RESOLUTION No. 25-472

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE RENEWAL OF NEVADA COUNTY'S HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) FOR A BUDGET TOTAL OF $479,490 FOR FISCAL YEAR 2025/2026

WHEREAS, the Health Care Program for Children in Foster Care (HCPCFC) public health nursing program provides preventive care and treatment utilizing a comprehensive shared nursing care management model, serving as a central point of contact to bridge and connect all entities providing health services and support, to meet the unique health needs of the foster care population; and

WHEREAS, the California Department of Health Care Services requires that counties submit an annual Health Care for Children in Foster Care 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 HCPCFC Plan will help provide consultation and resource guidance to the multidisciplinary care team to address and oversee the medical, dental, developmental, and behavioral health needs of foster children and youth.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada, State of California, approves the Health Care Program for Children in Foster Care (HCPCFC) for Fiscal Year 25-26, for a total budget amount of $479,490, and that the Chair of the Board of Supervisors be and is hereby authorized to sign Plan Certifications on behalf of the County of Nevada.

Funds to be deposited into 1589-40114-492-3301 / 440510; 1589-40114-492-3301 / 446210

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 14th day of October 2025, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, Susan Hoek, and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

Recuse: None.

ATTEST:

TINE MATHIASEN
Chief Deputy Clerk of the Board of Supervisors

By: _____

Heidi Hall

Heidi Hall, Chair

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Agency Information		County/City:	Fiscal Year:
		Nevada	2025-26
Street Address:	500 Crown Point Cir. Ste 1	Health Officer Name:	Sherilynn Cooke, MD
City:	Grass Valley	HCPCFC Central Email Address:	PH.Fiscal@nevadacountyca
Zip Code:	95945		
Authorized HCPCFC Representative		Director of Social Services Agency	
Name, Title:	Charlene Weiss-Wenzl, Nu	Name:	Rachel Peña
Phone:	(530) 265-7269	Phone:	(530) 265-7077
Email:	charlene.Weiss-Wenzl@ne	Email:	Rachel.Pena@nevadacountca.gov
Clerk of the Board of Supervisors		Chief Probation Officer	
Name:	Erin Mettler	Name:	Jeff Goldman
Phone:	(530) 265-1480	Phone:	(530) 265-1200
Email:	clerkofboard@nevadacoun	Email:	jeff.goldman@nevadacoun

List All HCPCFC Program Staff

	Name:	Title:	Support Staff	PHN	Email:
1	Charlene Weiss-Wenzl	ublic Health Nursing Direct		Yes	charlene.weiss-wenzl@nevadacountyca.g
2	Kathryn Kestler	Senior Public Health Nurse		Yes	kathryn.kestler@nevadacountyca.gov
3	Ashley Gonzalez	Public Health Nurse II		Yes	Ashley.Gonzalez@nevadacountyca.gov
4	Lyndsey Tyrna	Admin Services Assistant		No	Lyndsey.Tyrna@nevadacountyca.gov
5	Carol Smith	Admin Asst II		No	carol.smith@nevadacountyca.gov
6	Elsie Poplin	Accountant		No	elsie.poplin@nevadacountyca.gov
7	Brie Mendoza-Perez	dministrative Services Offic		No	Brie.Mendoza-Perez@nevadacountyca.g
8					
9					
10					

View additional rows by selecting the "+" to the left.

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Nevada	2025-26

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:35 pm, Aug 27, 2025

Charlene Weiss-Wenzl, Nursing Director		
HCPCFC/County Authorized Representative	Signature	Date
Heidi Hall	Heidi Hall (10/30/2025 09:02:06 PDT)	10/30/2025
Local Governing Body Chairperson Name,	Signature	Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1395, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 4[illegible]

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:35 pm, Aug 27, 2025

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

Signature

Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Base Budget Narrative	County/City Name:	Fiscal Year:
	Nevada	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses

Salary and benefit amounts are based on the CEO-issued salary planner for FY 2025–26. The vacant nurse position from FY 2024–25 has been filled by Ashley Gonzalez, and this year's base budget reflects only her time and benefits. The Senior Public Health Nurse will continue performing activities covered under the base budget; however, these expenses will be supported with County funds rather than included in this allocation.

II. Operating Expenses Identify and Explain All Operating Expense Line Items

III. Capital Expenses Identify and Explain All Capital Expense Line Items

IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items

Internal:	The indirect expenses have been removed from this budget for simplicity and lack of funds. The indirect costs will be supported with County funds rather than included in this allocation.
External:	

V. Other Expenses Identify and Explain All Other Expense Line Items

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC [illegible] above.

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:35 pm, Aug 27, 2025

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, Title | Signature | Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:35 pm, Aug 27, 2025

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

Signature

Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:
	Nevada	2025-26

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC viol[illegible]

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, Title

Signature

Date

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:35 pm, Aug 27, 2025

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

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

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative	County/City Name:	Fiscal Year:
	Nevada	2025-26

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

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

APPROVED
Signature Date
By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

APPROVED

By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025

Authorized HCPCFC Signor Name, Title | Signature | Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

County-City Match Budget Narrative	County/City Name:	Fiscal Year:
	Nevada	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses

Salary and benefit amounts are based on the CEO-issued salary planner for FY 2025–26. The vacant nurse position from FY 2024–25 has been filled by Ashley Gonzalez, and this year's County-City Match budget reflects only her time and benefits. This is consistant with FY2425.

II. Operating Expenses Identify and Explain All Operating Expense Line Items

III. Capital Expenses Identify and Explain All Capital Expense Line Items

IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items

Internal:	The indirect expenses have been removed from this budget for simplicity and lack of funds. The indirect costs will be supported with County funds rather than included in this allocation.
External:	

V. Other Expenses Identify and Explain All Other Expense Line Items

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025

Charlene Weiss-Wenzl, Nursing Director — Signature — Date

Authorized HCPCFC Signor Name, Title

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

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

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025

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

Signature Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Administrative Budget Narrative	County/City Name:	Fiscal Year:
	Nevada	2025-26

I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses

The Supervising Public Health Nurse (SPHN) role is distributed among the Nursing Director, Senior Nurse, and Nurse II, totaling 0.7285 FTE, providing oversight and guidance to PHNs in alignment with HCPCFC requirements. The Public Health Assistant (PHA) is filled by an Administrative Services Assistant at 0.25 FTE, supporting PHNs with clerical tasks, record management, and scheduling. Fiscal Support Staff responsibilities are shared between an Accountant and the Administrative Services Officer, totaling 0.1501 FTE, ensuring budget oversight and required financial reporting. Administrative Support Staff functions are provided by an Administrative Assistant II at 0.25 FTE, delivering operational and administrative support to maintain program compliance and efficiency.

II. Operating Expenses Identify and Explain All Operating Expense Line Items

III. Capital Expenses Identify and Explain All Capital Expense Line Items

IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items

Internal:	Indirect for Nevada County is 25% of personnel expenses based upon FY 25/26 CDPH approved Indirect Cost allocation.
External:	

V. Other Expenses Identify and Explain All Other Expense Line Items

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC [illegible] above.

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, Title | Signature | Date

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

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

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

APPROVED
By Char Weiss-Wenzl, RN, PHN at 3:36 pm, Aug 27, 2025