



# RESOLUTION No. 23-522

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

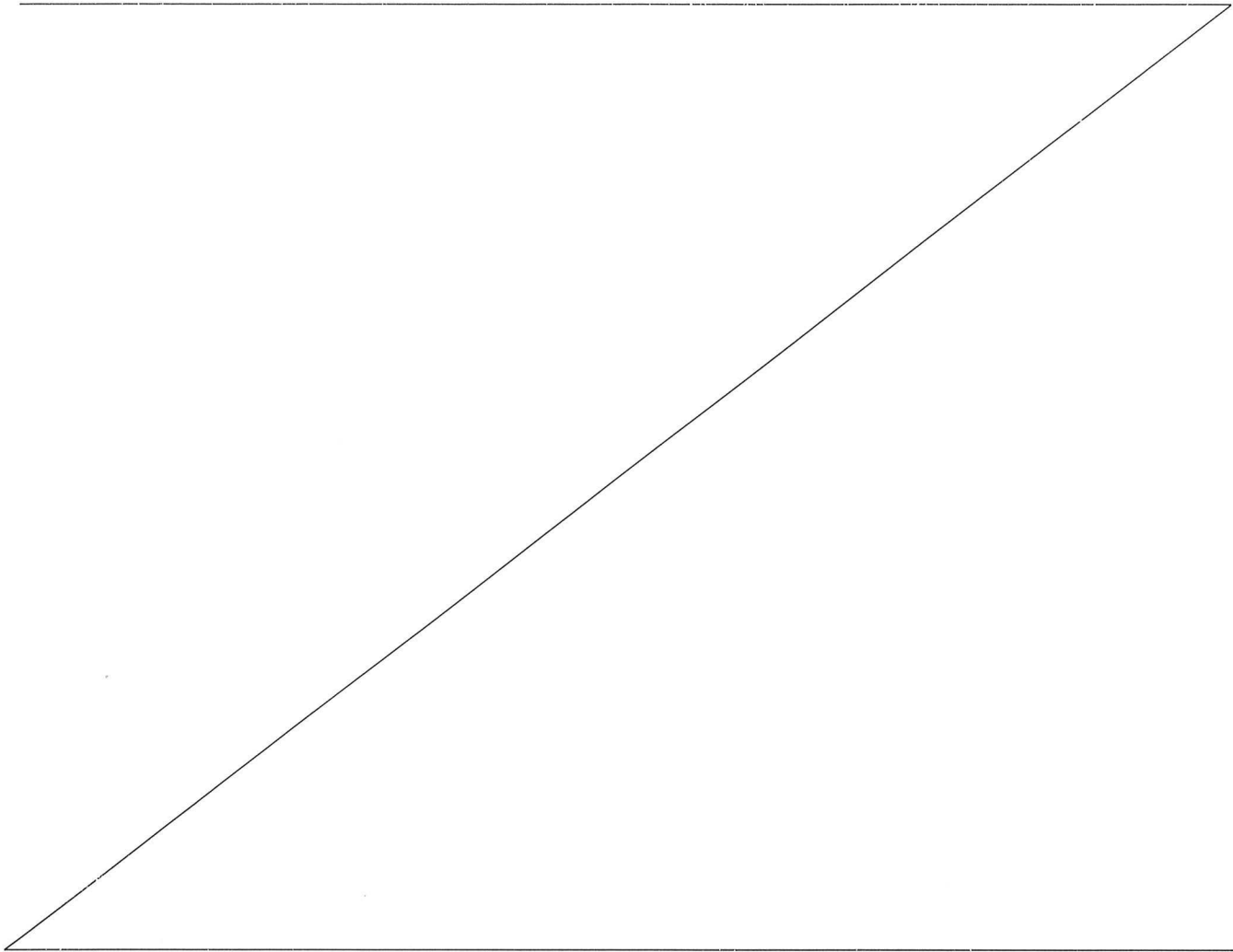
### RESOLUTION APPROVING THE RENEWAL OF NEVADA COUNTY'S CHILDREN'S MEDICAL SERVICES (CMS) PLAN WHICH INCLUDES THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM/ CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP) AND HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) FOR FISCAL YEAR 2023/24

WHEREAS, the Child Health and Disability (CHDP) Prevention/Childhood Lead Poisoning Prevention Program (CLPPP) and the Health Care Program for Children in Foster Care (HCPCFC) 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 Children's Medical Services (CMS) 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.

