10/05	Cynthia Wilson	No
SafeGuard Vision CCS/HF	MOU	7/1/05-present	10/05	Cynthia Wilson	No
VSP Vision Svc CCS/HF	MOU	2/99-present	2/99	Cynthia Wilson	No
California Health & Wellness	MOU	11/1/13-present	7/15	Cynthia Wilson	No

**Interagency Agreement
Nevada County CHDP and
KidZCommunity - Placer Community Action Council, Inc.
Serving Nevada County Head Start and Early Head Start**

Fiscal Years 7/1/20 – 6/30/21 and 7/1/21 – 6/30/22

This Interagency Agreement (“Agreement”) is entered on July 1, 2020, between the Nevada County Department of Public Health through its CHDP Program (herein referred to as “Nevada County CHDP Program”) and KidZCommunity - Placer Community Action Council, Inc. (Herein referred to as “KidZCommunity”).

The purpose of this Interagency Agreement is to define arrangements for cross-referral and to specify services the respective participating agencies will provide in order to facilitate access to health care services for eligible individuals.

Nevada County CHDP Program agrees to offer the following services to KidZCommunity, serving the Nevada County Head Start and Early Head Start program:

1. In-services for Head Start community workers (Family Advocates and Home Visitors) and Health Service Staff. The frequency of In-service training will be at the discretion of Nevada County CHDP Program, based on resource and staff availability.
 - a. Annual CHDP Program overview to include state and federal regulations, CHDP periodicity, use of CHDP provider and dental lists and responsibilities and coordination of CHDP and Head Start programs.
2. Strive to assure adequate availability of health care resources for the screening and follow-up of eligible individuals within the Head Start population:
 - a. Recruit and train CHDP providers in accordance with CHDP regulations..
 - b. Provide updated CHDP provider and dental lists.
 - c. Assist with scheduling and problem-solving transportation barriers with the Medi-Cal population in accordance with federal regulations.
 - d. Provide health education materials per supply availability.
 - e. Coordinate case-management services with Head Start Health Services staff to maximize service delivery to eligible recipients.
3. Attend the Health Services Advisory Board meetings at least 4 times per year for consultation and technical assistance on children’s health issues.

KidZCommunity staff agrees to provide the following services to the CHDP Program staff:

1. Conduct Head Start in-services as needed.
2. Ensure care coordination services between CHDP staff and the Head Start Health Services staff.
3. Coordinate care services to include treatment follow-up, assistance with scheduling and transportation, and plan future follow-up.

Joint Responsibilities:

1. Both parties shall comply with all State and Federal laws and regulations concerning safeguarding information deemed confidential and/or protected under federal, state, or local law.
2. Both parties shall comply with all federal, state, and local laws, rules, regulations and ordinances, and shall not engage in discriminatory practices in the performance of this Agreement because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, political affiliation, mental disability, physical disability, medical condition, age or marital status.
3. It is agreed that staff from both parties shall meet as needed to discuss the progress of the partnership and strategies for any necessary improvements.
4. Review this Agreement annually. Address changes to Agreement as needed, which shall only be amended or modified by mutual written, fully executed agreement of the Parties.

Duration of Agreement:

This Agreement will remain in effect from July 1, 2020 to June 30, 2022, unless otherwise terminated by either party by providing a minimum of thirty (30) days written notice to the other.

Insurance

Each party shall maintain at all times during the term of this Agreement insurance coverage or self-insurance in the amounts of not less than One Million Dollars (\$1,000,000) to cover all of its operations, including general liability, automobile liability, and workers' compensation.

Indemnity:

KidZCommunity agrees to indemnify, defend, and hold harmless Nevada County CHDP Program and the County of Nevada, including its officers, officials, employees, agents and volunteers thereof, from any and all liabilities, claims, demands, damages, losses, and expenses (including, without limitation, defense costs and attorney fees of litigation) which result from the negligent act, willful misconduct, or error or omission of KidZCommunity, except such loss or damage which was caused by the sole negligence or willful misconduct of Nevada County CHDP Program or its officers, officials, employees, agents and volunteers thereof.

Parties as Independent

In providing services herein, the Parties, and their agents and employees thereof, shall each act in an independent capacity as independent contractors and not as agents or employees of the other. Each Party agrees that neither its agents nor employees have any right, entitlement, or claim against the other Party for any type of employment benefits or workers' compensation or other programs afforded to the other Party, and each Party shall hold harmless and indemnify the other against any such claim by its agents or employees.

Notices

All notice by and between the Parties shall be given by first-class mail or personal service to the other at the addresses set forth below, and shall be deemed received the fifth (5th) day following the date of mailing or the earlier date of personal services, as the case may be:

Nevada County CHDP Program

Attn. Jill Blake, Director of Public Health
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945

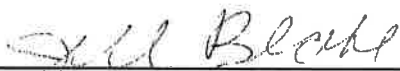
KidZCommunity - Placer Community Action Council, Inc.

Attn. Denyse Cardoza, Executive Director
1166 High Street
Auburn, CA 95603

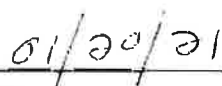
Authority

All individuals executing this Agreement represent and warrant that they are authorized to execute and deliver this Agreement on behalf of their respective Party.

We the undersigned on behalf of Nevada County Child Health and Disability Prevention Program and KidZCommunity - Placer Community Action Council, Inc. approve this document.




Jill Blake, MPA
Director of Public Health



Date

Alison Lehman
County Executive Officer

Date



Denyse Cardoza
Executive Director, Placer Community Action Council, Inc.

12-16-2020

Date

Approved as to Form

County Counsel

CHDP Administrative Budget Summary for FY 2020/2021
No County/City Match
County/City Name: NEVADA

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$93,227	\$93,227	\$93,227	\$63,365	\$29,862
II. Total Operating Expenses	\$2,780	\$2,780	\$2,780	\$0	\$2,780
III. Total Capital Expenses	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$23,307	\$23,307	\$23,307		\$23,307
V. Total Other Expenses	\$0	\$0	\$0		\$0
Budget Grand Total	\$119,314	\$119,314	\$119,314	\$63,365	\$55,949

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds					
Medi-Cal Funds:					
State	\$43,816		\$43,816	\$15,841	\$27,975
Federal (Title XIX)	\$75,498		\$75,498	\$47,524	\$27,975

James Kraywinkel
 Prepared By (Signature)

10/15/2020 (530) 470-2415 James.Kraywinkel@co.nevada.ca.us
 Date Prepared Phone Number Email Address

Cynthia Wilson
 CHDP Director or Deputy
 Director (Signature)

1/30/21 (530) 265-7269 Cynthia.Wilson@co.nevada.ca.us
 Date Phone Number Email Address

CHDP Administrative Budget Worksheet for FY 2020/2021
No County/City Match
State and State/Federal

County/City Name: NEVADA

Column	1A	1B	1	2A	2	3A	3	4A	4	5A	5
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	CHDP % or FTE	Total CHDP Budget	Total Medi-Cal %	Total Medi-Cal Budget (4 + 5)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
Personnel Expenses											
1. Senior PHN - Weiss-Wenzl	100%	\$103,584	\$103,584.00	5.0%	\$5,179	100%	\$5,179	75.0%	\$3,884.40	25.0%	\$1,294.80
2. PHN Temp - Lindsey 416 hrs	100%	\$93,746	\$93,746.00	20.0%	\$18,749	100%	\$18,749	80.0%	\$14,999.36	20.0%	\$3,749.84
3. PHN Temp - TBD 824hours	100%	\$93,746	\$93,746.00	45.0%	\$42,186	100%	\$42,186	80.0%	\$33,748.56	20.0%	\$8,437.14
4. Health Tech - Graves	100%	\$49,512	\$49,512.00	10.0%	\$4,951	100%	\$4,951	0.0%	\$0.00	100.0%	\$4,951.20
5. Admin Asst - Smith	100%	\$63,709	\$63,709.00	10.0%	\$6,371	100%	\$6,371	0.0%	\$0	100.0%	\$6,371
6.											
Total Salaries and Wages			\$404,297		\$77,436		\$77,436		\$52,632		\$24,804
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$404,297		\$77,436		\$77,436		\$52,632		\$24,804
Staff Benefits (Specify %) [20.39%]			\$15,387		\$15,791		\$15,791		\$10,733		\$5,058
I. Total Personnel Expenses			\$419,684		\$93,227		\$93,227		\$63,365		\$29,862
II. Operating Expenses											
1. Travel					\$600		\$600		\$0		\$600
2. Training					\$400		\$400		\$0		\$400
3. General Office Expense					\$500		\$500				\$500
4. Copier/Duplication					\$500		\$500				\$500
5. Postage					\$300		\$300				\$300
6. Communication					\$480		\$480				\$480
7.											
II. Total Operating Expenses					\$2,780		\$2,780		\$0		\$2,780
III. Capital Expenses											
1.											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %) 25.00%					\$23,307		\$23,307				\$23,307
2. External (Specify %) 0.00%											\$0
IV. Total Indirect Expenses					\$23,307		\$23,307				\$23,307
V. Other Expenses											
1.											
V. Total Other Expenses					\$0		\$0				\$0
Budget Grand Total			\$419,684		\$119,314		\$119,314		\$63,365		\$55,949

Prepared By (Signature) James Krawinkel Date Prepared 10/15/20 Phone Number (530) 470-2415 Email Address James.Krawinkel@co.nevada.ca.us
 CHDP Director or Deputy Director Cynthia Wilson Date 12/2/21 Phone Number (530) 265-7269 Email Address Cynthia.Wilson@co.nevada.ca.us

NEVADA COUNTY
Children's Medical Services
FY 2020-2021 No Match CHDP Budget Justification Narrative

(1) Personnel Expense	Justification Narrative																																											
Total Salaries	\$77,436																																											
Total Benefits	\$15,791																																											
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CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	667.75	15.39%
OTLCP - Total Cases of Open (Active) OTLCP Children	929.8	21.43%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLCP) Children	2740.45	63.17%
TOTAL CCS CASELOAD	4338	100%

CCS Administrative Baseline Budget Summar

Fiscal Year: 2020-21
 County: NEVADA

Category/Line Item	Column					
	Col 1 = Col 2+3+4	Straight CCS	OTLCP	Medi-Cal (non-OTLCP) (Column 4 = Columns 5 + 6)	5	6
Total Budget						
I. Total Personnel Expense	314,433	48,400	67,395	189,637	52,895	145,742
II. Total Operating Expense	8,914	1,373	1,910	5,631	0	5,631
III. Total Capital Expense	0	0	0	0	0	0
IV. Total Indirect Expense	78,609	12,100	16,849	49,659	49,659	49,659
V. Total Other Expense	4,500	693	965	2,843	2,843	2,843
Budget Grand Total	405,455	62,566	87,119	256,770	52,895	203,875

Source of Funds	Column					
	Col 1 = Col 2+3+4	Straight CCS	OTLCP	Medi-Cal (non-OTLCP) (Column 4 = Columns 5 + 6)	5	6
Total Budget						
Straight CCS						
State	31,283	31,283				
County	31,283	31,283				
OTLCP						
State	10,236		10,236			
County	10,236		10,236			
Federal (Title XXI)	66,647		66,647			
Medi-Cal						
State	115,152			115,152		101,933
Federal (Title XIX)	141,608			141,608		101,937

Prepared By (Signature):  James Kraywinkel
 Prepared By (Printed Name): James Kraywinkel
 Email Address: James.Kraywinkel@co.nevada.ca.us

CCS Administrator (Signature):  Cynthia Wilson
 CCS Administrator (Printed Name): Cynthia Wilson
 Email Address: Cynthia.Wilson@co.nevada.ca.us

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21

County: NEVADA

CCS CASELOAD	FY 19/20 Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS	567.75	15.39%
Total Cases of Open (Active) Straight CCS Children		
OTLIPC	929.8	21.43%
Total Cases of Open (Active) OTLIPC Children		
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLIPC) Children	2740.45	63.17%
TOTAL CCS CASELOAD	4338	100%

Column	1	2	3	Straight CCS			Optional Targeted Low Income Children's Program (OTLIPC)					Medi-Cal (Non-OTLIPC)				
				4A	4	5A	5	6	7A	7	8A	8	6	7A	7	8A
Category/Line Item	% FTE	Annual Salary	Total Budget (1 x 2 or 4 + 5 + 6)	Caseload % (50/50)	Straight CCS County/State (50/50)	Caseload %	Optional Targeted Low Income Children's Program (OTLIPC) Co/State/Fed (11,751/1,757/6.5)	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																
1. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	100.00%	0	100.00%	0			
2. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	100.00%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	100.00%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	100.00%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	100.00%	0	100.00%	0			
Subtotal		0	0													
Medical Case Management																
1. Maryellen Beauchamp, Public Health Nurse	100.00%	103,164	103,164	15.39%	15,680	21.43%	22,112	53.17%	65,172	47.56%	31,028	52.42%	34,163			
2. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
6. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
7. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
8. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
Subtotal		103,164	103,164		15,680	21.43%	22,112	53.17%	65,172	47.56%	31,028	52.42%	34,163			
Other Health Care Professionals																
1. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
2. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
Subtotal		0	0													
Ancillary Support																
1. Kelle Maglores, Health Technician	100.00%	43,540	43,540	15.39%	6,702	21.43%	9,332	53.17%	27,506	100.00%	27,506	100.00%	27,506			
2. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
Subtotal		43,540	43,540		6,702	21.43%	9,332	53.17%	27,506	100.00%	27,506	100.00%	27,506			
Clinal and Claims Support																
1. Dawn Graves, Health Technician	75.00%	49,512	37,629	15.39%	5,762	21.43%	6,065	63.17%	23,771	0.00%	0	100.00%	23,771			
2. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
3. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
4. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
5. Employee Name, Position	0.00%	0	0	15.39%	0	21.43%	0	53.17%	0	0.00%	0	100.00%	0			
Subtotal		49,512	37,629		5,762	21.43%	6,065	63.17%	23,771	0.00%	0	100.00%	23,771			

CCS Administrative Baseline Budget Worksheet

Fiscal Year: 2020-21
 County: NEVADA

CCS CASELOAD	FY 19/20 Actual Caseload	Percent of Total CCS Caseload
STRAIGHT CCS - Total Cases of Open (Active) Straight CCS Children	667.75	15.39%
OTLICP - Total Cases of Open (Active) OTLICP Children	929.8	21.43%
MEDI-CAL - Total Cases of Open (Active) Medi-Cal (non-OTLICP) Children	2740.45	63.17%
TOTAL CCS CASELOAD	4338	100%

Column	Straight CCS			Optional Targeted Low Income Children's Program (OTLICP)			Medi-Cal (Non-OTLICP)			
	4A Caseload %	4 Straight CCS County/State (50/50)	5A Caseload %	5 Optional Targeted Low Income Children's Program (OTLICP) Co/State/Fed (11.75/11.75/76.5)	6A Caseload %	6 Medi-Cal State/Federal	7A Enhanced % FTE	7 Enhanced Medi-Cal State/Federal (25/75)	8A Non-Enhanced % FTE	8 Non-Enhanced Medi-Cal State/Federal (50/50)
Total Salaries and Wages	184,333	29,374	21.43%	39,510	63.17%	116,449	26.63%	31,009	73.37%	85,440
Staff Benefits (Specify %)	130,100	20,026	21.43%	27,805	63.17%	82,188		21,685		60,302
I. Total Personnel Expense	314,433	49,400	21.43%	67,315	63.17%	198,637		52,695		145,742
II. Operating Expense										
1. Travel	720	111	21.43%	154	63.17%	455	0.00%	0	100.00%	455
2. Training	720	111	21.43%	154	63.17%	455	0.00%	0	100.00%	455
3. Supplies, postage, laptop	3,440	530	21.43%	737	63.17%	2,173				2,173
4. Printing/Duplicator	600	97	21.43%	135	63.17%	398				398
5. Communication, cell, fax, postage	1,544	289	21.43%	417	63.17%	1,223				1,223
6. Memberships	500	77	21.43%	107	63.17%	316				316
7. Equipment Repair/ upkeep	560	148	21.43%	206	63.17%	606				606
III. Total Operating Expense	8,914	1,373		1,910		5,631		0		5,631
III. Capital Expense										
1	15,39%	0	21.43%	0	63.17%	0		0	100.00%	0
2	15.39%	0	21.43%	0	63.17%	0		0	100.00%	0
3	15.39%	0	21.43%	0	63.17%	0		0	100.00%	0
III. Total Capital Expense	0	0		0		0		0		0
IV. Indirect Expense										
1. Indirect Cost Rate	78,608	12,100	21.43%	16,649	63.17%	49,659				49,659
IV. Total Indirect Expense	78,608	12,100	21.43%	16,649	63.17%	49,659		0		49,659
V. Other Expense										
1. Maintenance & Transportation	4,500	693	21.43%	965	63.17%	2,843				2,843
2	15.39%	0	21.43%	0	63.17%	0				0
3	15.39%	0	21.43%	0	63.17%	0				0
4	15.39%	0	21.43%	0	63.17%	0				0
5	15.39%	0	21.43%	0	63.17%	0				0
V. Total Other Expense	4,500	693		965		2,843		0		2,843
Budget Grand Total	406,455	62,566		87,119		256,170		52,695		203,375