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 the Child Health And Disability Prevention (CHDP) Program and the Health Care Program for Children in Foster Care (HCPCFC) for Fiscal Year 2023/24, 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.



PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 24th day of October, 2023, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward C. Scofield, Lisa Swarthout, Susan Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: 

  
Edward C. Scofield, Chair

JULY 1, 2023

CHDP PROGRAM LETTER: 23-01

TO: CHILD HEALTH & DISABILITY PREVENTION PROGRAM DIRECTORS,  
DEPUTY DIRECTORS, MEDICAL CONSULTANTS, AND DEPARTMENT  
OF HEALTH CARE SERVICES STAFF

SUBJECT: CHILD HEALTH & DISABILITY PREVENTION PROGRAM FISCAL YEAR  
2023-2024 ALLOCATION

The purpose of this letter is to provide Child Health & Disability Prevention (CHDP) programs with their Fiscal Year (FY) 2023-2024 allocation.

This letter serves as each local program's approved state CHDP budget and enables each local program to use this letter to develop its budget. Budget approval letters will not be issued. Detailed budget information may be found in the Integrated Systems of Care Division (ISCD) Plan and Fiscal Guidelines (PFG).

Acceptance of funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the CHDP program and adhere to all applicable policies and procedures set forth by the Department of Health Care Services (DHCS). Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the CHDP program audit exception, are the exclusive and sole responsibility of each local program.

Each local program remains responsible for overseeing and tracking its expenditures. An audit file must be maintained. At a minimum this audit file should include:

- » Documentation of required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under Federal Financial Participation (FFP).
- » Documentation in support of claimed expenditures.
- » Documentation to demonstrate compliance with all federal and state requirements pertaining to the CHDP program, and adherence to all applicable policies and procedures set forth by DHCS.



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CHDP PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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The audit file must be retained in keeping with the requirements of 42 CFR § 433.32 - Fiscal Policies and Accountability,<sup>1</sup> applicable state and federal law, and local policy. The audit file must be produced to State and Federal entities within seven (7) calendar days of a request.

### **Budget Reporting Instructions**

- » Utilize the CHDP Budget Workbook.

Budget workbooks may be found in the Templates section of the ISCD Budget Portal<sup>2</sup> and by requested to CHDPprogram@dhcs.ca.gov. Questions regarding the ISCD Budget Portal may be directed to ISCDFiscal@dhcs.ca.gov.

- » Sign electronically using Adobe Acrobat Pro DC Self-signed with Digital ID<sup>3</sup> function or DocuSign.<sup>4</sup>

If access to either of these options is not available, scanned signature will be accepted, with the original kept in the local audit file.

- » Submit electronically to the ISCD Budget Portal.

- » Submit only two documents to the ISCD Budget Portal:

- One Excel version of the CHDP Budget Workbook  
and
- One signed PDF version of the CHDP Budget Workbook

- » Submit only the information requested in the CHDP Budget Workbook. Be prepared to provide ISCD with additional documentation to demonstrate compliance with program requirements, upon request.

- » Submit by **September 15, 2023**.

If all necessary signatures cannot be obtained by this date, submit completed excel workbooks by the deadline and contact CHDPprogram@dhcs.ca.gov to request an extension for submission of required signatures.