Prepared By (Signature): *James Kraywinkel* Date Prepared: 10/28/2020 Phone Number: (530) 470-2415
 Prepared By (Printed Name): James Kraywinkel Date Signed: 11/23/21 Phone Number: (530) 265-7269
 Prepared By (Signature): *Cynthia Wilson* Date Signed: 11/23/21 Phone Number: (530) 265-7269
 Prepared By (Printed Name): Cynthia Wilson CCS Administrator (Printed Name)

**Children's Medical Services
Nevada County
CCS Budget Justification Narrative
Fiscal Year 2020-2021**

I. PERSONNEL EXPENSES		
Total Salaries:	\$184,333	Salaries are based actual individual CCS staff salaries from the FY 20-21 County CCS budget.
Total Benefits:	\$130,100	Benefits are based actual individual CCS staff benefits from the FY 20-21 County CCS budget.
Total Personnel Expenses:	\$314,433	
PHN II/ Case Manager (Beauchamp)	This position is budgeted for 100% which is the same as the FY 19/20 budget.	
Health Tech (Magliocca)	This position is budgeted at 100%, which is the same as FY 19/20.	
Health Tech (Graves)	This position is budgeted at 76% which is an increase of 26% from FY 19/20.	

II. OPERATING EXPENSES		
Travel	\$720	When combined with training, this is a decrease of \$120 from FY 19/20.
Training	\$720	When combined with training, this is a decrease of \$120 from FY 19/20.
Communication	\$1,944	This is an increase of \$64 from FY 19/20.
General Supplies	\$3,440	When added to postage, this is an overall increase of \$344
Equipment Repair/Upkeep	\$960	IS. And F/M charges related to equipment repair and teleworking needs. This is an increase of \$960 from FY 19/20.
Duplication	\$630	This an increase of \$230 from FY 19/20.
CRISS Annual Dues	\$500	This is the same as FY 19/20
Total Operating Expenses:	\$8,914	

III. CAPITAL EXPENSES		
Total Capital Expenses:	0	None

IV. INDIRECT EXPENSES		
1. Internal (25.00%)	\$78,608	This amount is 25% of Personnel charges(\$314,433 X 25%=\$78,608. the 25% is from the approved CDPH ICRP for FY 19/20
Total Indirect Expenses:	\$78,608	

V. OTHER EXPENSES		
Maintenance & Transportation	\$4,500	Transportation, meals and lodging for CCS clients. This is an decrease of \$300 from FY 19/20.
Total Other Expenses:	\$4,500	

Budget Grand Total	\$406,455
---------------------------	------------------

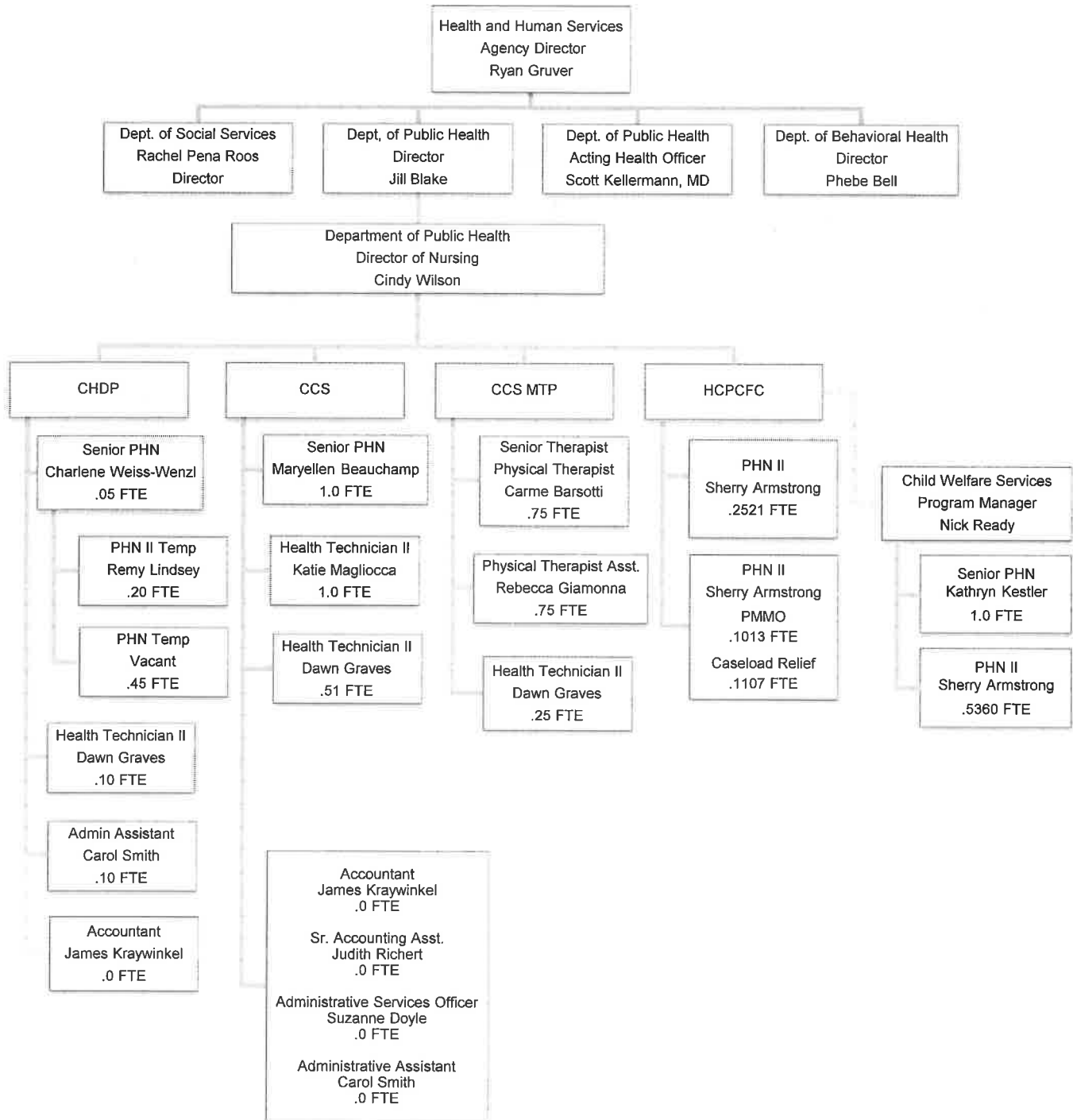


Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 Plan and Budgets Required Checklist



County-City Name:		NEVADA	Fiscal Year:	2020-21
<input checked="" type="checkbox"/>	A	HCPCFC Incumbent List. Please submit only one list.		
<input checked="" type="checkbox"/>	B	HCPCFC Organizational Chart		
<input checked="" type="checkbox"/>	C	HCPCFC Budgets		
<input checked="" type="checkbox"/>	1	Base		
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
<input checked="" type="checkbox"/>	2	Psychotropic Medication Monitoring & Oversight (PMM&O)		
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
<input checked="" type="checkbox"/>	3	Caseload Relief		
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
<input checked="" type="checkbox"/>	4	Optional County-City/Federal Match		
		<input checked="" type="checkbox"/>	Budget Summary	
		<input checked="" type="checkbox"/>	Budget Worksheet	
		<input checked="" type="checkbox"/>	Budget Justification Narrative	
<input checked="" type="checkbox"/>	D	Civil Service Classification Statements for all HCPCFC Staff		
		<input checked="" type="checkbox"/>	Base	
		<input checked="" type="checkbox"/>	PMM&O	
		<input checked="" type="checkbox"/>	Caseload Relief	
		<input checked="" type="checkbox"/>	County-City/Federal Match	
<input checked="" type="checkbox"/>	E	Duty Statements for all HCPCFC staff		
		<input checked="" type="checkbox"/>	Base	
		<input checked="" type="checkbox"/>	PMM&O	
		<input checked="" type="checkbox"/>	Caseload Relief	
		<input checked="" type="checkbox"/>	County-City/Federal Match	

2020-21 Nevada County Children's Medical Services





Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): BASE

County-City Name: NEVADA Fiscal Year: 2020/2021

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$36,404	\$36,404	\$0
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses	\$0	\$0	\$0
IV Total Indirect Expenses	\$0	\$0	\$0
V Total Other Expenses	\$0	\$0	\$0
Budget Grand Total	\$36,404	\$36,404	\$0

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$9,101	\$9,101	\$0
Federal Funds (Title XIX)	\$27,303	\$27,303	\$0
Budget Grand Total	\$36,404	\$36,404	\$0

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): BASE

County-City Name: NEVADA Fiscal Year: 2020/2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Armstrong	Sherry	Public Health Nurse	Y	25.21%	\$93,750	\$23,629.61	100.00%	\$23,630	0.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff					1						
Total FTE PHN Staff					0.25%			100.00%		0.00%	
Total Salaries and Wages							\$23,630		\$23,630		\$0
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$23,630		\$23,630		\$0
Staff Benefits (Specify %)					54.06%		\$12,774		\$12,774		\$0
I. Total Personnel Expenses							\$36,404		\$36,404		\$0
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			0.00%			\$0				\$0
2	External										
IV. Total Indirect Expenses							\$0		\$0		\$0
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$36,404		\$36,404		\$0

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

**Nevada County
Children's Medical Services
FY 19/20 HCPCFC Administrative Budget Justification Narrative**

(1) Personnel Expenses	Justification Narrative
Total Salaries	\$23,630
Total Benefits	\$12,774
Total Personnel Expenses	\$36,404

Salaries are based on actual individual HCPCFC staff salaries from the FY 20/21 County HCPCFC budget.

Benefits are based on actual individual HCPCFC staff benefits from the FY 20/21 County HCPCFC budget.

Personnel Positions

PHN II (Armstrong) This position is budgeted for 25.205, which is an increase of 2.108.

(2) Operating Expenses	Justification Narrative
Travel	\$0
Training	\$0
Total Operating Expenses	\$0

Travel expense is \$0, which is the same as FY 19/20

Travel expense is \$0, which is the same as FY 19/20

(3) Capital Expense \$0

(4) Indirect Expense	Justification Narrative
Internal	\$0
External	N/A
Total Indirect Expense	\$0
(5) Other Expenses	\$0
Budget Grand Total	\$36,404

No Indirect will be claimed in the No County Match budget

Not allowable by State HCPCFC



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: NEVADA Fiscal Year: 2020/2021

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$14,634	\$14,634	\$0
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$0		\$0
V Total Other Expenses			
Budget Grand Total	\$14,634	\$14,634	\$0

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$3,658	\$3,658	\$0
Federal Funds (Title XIX)	\$10,976	\$10,976	\$0
Budget Grand Total	\$14,634	\$14,634	\$0

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): PMM&O

County-City Name: NEVADA Fiscal Year: 2020/2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Armstrong	Sherry	Public Health Nurse	Y	10.13%	\$93,750	\$9,497.78	100.00%	\$9,498	0.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				1							
Total FTE PHN Staff					0.10%			100.00%		0.00%	
Total Salaries and Wages							\$9,498		\$9,498		\$0
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$9,498		\$9,498		\$0
Staff Benefits (Specify %)				54.07%		\$5,136		\$5,136		\$0	
I. Total Personnel Expenses							\$14,634		\$14,634		\$0
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			0.00%			\$0				\$0
2	External										
IV. Total Indirect Expenses							\$0		\$0		\$0
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$14,634		\$14,634		\$0

James Kraywinkel *James Kraywinkel* 10/12/2020 (530) 470-2415 James.Kraywinkel@co.nevada.ca.us
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Budget Justification Narrative

**Children's Medical Services
Nevada County
HCPCFC PMM&O Budget Justification Narrative
Fiscal Year 2020-2021**

I. PERSONNEL EXPENSES		Identify and explain any changes in Personnel Including FTE percentage changes.
Total Salaries:	\$9,498	Salary based upon actual estimates from county provided budget salary planner for FY 18/19.
Total Benefits:	\$5,136	Staff benefits based upon actual estimates from county provided budget salary planner for FY 18/19.
Total Personnel Expenses:	\$14,634	
Supervising PHN (2)		
Public Health Nurse		
PHN II - Armstrong		FY 20/21 FTE will be 10.131, an decrease of .273 from FY 19/20
PHN I		
Office Assistant III (2)		
Office Assistant II (1)		
Office Assistant I		

II. OPERATING EXPENSES		List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.
Travel	\$0	N/A
Training	\$0	N/A
Office Supplies and Services	\$0	N/A
Postage & Shipping	\$0	N/A
Space Rental	\$0	N/A
Telephone	\$0	N/A
Computer upgrade/ maintenance	\$0	N/A
Office Equipment	\$0	N/A
Hook-up computers to Hub	\$0	N/A
Computer and Monitor (6)	\$0	N/A
Total Operating Expenses:	\$0	

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. Internal	\$0	N/A
B. External	\$0	N/A
Total Indirect Expenses:	\$0	

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	\$0	N/A
Student Internship	\$0	N/A
Total Other Expenses:	\$0	

Budget Grand Total **\$14,634**



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Summary



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Caseload Relief

County-City Name: NEVADA Fiscal Year: 2020/2021

Category/Line Item	Total Budget	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$15,985	\$15,985	\$0
II Total Operating Expenses	\$0	\$0	\$0
III Total Capital Expenses			
IV Total Indirect Expenses	\$0		\$0
V Total Other Expenses			
Budget Grand Total	\$15,985	\$15,985	\$0

Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Non-Enhanced State/Federal (50/50)
E	(F = G + H)	G	H
State Funds	\$3,996	\$3,996	\$0
Federal Funds (Title XIX)	\$11,989	\$11,989	\$0
Budget Grand Total	\$15,985	\$15,985	\$0

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 State/Federal
 Budget Worksheet



Identify State/Federal Funding Source (Base, PMM&O, or Caseload Relief): Caseload Relief

County-City Name: NEVADA Fiscal Year: 2020/2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced State/Federal (25/75)	% FTE	Non-Enhanced State/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Armstrong	Sherry	Public Health Nurse	Y	11.07%	\$93,750	\$10,375.00	100.00%	\$10,375	0.00%	\$0
2						\$0	\$0.00		\$0	100.00%	\$0
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff					1						
Total FTE PHN Staff					0.11%			100.00%		0.00%	
Total Salaries and Wages							\$10,375		\$10,375		\$0
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$10,375		\$10,375		\$0
Staff Benefits (Specify %)					54.06%		\$5,610		\$5,610		\$0
I. Total Personnel Expenses							\$15,985		\$15,985		\$0
II. Operating Expenses											
1	Travel			\$0			\$0	0.00%	\$0	100.00%	\$0
2	Training			\$0			\$0	0.00%	\$0	100.00%	\$0
II. Total Operating Expenses							\$0		\$0		\$0
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			0.00%			\$0				\$0
2	External										
IV. Total Indirect Expenses							\$0				\$0
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$15,985		\$15,985		\$0

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**Nevada County
Children's Medical Services
FY 19/20 HCPCFC Caseload Relief Allocation Justification Narrative**

(1) Personnel Expenses	Justification Narrative	
Total Salaries	\$10,375	Salaries are based on actual individual HCPCFC staff salaries from the FY 20/21 County HCPCFC budget.
Total Benefits	\$5,610	Benefits are based on actual individual HCPCFC staff benefits from the FY 18/19 County HCPCFC budget.
Total Personnel Expenses	\$15,985	

Personnel Positions

PHN II (Armstrong)	This position is budgeted for 11.067%, which is a decrease of .297 from FY 19/20.
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(2) Operating Expenses	Justification Narrative	
Travel	\$0	No travel or training is included in this budget.