### **CHDP Transition**

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<sup>1</sup> [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-433/subpart-A/section-433.32#p-433.32\(a\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-433/subpart-A/section-433.32#p-433.32(a))

<sup>2</sup> <https://iscdbudget.cloudapps.dhcs.ca.gov/>

<sup>3</sup> <https://helpx.adobe.com/acrobat/using/digital-ids.html>

<sup>4</sup> [https://support.docusign.com/s/articles/How-do-I-sign-a-DocuSign-document-Basic-Signing?language=en\\_US&rsc=301](https://support.docusign.com/s/articles/How-do-I-sign-a-DocuSign-document-Basic-Signing?language=en_US&rsc=301)

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CHDP PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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As announced in CHDP Program Letter and Provider Notices 22-02<sup>5</sup> and 22-06,<sup>6</sup> the CHDP program will be discontinued effective July 1, 2024. Information regarding the transition, including opportunities for stakeholder engagement, can be found on the CHDP Transition webpage.<sup>7</sup> Alternative resources and further information regarding the transition of specific activities to existing delivery systems will be integrated into the CHDP Program webpage<sup>8</sup> in the coming months.

### **Contact Information**

Questions regarding the ISCD Budget Portal and expenditure invoicing may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). All other questions and concerns may be directed to the central program inbox: [CHDPprogram@dhcs.ca.gov](mailto:CHDPprogram@dhcs.ca.gov).

Sincerely,

### **ORIGINAL SIGNED BY CORTNEY MASLYN**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

### **Attachments:**

1. FY 2023-24 CHDP Allocation Table

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<sup>5</sup> <https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-Provider-Information-Notice-22-02.pdf>

<sup>6</sup> <https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-Provider-Info-Notice-22-06.pdf>

<sup>7</sup> <https://www.dhcs.ca.gov/services/chdp/Pages/CHDP-Transition.aspx>

<sup>8</sup> <https://www.dhcs.ca.gov/services/chdp>

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CHDP PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1:  
Child Health & Disability Prevention Program  
Base Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Alameda	356,482	638,755	995,237
Alpine	22,138	34,431	56,568
Amador	50,133	75,058	125,192
Berkeley	84,043	188,852	272,895
Butte	160,164	268,742	428,907
Calaveras	46,823	64,630	111,453
Colusa	50,062	70,965	121,028
Contra Costa	224,037	586,607	810,644
Del Norte	48,642	93,928	142,570
El Dorado	105,091	155,721	260,811
Fresno	416,419	715,690	1,132,109
Glenn	68,369	107,344	175,713
Humboldt	144,049	282,736	426,785
Imperial	160,084	264,283	424,368
Inyo	31,061	55,528	86,589
Kern	402,303	671,570	1,073,873
Kings	143,923	240,757	384,680
Lake	93,497	146,113	239,610
Lassen	34,771	59,560	94,331
Long Beach	230,963	362,929	593,893
Los Angeles	1,709,068	4,037,778	5,746,845
Madera	142,851	222,634	365,485
Marin	106,915	173,170	280,085
Mariposa	28,884	50,997	79,881
Mendocino	109,686	159,157	268,843
Merced	242,877	433,703	676,580
Modoc	48,313	90,997	139,310
Mono	28,489	42,924	71,413
Monterey	206,155	440,968	647,123
Napa	70,432	109,122	179,554

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CHDP PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Nevada	69,508	104,436	173,944
Orange	727,925	1,219,355	1,947,280
Pasadena	111,163	220,282	331,446
Placer	127,543	185,612	313,155
Plumas	64,387	128,548	192,934
Riverside	445,805	651,635	1,097,440
Sacramento	422,165	790,207	1,212,372
San Benito	87,986	132,773	220,759
San Bernardino	569,983	955,645	1,525,628
San Diego	580,606	793,034	1,373,640
San Francisco	256,154	444,139	700,293
San Joaquin	278,991	590,280	869,271
San Luis Obispo	126,999	201,663	328,663
San Mateo	198,824	386,275	585,099
Santa Barbara	246,860	351,415	598,275
Santa Clara	338,654	734,790	1,073,444
Santa Cruz	141,389	237,525	378,915
Shasta	125,486	205,918	331,405
Sierra	28,146	57,296	85,441
Siskiyou	34,954	57,498	92,453
Solano	141,484	252,057	393,541
Sonoma	179,796	296,227	476,022
Stanislaus	255,699	449,962	705,660
Sutter	105,986	120,986	226,973
Tehama	89,440	117,603	207,043
Trinity	38,432	55,245	93,676
Tulare	237,940	400,022	637,961
Tuolumne	68,150	117,215	185,365
Ventura	303,401	504,683	808,085
Yolo	102,298	166,897	269,195
Yuba	42,371	71,876	114,247
<b>Total</b>	<b>12,115,250</b>	<b>21,846,750</b>	<b>33,962,000</b>



JULY 1, 2023

CHDP PROGRAM LETTER: 23-02

TO: CHILD HEALTH & DISABILITY PREVENTION PROGRAM DIRECTORS,  
DEPUTY DIRECTORS, MEDICAL CONSULTANTS, AND DEPARTMENT  
OF HEALTH CARE SERVICES STAFF

SUBJECT: CHILD HEALTH & DISABILITY PREVENTION PROGRAM CHILDHOOD  
LEAD POISONING & PREVENTION FISCAL YEAR 2023-2024  
ALLOCATION

The purpose of this letter is to provide Child Health & Disability Prevention Childhood Lead Poisoning & Prevention (CHDP-CLPP) with their Fiscal Year (FY) 2023-2024 allocation.

This letter serves as each local program's approved state CHDP CLPP budget and enables each local program to use this letter to develop its budget. Budget approval letters will not be issued. Detailed budget information may be found in the Integrated Systems of Care Division (ISCD) Plan and Fiscal Guidelines (PFG).

Acceptance of funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the CHDP-CLPP program and adhere to all applicable policies and procedures set forth by the Department of Social Services and the Department of Health Care Services. Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the CHDP-CLPP program audit exception, are the exclusive and sole responsibility of each local program.

CHDP-CLPP programs must maintain an audit file. The audit file should include any documentation necessary to demonstrate compliance with all federal and state requirements pertaining to the CHDP-CLPP program, and adherence to all applicable policies and procedures set forth by the Department of Public Health and the Department of Health Care Services. Counties should be prepared to produce the audit file to State and Federal entities within seven (7) calendar days of a request.





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CHDP PROGRAM LETTER 23-02: FISCAL YEAR 2023-2024 ALLOCATION

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### **Quarterly Procedure**

- » Submit a completed CHDP-CLPP Quarterly Activity Reporting Workbook to CHDP\_CLPPB\_Reporting@cdph.ca.gov. The CHDP-CLPP Quarterly Activity Reporting Workbook can be requested from: CHDPprogram@dhcs.ca.gov.
- » Submit an expenditure invoice to ISCDFiscal@dhcs.ca.gov with the following supportive documentation:
  - Documentation of required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed.
  - Documentation in support of all claimed expenditures (receipts, etc.).

### **Budget Reporting Instructions**

- » Utilize the CHDP-CLPP Budget Workbook.  
Budget workbooks may be found in the Templates section of the ISCD Budget Portal<sup>1</sup> and by requested to CHDPprogram@dhcs.ca.gov. Questions regarding the ISCD Budget Portal may be directed to ISCDFiscal@dhcs.ca.gov.
- » Sign electronically using Adobe Acrobat Pro DC Self-signed with Digital ID<sup>2</sup> function or DocuSign.<sup>3</sup>  
If access to either of these options is not available, scanned signature will be accepted, with the original kept in the local audit file.
- » Submit electronically to the ISCD Budget Portal.
- » Submit only two documents to the ISCD Budget Portal:
  - One Excel version of the CHDP-CLPP Budget Workbook  
and
  - One signed PDF version of the CHDP-CLPP Budget Workbook
- » Submit by September 15, 2023.  
If all necessary signatures cannot be obtained by this date, submit completed excel workbooks by the deadline and contact CHDPprogram@dhcs.ca.gov to request an extension for submission of required signatures.