Training	\$0
Total Operating Expenses	\$0

(3) Capital Expense	\$0
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(4) Indirect Expense	Justification Narrative	
Internal	\$0	No Indirect will be claimed in this budget

External	N/A	Not allowable by State HCPCFC
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Total Indirect Expense	\$0
(5) Other Expenses	\$0
Budget Grand Total	\$15,985



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 County-City/Federal
 Budget Summary



County-City/Federal


County-City Name: NEVADA Fiscal Year: 2020/2021


Category/Line Item	Total Invoiced	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
A	(B = C + D)	C	D
I Total Personnel Expenses	\$242,905	\$201,598	\$41,307
II Total Operating Expenses	\$2,000	\$0	\$2,000
III Total Capital Expenses			
IV Total Indirect Expenses	\$77,123		\$77,123
V Total Other Expenses			
Expenditures Grand Total	\$322,028	\$201,598	\$120,430

Source of Funds	Total Funds Invoiced	Enhanced County-City/Federal (25/75)	Non-Enhanced County-City/Federal (50/50)
E	(F = G + H)	G	H
County-City Funds	\$110,614	\$50,399	\$60,215
Federal Funds (Title XIX)	\$211,414	\$151,199	\$60,215
Expenditures Grand Total	\$322,028	\$201,598	\$120,430

Source County-City Funds: Public Health Realignment

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1090 to 1096 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.


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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address



Department of Health Care Services
 Integrated Systems of Care Division
 Health Care Program for Children in Foster Care
 County-City/Federal
 Budget Worksheet



County-City/Federal

County-City Name: NEVADA Fiscal Year: 2020/2021

Column					1A	1B	1	2A	2	3A	3
Category/Line Item					% FTE	Annual Salary	Total Budget	% FTE	Enhanced County-City/Federal (25/75)	% FTE	Non-Enhanced County-City/Federal (50/50)
I. Personnel Expenses											
#	Last	First	Title	PHN (Y/N)							
1	Armstrong	Sherry	Public Health Nurse	Y	53.60%	\$93,750	\$50,249.84	85.00%	\$42,712	15.00%	\$7,537
2	Kestler	Kathryn	Sr. Public Health Nurs	Y	100.00%	\$103,164	\$103,163.65	82.00%	\$84,594	18.00%	\$18,569
3						\$0	\$0.00		\$0	100.00%	\$0
4						\$0	\$0.00		\$0	100.00%	\$0
5						\$0	\$0.00		\$0	100.00%	\$0
6						\$0	\$0.00		\$0	100.00%	\$0
7						\$0	\$0.00		\$0	100.00%	\$0
8						\$0	\$0.00		\$0	100.00%	\$0
9						\$0	\$0.00		\$0	100.00%	\$0
10						\$0	\$0.00		\$0	100.00%	\$0
11						\$0	\$0.00		\$0	100.00%	\$0
12						\$0	\$0.00		\$0	100.00%	\$0
13						\$0	\$0.00		\$0	100.00%	\$0
14						\$0	\$0.00		\$0	100.00%	\$0
15						\$0	\$0.00		\$0	100.00%	\$0
16						\$0	\$0.00		\$0	100.00%	\$0
17						\$0	\$0.00		\$0	100.00%	\$0
18						\$0	\$0.00		\$0	100.00%	\$0
19						\$0	\$0.00		\$0	100.00%	\$0
20						\$0	\$0.00		\$0	100.00%	\$0
Total Number of PHN Staff				2							
Total FTE PHN Staff					1.54%			83.50%		16.50%	
Total Salaries and Wages							\$153,414		\$127,307		\$26,107
Less Salary Savings							\$0		\$0		\$0
Net Salaries and Wages							\$153,414		\$127,307		\$26,107
Staff Benefits (Specify %)				57.37%		\$88,019		\$73,040		\$14,979	
I. Total Personnel Expenses							\$241,433		\$200,347		\$41,086
II. Operating Expenses											
1	Travel			\$1,000		\$1,000	0.00%	\$0	100.00%	\$1,000	
2	Training			\$1,000		\$1,000	0.00%	\$0	100.00%	\$1,000	
II. Total Operating Expenses							\$2,000		\$0		\$2,000
III. Capital Expenses											
III. Total Capital Expenses											
IV. Indirect Expenses											
1	Internal (Specify %)			31.94%		\$77,114				\$77,114	
2	External										
IV. Total Indirect Expenses							\$77,114				\$77,114
V. Other Expenses											
V. Total Other Expenses											
Budget Grand Total							\$320,547		\$200,347		\$120,200

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 CHDP Director Or Deputy Director (Print & Sign) Date Phone Number E-mail Address

**Nevada County
Children's Medical Services
FY 19/20 HCPCFC Administrative Budget Justification Narrative**

(1) Personnel Expenses		Justification Narrative
Total Salaries	\$153,414	Salaries are based on actual individual HCPCFC staff salaries from the FY 20/21 County HCPCFC budget.
Total Benefits	\$88,019	Benefits are based on actual individual HCPCFC staff benefits from the FY 20/21 County HCPCFC budget.
Total Personnel Expenses	\$241,433	
 <u>Personnel Positions</u>		
PHN II (Kestler)		This position is budgeted for 100%, which is the same as FY 19/20.
PHN II (Armstrong)		This position is budgeted for 54.60%, which when added to Caseload Relief, P.M.M. & O, and State/Federal budget, equals 100%, which is the same as FY 19/20.
 (2) Operating Expenses		
Travel		Justification Narrative
	\$2,000	Travel expense is \$2,000, which is the same as FY 19/20.
Training	\$0	
Total Operating Expenses	\$2,000	
(3) Capital Expense	\$0	
 (4) Indirect Expense		
Internal	\$77,114	Justification Narrative
		Indirect Cost is a total of 25% of personnel costs from PMM&O, Caseload Relief, State Federal Base and County Federal Base. (14,634+15,985+36,404+241,433)=(308,456*25%)=\$77,114
External		N/A Not allowable by State HCPCFC
Total Indirect Expense	\$77,114	
(5) Other Expenses	\$0	
Budget Grand Total	\$320,547	



COUNTY OF NEVADA
 Established Date: Jul 14, 2020
 Revision Date: Jul 14, 2020

Public Health Nurse II

Bargaining Unit: Professional--Exempt

Class Code:
 G290

HCPCFC - Base	25.21 FTE
PMM&O	10.13 FTE
Caseload Relief	11.07 FTE
HCPCFC - CWS	53.60 FTE

SALARY RANGE

\$36.92 - \$45.07 Hourly
 \$2,953.60 - \$3,605.60 Biweekly
 \$6,399.47 - \$7,812.13 Monthly
 \$76,793.60 - \$93,745.60 Annually

DEFINITION AND CLASS CHARACTERISTICS:

Under clinical and administrative direction, provides health education, community outreach, case management, medication support, and health counseling services for designated clients within an assigned program; applies and implements professional nursing and public health expertise and skill sets for the purpose of the prevention, treatment, and control of diseases, health risks, and /or other adverse health conditions within an assigned program; to network with local and regional health and welfare communities to ensure clients' well being; to perform a variety of administrative and operational tasks in support of assigned program; and to perform related duties as assigned.

This is the journey-level class in the series, fully qualified to independently perform the full range of duties. Under clinical and administrative direction, incumbents exercise considerable independent judgment to provide and coordinate public health services for an assigned client caseload, including client assessment, teaching, counseling, direct care, referral and case management. Incumbents often function as members of multi-disciplinary teams and may provide training, direction and guidance to other team members and less experienced employees. Depending upon assignment, work may include participation in the implementation and/or service delivery coordination of a specialized program, under the direction of a lead nurse or program manager.

This class is flexibly staffed with Senior Public Health Nurse, and incumbents may advance to the higher level after gaining sufficient experience and demonstrating proficiency to meet the requirements of the Senior Public Health Nurse.

EXAMPLES OF DUTIES:

Essential:

Public Health Nurse I/II:

- Provides public health nursing and case management services to individuals and families in homes, schools, community facilities, and specialized clinics by assessing health care requirements, counseling, teaching, and providing or coordinating follow-up health and social services;acts as client advocate
- Participates in the operation of public health services by interviewing and counseling clients, performing screening tests, administering medications and treatments, recording data, making referrals, and related client care duties;may instruct and guide other health care personnel and volunteers;may organize, coordinate and direct specialized program operations
- Prepares and administers oral and/or injectable medications/immunizations in accordance with a physician's or standing orders;monitors and records client response to medication and documents any adverse reactions;instructs clients/family/caregiver on safe and effective use of medications
- Participates in epidemiological investigations and communicable disease control activities, including contact tracing and surveillance
- Responds to public health and natural disasters through established partnerships and protocols
- Participates in community outreach and health promotion and health education events
- Compiles and maintains records, reports, charts and statistics, and participates in quality assurance activities
- Audits medical records, department records and contract providers to assure compliance with Federal, State, Medi-Cal and program standards
- Attends a variety of internal and external staff meetings, in-service trainings, team meetings, and case conferences.

KNOWLEDGE AND SKILLS REQUIRED:

NOTE: The required level and scope of the following knowledge and skills relate to the level of the position as defined in the class characteristics.

Knowledge of:

- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control
- General nursing principles, practices and techniques, including assessment, client care planning and delivery, client education, and evaluation of outcomes
- Medical terminology and equipment
- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Techniques and methods used in crisis intervention with ill clients and/or families
- Laws, rules and regulations governing the practice of public health nursing
- Community medical and social agencies and resources
- Environmental, sociological and psychological issues affecting public health nursing
- Principles of work supervision, including work planning, assignment, and review
- Basic principles of program coordination, including program planning, development and implementation, grant writing, and program documentation

Skill in:

- Independently planning, organizing and implementing nursing activities
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications/immunizations, performing skilled nursing treatments and procedures, and adapting nursing skills to various environments and situations

- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical and other records
- Collaborating with other members of the health care team on an ongoing basis
- Demonstrating sensitivity to the effects of culture and ethnic background, including social determinants of health and disparities on health issues
- Establishing and maintaining effective working relationships with those contacted in the course of work
- Working in, and with individuals from, various cultural, physical, behavioral and environmental settings
- Planning, developing, implementing, and coordinating public health nursing programs in the assigned area of specialty
- Assigning, directing and reviewing the work of others in a lead capacity
- Representing the program to individuals, groups, and governing bodies, and making effective verbal and written presentations
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals and community health plans

EDUCATION AND EXPERIENCE REQUIRED:

Bachelor's or Master's degree in Nursing from an accredited college or university.

Two years of nursing experience comparable to a Public Health Nurse I.

LICENSES AND CERTIFICATES:

Possession of a valid driver's license within 30 days of hire

Possession of a valid license as a Registered Nurse issued by the California Board of Registered Nursing

Possession of a valid Public Health Nurse certificate issued by the California Board of Registered Nursing or documentation of a submitted and pending application for the PHN certificate, which must be obtained within 1 year of hire as a Public Health Nurse I.

PHYSICAL DEMANDS AND WORKING CONDITIONS:

Mobility to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health

assessments; vision to read handwritten and printed materials, and examine and observe clients; hearing and speech to communicate in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

OTHER REQUIREMENTS:

This class description lists the major duties and requirements of the job and is not all-inclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.



Senior Public Health Nurse

Bargaining Unit: Professional--Exempt

Class Code:
G295

Senior PHN, HCPCFC/CWS 1.0 FTE

COUNTY OF NEVADA

Established Date: Jul 14, 2020

Revision Date: Jul 14, 2020

SALARY RANGE

\$40.79 - \$49.80 Hourly
 \$3,263.20 - \$3,984.00 Biweekly
 \$7,070.27 - \$8,632.00 Monthly
 \$84,843.20 - \$103,584.00 Annually

DEFINITION AND CLASS CHARACTERISTICS:

Under clinical and administrative direction, provides health education, community outreach, case management, medication support, and health counseling services for designated clients within an assigned program; applies and implements professional nursing and public health expertise and skill sets for the purpose of the prevention, treatment, and control of diseases, health risks, and /or other adverse health conditions within an assigned program; to network with local and regional health and welfare communities to ensure clients' well being; to perform a variety of administrative and operational tasks in support of assigned program; and to perform related duties as assigned.

This is the advanced journey level classification in the Public Health Nurse series. Incumbents in this class function with minimal supervision in providing lead direction and training to professional, technical and support staff, and providing public health nursing and case management services for an assigned client caseload(s) or program(s). Incumbents typically have primary responsibility for the development, implementation, administration, and/or service delivery coordination of a specialized program(s). Incumbents may have lead responsibility over the more complex client caseloads or over several programs.

EXAMPLES OF DUTIES:

Essential:

Public Health Nurse III:

- Provides public health nursing and case management services to individuals and families in homes, schools, community facilities, and specialized clinics by assessing health care requirements, counseling, teaching, and providing or coordinating follow-up health and social services; acts as client advocate

- Participates in the operation of public health services by interviewing and counseling clients, performing screening tests, administering medications and treatments, recording data, making referrals, and related client care duties; may instruct and guide other health care personnel and volunteers; may organize, coordinate and direct specialized program operations
- Prepares and administers oral and/or injectable medications/immunizations in accordance with a physician's or standing orders; monitors and records client response to medication and documents any adverse reactions; instructs clients/family/caregiver on safe and effective use of medications
- Participates in epidemiological investigations and communicable disease control activities, including contact tracing and surveillance
- Responds to public health and natural disasters through established partnerships and protocols
- Participates in community outreach and health promotion and health education events
- Compiles and maintains records, reports, charts and statistics, and participates in quality assurance activities
- Audits medical records, department records and contract providers to assure compliance with Federal, State, Medi-Cal and program standards
- Attends a variety of internal and external staff meetings, in-service trainings, team meetings, and case conferences.

Senior Public Health Nurse, in addition to the duties of the Public Health Nurse I/II:

- Plans, organizes and coordinates the day-to-day operations of a specialized program; monitors program to ensure compliance with contract provisions, funding source regulations, and relevant laws, codes and regulations; performs or coordinates service delivery to target population
- Organizes, coordinates, schedules, assigns, directs, reviews, and may supervise the day-to-day work of public health staff; provides on-site consultation to program staff; assures quality of care and coordinates nursing services with other providers and programs; ensures smooth and efficient operation of program services
- Represents the program to other community and state; participates in a variety of internal and external meetings, committees and coalitions to coordinate program activities and operations; serves as primary liaison and resource, and provides training and technical assistance
- Serves as key participant in program design, development and evaluation, including needs assessments and scope of work plans based on the needs assessment; drafts program budgets, contracts, grant applications, funding proposals, periodic narrative and statistical reports, and other required program documentation
- Monitors the implementation of nursing standards and practices for quality assurance and legal compliance; evaluates the effectiveness of current nursing policies and practices and participates in their formulation and revision; disseminates information and advises staff on the interpretation and application of laws, regulations, policies and procedures
- Assists supervisory and management staff in the preparation of performance appraisals

KNOWLEDGE AND SKILLS REQUIRED:

NOTE:?? The required level and scope of the following knowledge and skills relate to the level of the position as defined in the class characteristics.

??

Knowledge of:

- Principles, practices, methods and procedures of public health nursing, health promotion, and disease prevention and control

- General nursing principles, practices and techniques, including assessment, client care planning and delivery, client education, and evaluation of outcomes
- Medical terminology and equipment
- Nursing routines and protocols specific to area of assignment
- Principles and techniques of drug administration, and uses and effects of medications
- Principles, practices and techniques of safety and infection control
- Techniques and methods used in crisis intervention with ill clients and/or families
- Laws, rules and regulations governing the practice of public health nursing
- Community medical and social agencies and resources
- Environmental, sociological and psychological issues affecting public health nursing
- Principles of work supervision, including work planning, assignment, and review
- Basic principles of program coordination, including program planning, development and implementation, grant writing, and program documentation

Skill in:

- Independently planning, organizing and implementing nursing activities
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals
- Administering medications/immunizations, performing skilled nursing treatments and procedures, and adapting nursing skills to various environments and situations
- Applying teaching principles and providing education and counseling
- Exercising sound independent judgment within scope of authority and practice
- Preparing and maintaining organized, detailed and accurate medical and other records
- Collaborating with other members of the health care team on an ongoing basis
- Demonstrating sensitivity to the effects of culture and ethnic background, including social determinants of health and disparities on health issues
- Establishing and maintaining effective working relationships with those contacted in the course of work
- Working in, and with individuals from, various cultural, physical, behavioral and environmental settings
- Planning, developing, implementing, and coordinating public health nursing programs in the assigned area of specialty
- Assigning, directing and reviewing the work of others in a lead capacity
- Representing the program to individuals, groups, and governing bodies, and making effective verbal and written presentations
- Assessing community, individual and family health needs and problems
- Developing and implementing client care plans and/or referrals and community health plans

EDUCATION AND EXPERIENCE REQUIRED:

Bachelor's or Master's degree in Nursing from an accredited college or university. Three years of nursing experience comparable to Nevada County's Public Health Nurse II.

LICENSES AND CERTIFICATES:

Possession of a valid driver's license within 30 days of hire

Possession of a valid license as a Registered Nurse issued by the California Board of Registered Nursing

Possession of a valid Public Health Nurse certificate issued by the California Board of Registered Nursing or documentation of a submitted and pending application for the PHN certificate, which must be obtained within 1 year of hire as a Public Health Nurse I.

PHYSICAL DEMANDS AND WORKING CONDITIONS:

Mobility to work in both office and clinical settings, and to travel to various sites; strength to lift, carry and position supplies and equipment; touch and dexterity to conduct physical health assessments; vision to read handwritten and printed materials, and examine and observe clients; hearing and speech to communicate in person and by telephone.

Working in exposure to communicable disease and/or blood-borne pathogens.

Some positions may require work outside normal daytime business hours.

Some accommodations may be made for some physical demands for otherwise qualified individuals who require and request such accommodations.

OTHER REQUIREMENTS:

This class description lists the major duties and requirements of the job and is not all-inclusive. Not all duties are necessarily performed by each incumbent. Incumbents may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.

CMS Program Duty Statement
Child Health and Disability Prevention (CHDP)
Child Welfare Services (CWS)
Health Care Program for Children in Foster Care (HCPCFC)
Psychotropic Medication Monitoring and Oversight (PMM&O)

Program Position Title: Public Health Nurse
County Classification: Public Health Nurse II
Assignment: CWS Program

This position must meet the criteria for Skilled Professional Medical Personnel (SPMP), as described in Federal Financial Participation (FFP) guidelines found in the Children’s Medical Services Plan and Fiscal Guidelines, Chapter 8.

Distinguishing Characteristics

Under supervision of the Senior PHN, in support of the Health Care Program for Children in Foster Care (HCPCFC), the PHN II performs a variety of public health nursing duties focused on health care coordination for children in foster care. The PHN carries out the administrative and operational components of the Child Health and Disability Prevention (CHDP) and HCPCFC goals and objectives required by State and Federal mandates. The HCPCFC Unit has oversight and implementation responsibility for program guidelines with health providers, community agencies, Child Welfare Services (CWS) and Juvenile Justice and Probation staff/clients. Additionally, the PHN must have a thorough understanding of laws, regulations and procedures governing medical case management of children in foster care with Medi-Cal and other health resources to children in foster placement.

General Responsibilities

The HCPCFC Unit PHN will utilize nursing assessment skills in working with children in the child welfare system and youth in probation, their families and Resource Family (RFs). Using their SPMP expertise to provide administrative case consultation according to Federal Financial Participation (FFP) guidelines found in the Children’s Medical Services Plan and Fiscal Guidelines, Chapter 8, the nurse will use public health nursing skills and knowledge of case management, health teaching, screening, counseling, community organization and resources to work collaboratively with the Health and Human Services Agency (HHSA) CWS program, Juvenile Justice and Probation Department, along with community agencies to deliver comprehensive health care coordination to this population. The essential functions include the following:

Duties and Responsibilities

- Using skilled medical professional expertise, provide health care coordination, monitoring and oversight of foster children and youth treated with psychotropic medications. This includes acting as a resource expert and consultant for the RFs, the Child Welfare Service Social Workers (CWS-SW), Probation Officers (PO) and other CWS staff regarding the children’s health care needs. In addition to regular HCPCFC administrative health care coordination activities, the PMM&O nurse will:
 - o Review the medical components of each request for psychotropic medication filed to verify all required medical information is provided in the application and supporting documents submitted to the court.
 - o Review, monitor, and confirm that the juvenile court has authorized the psychotropic medication(s) the child is taking based on sufficient medical/psychiatric information.
 - o Review and document in the child's Health and Education Passport (HEP), the psychotropic medications authorized for and being taken by the child, the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice.

- o Provide guidance and consultation to social workers and probation officers in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.
 - o Contact the child's caregiver and child to inquire about the response of the child to the administration of psychotropic medication, including any adverse effects of the medication and if any, to assist with referrals to the prescribing physician or other appropriate health care providers to ensure that any adverse effects are promptly addressed and brought to the attention of the social worker or probation officer.
 - o Review, interpret, and document as necessary, the results of laboratory tests, screenings, and evaluations for the purpose of case planning and coordination.
 - o Review clinical documentation to assess the child or youth's progress in meeting treatment plan goals.
- Collaborate with the RFs and community health care providers to ensure necessary health care information is available to those persons responsible for providing health care for the youth, including maintaining an updated and current HEP.
 - To provide the most effective oversight and monitoring of foster children and youth treated with psychotropic medications, acts in a liaison role to collaborate with the CWS staff, Juvenile Justice and Probation staff, Foster Care Mental Health team, prescribing psychiatrists, primary care providers, Courts and other stakeholders working with foster children and youth treated with psychotropic medications.
 - Facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) timely referrals to primary care and specialty providers, dentists, mental health providers and other community programs to assure compliance with medical, dental and mental health care assessment and treatment requirements.
 - Maintain accurate and current documentation using the CWS/CMS case management system and supplemental databases.
 - Interpret health care reports for CWS-SWs, POs and other FCS staff.
 - Conduct reviews of completed health assessment forms to assess provider's compliance, trends and a need for assistance to comply with CHDP medical and periodicity guidelines.
 - Develop and implement educational programs/presentations for RFs about the health care needs of child welfare clients.
 - Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical, dental and mental health care coordination needs of foster care children and youth, including education related to psychotropic medication.
 - Record data as required for CHDP Performance Measures, CWS/CMS and SafeMeasures®. Collaborate with stakeholders to develop and implement other metrics as needed.
 - Participate with continuous quality improvement activities.
 - Attend Staff meetings, Child-Family Team Meetings, Multidisciplinary Teams, Administrative Reviews, Placement Meetings, and other meetings as appropriate or directed.
 - Participate on program and collaborative workgroups, committees, taskforces as directed.
 - Perform other related duties as assigned.
 - In addition to the above duties, the PHN will function as a Disaster Service Worker as the need arises and will support the Public Health Department in other programs as needed.

**Nevada County Health & Human Services Agency
CMS Program
Duty Statement**

Child Welfare Services Senior Public Health Nurse
Kathryn Kestler 1.0 FTE

Program Position Title: Public Health Nurse
County Classification: Senior Public Health Nurse
Assignment: Child Welfare Services (CWS)

Distinguishing Characteristics

Under administrative direction of the Director of Public Health Nursing, the Senior PHN performs a variety of public health nursing duties focused on coordination and case management health services for children in the Child Welfare Services (CWS) program and provides leadership within the assigned program, including supervision of other staff members.

General Responsibilities

The CWS PHN will utilize the nursing process in working with CWS clients and their families. Utilizing their skilled professional medical personnel (SPMP) expertise, the CWS PHN will provide comprehensive health care coordination activities according to the Federal Financial Participation, and the Health Insurance Portability and Accountability Act (HIPPA) guidelines for privacy and confidentiality. The CWS PHN will use public health nursing skills and knowledge of case management, community organization and resources to work collaboratively to deliver health care coordination. The essential functions include the following:

Duties and Responsibilities

- Using skilled medical professional expertise, provide health care coordination, monitoring and oversight to children eligible for CWS services. The CWS PHN's duties and responsibilities include:
 - Coordinate quarterly meetings to enhance completion of Health & Education Passports (HEP) and participate in updating the Health Passport as required by State and Federal regulations. Ensure that HEP is completed and provided to the family or legal guardians.
 - Expedite timely referrals for health related services and community resources.
 - Enter necessary health related data into the CWS electronic system and maintain updated health information.
 - Provide health education to social workers and other CWS staff as needed.
 - Case management of the following caseloads to ensure all health-related benchmarks are documented in a timely manner.
 - Nevada County foster care children placed out of County of Nevada

**Nevada County Health & Human Services Agency
CMS Program
Duty Statement**

Child Welfare Services Senior Public Health Nurse
Kathryn Kestler 1.0 FTE

- Courtesy case manage Interstate Compact for the Protection of Children (ICPC) for medically fragile.
- Foster care and out-of-home placements in Nevada County, including Truckee.
- SMART case clients
- AB 12 clients
- Probation placement clients
- Attend Child Welfare Service meetings and related trainings as appropriate.
- Attend required Public Health Department meetings and trainings.
- Provide support nursing services and screenings for RFA clients. Refer RFA client's for additional evaluation as needed.
- Review all psychiatric and Group Home quarterly reports pertaining to health related issues.
- Following the Drug Endangered Child (DEC) protocol, consult on an as-needed basis detentions related to child health and welfare. Attend court detention hearings and provide health education information as needed.
- Coordinate and facilitate communications with health care providers regarding Child Welfare Services (CWS) and Probation clients.
- Assist CWS Social Workers and Probation Officers with in-home and/or Group Home visits as needed.
- Provide nursing assessment services during forensic exams as needed on a case by case basis.
- Attend Multi disciplinary Interviews (MDI) as needed.
- Maintain currency with new health information guidelines and skills through attending trainings, workshops and related continuing education activities.
- Provide leadership and conduct administrative functions within the CWS program and PHD's Nursing Leadership Team.
- Supervise other nursing staff who are in the CWS program.
- In addition to the above duties, the PHN will function as a Disaster Service Worker as the need arises and will support the Public Health Department in other programs as needed.

**Interagency Agreement
Nevada County CHDP and
KidZCommunity - Placer Community Action Council, Inc.
Serving Nevada County Head Start and Early Head Start**

Fiscal Years 7/1/20 – 6/30/21 and 7/1/21 – 6/30/22

This Interagency Agreement (“Agreement”) is entered on July 1, 2020, between the Nevada County Department of Public Health through its CHDP Program (herein referred to as “Nevada County CHDP Program”) and KidZCommunity - Placer Community Action Council, Inc. (Herein referred to as “KidZCommunity”).

The purpose of this Interagency Agreement is to define arrangements for cross-referral and to specify services the respective participating agencies will provide in order to facilitate access to health care services for eligible individuals.

Nevada County CHDP Program agrees to offer the following services to KidZCommunity, serving the Nevada County Head Start and Early Head Start program:

1. In-services for Head Start community workers (Family Advocates and Home Visitors) and Health Service Staff. The frequency of In-service training will be at the discretion of Nevada County CHDP Program, based on resource and staff availability.
 - a. Annual CHDP Program overview to include state and federal regulations, CHDP periodicity, use of CHDP provider and dental lists and responsibilities and coordination of CHDP and Head Start programs.
2. Strive to assure adequate availability of health care resources for the screening and follow-up of eligible individuals within the Head Start population:
 - a. Recruit and train CHDP providers in accordance with CHDP regulations..
 - b. Provide updated CHDP provider and dental lists.
 - c. Assist with scheduling and problem-solving transportation barriers with the Medi-Cal population in accordance with federal regulations.
 - d. Provide health education materials per supply availability.
 - e. Coordinate case-management services with Head Start Health Services staff to maximize service delivery to eligible recipients.
3. Attend the Health Services Advisory Board meetings at least 4 times per year for consultation and technical assistance on children’s health issues.

KidZCommunity staff agrees to provide the following services to the CHDP Program staff:

1. Conduct Head Start in-services as needed.
2. Ensure care coordination services between CHDP staff and the Head Start Health Services staff.
3. Coordinate care services to include treatment follow-up, assistance with scheduling and transportation, and plan future follow-up.

Joint Responsibilities:

1. Both parties shall comply with all State and Federal laws and regulations concerning safeguarding information deemed confidential and/or protected under federal, state, or local law.
2. Both parties shall comply with all federal, state, and local laws, rules, regulations and ordinances, and shall not engage in discriminatory practices in the performance of this Agreement because of race, sex, sexual orientation, color, ancestry, religion or religious creed, national origin or ethnic group identification, political affiliation, mental disability, physical disability, medical condition, age or marital status.
3. It is agreed that staff from both parties shall meet as needed to discuss the progress of the partnership and strategies for any necessary improvements.
4. Review this Agreement annually. Address changes to Agreement as needed, which shall only be amended or modified by mutual written, fully executed agreement of the Parties.

Duration of Agreement:

This Agreement will remain in effect from July 1, 2020 to June 30, 2022, unless otherwise terminated by either party by providing a minimum of thirty (30) days written notice to the other.

Insurance

Each party shall maintain at all times during the term of this Agreement insurance coverage or self-insurance in the amounts of not less than One Million Dollars (\$1,000,000) to cover all of its operations, including general liability, automobile liability, and workers' compensation.

Indemnity:

KidZCommunity agrees to indemnify, defend, and hold harmless Nevada County CHDP Program and the County of Nevada, including its officers, officials, employees, agents and volunteers thereof, from any and all liabilities, claims, demands, damages, losses, and expenses (including, without limitation, defense costs and attorney fees of litigation) which result from the negligent act, willful misconduct, or error or omission of KidZCommunity, except such loss or damage which was caused by the sole negligence or willful misconduct of Nevada County CHDP Program or its officers, officials, employees, agents and volunteers thereof.

Parties as Independent

In providing services herein, the Parties, and their agents and employees thereof, shall each act in an independent capacity as independent contractors and not as agents or employees of the other. Each Party agrees that neither its agents nor employees have any right, entitlement, or claim against the other Party for any type of employment benefits or workers' compensation or other programs afforded to the other Party, and each Party shall hold harmless and indemnify the other against any such claim by its agents or employees.

Notices

All notice by and between the Parties shall be given by first-class mail or personal service to the other at the addresses set forth below, and shall be deemed received the fifth (5th) day following the date of mailing or the earlier date of personal services, as the case may be:

Nevada County CHDP Program

Attn. Jill Blake, Director of Public Health
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945

KidZCommunity - Placer Community Action Council, Inc.

Attn. Denyse Cardoza, Executive Director
1166 High Street
Auburn, CA 95603

Authority

All individuals executing this Agreement represent and warrant that they are authorized to execute and deliver this Agreement on behalf of their respective Party.

We the undersigned on behalf of Nevada County Child Health and Disability Prevention Program and KidZCommunity - Placer Community Action Council, Inc. approve this document.

Jill Blake, MPA
Director of Public Health

Date

Alison Lehman
County Executive Officer

Date

Denyse Cardoza
Executive Director, Placer Community Action Council, Inc.

Date

Approved as to Form

County Counsel