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<sup>1</sup> <https://iscdbudget.cloudapps.dhcs.ca.gov/>

<sup>2</sup> <https://helpx.adobe.com/acrobat/using/digital-ids.html>

<sup>3</sup> [https://support.docusign.com/s/articles/How-do-I-sign-a-DocuSign-document-Basic-Signing?language=en\\_US&rsc=301](https://support.docusign.com/s/articles/How-do-I-sign-a-DocuSign-document-Basic-Signing?language=en_US&rsc=301)

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**Contact Information**

Questions regarding the ISCD Budget Portal and expenditure invoicing may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). All other questions and concerns may be directed to: [CHDPprogram@dhcs.ca.gov](mailto:CHDPprogram@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY CORTNEY MASLYN**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

**Attachments:**

1. FY 2023-24 CHDP-CLPP Allocation Table

July 1, 2023

CHDP PROGRAM LETTER 23-02: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1:

Child Health and Disability Prevention Childhood Lead Poisoning Prevention Activities  
Fiscal Year 2023-24 Allocation Table  
(07/01/2023 through 06/30/2024)

County	Chart Review <sup>4</sup>	Care Coordination <sup>5</sup>	Training & Education <sup>6</sup>
Alameda	\$23,386.77		
Alpine*	\$1,329.27		\$241.86
Amador	\$2,941.85		
Berkeley	\$6,412.68		
Butte	\$10,078.75		
Calaveras	\$2,619.00		
Colusa	\$2,844.00		
Contra Costa	\$19,049.08		
Del Norte	\$3,350.21		
El Dorado	\$6,128.72		
Fresno	\$26,603.08		
Glenn	\$4,129.03		
Humboldt	\$10,028.89		
Imperial	\$9,972.09		
Inyo*	\$2,034.73		\$296.45
Kern	\$25,234.61		
Kings*	\$9,039.48	\$1,426.33	\$330.06
Lake	\$5,630.52		
Lassen	\$2,216.66		
Long Beach	\$13,955.71		
Los Angeles	\$135,043.36		
Madera	\$8,588.42		
Marin	\$6,581.63		
Mariposa	\$1,877.10		
Mendocino*	\$6,317.46	\$570.76	\$290.57
Merced*	\$15,898.75	\$347.16	\$294.56
Modoc	\$3,273.60		
Mono*	\$1,678.11	\$111.87	\$284.75
Monterey	\$15,206.55		
Napa*	\$4,219.28	\$529.75	\$337.11
Nevada	\$4,087.46		

<sup>4</sup> Chart Review - Up to 10 medical record reviews at each provider office

<sup>5</sup> Care Coordination - Blood Lead related work and follow up done in non-contracted counties.

<sup>6</sup> Training & Education of Providers - Blood Lead testing training for non-contracted counties

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CHDP PROGRAM LETTER 23-02: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1:

Child Health and Disability Prevention Childhood Lead Poisoning Prevention Activities  
Fiscal Year 2023-24 Allocation Table  
(07/01/2023 through 06/30/2024)

<b>County</b>	<b>Chart Review<sup>4</sup></b>	<b>Care Coordination<sup>5</sup></b>	<b>Training &amp; Education<sup>6</sup></b>
Orange	\$45,758.54		
Pasadena	\$7,788.55		
Placer	\$7,358.73		
Plumas	\$4,533.70		
Riverside	\$25,788.41		
Sacramento	\$28,489.16		
San Benito*	\$5,187.55	\$105.34	\$268.14
San Bernardino	\$35,850.27		
San Diego	\$32,278.75		
San Francisco	\$16,455.97		
San Joaquin	\$20,426.73		
San Luis Obispo	\$7,723.15		
San Mateo	\$13,749.06		
Santa Barbara*	\$14,058.68	\$669.89	\$341.03
Santa Clara	\$25,224.53		
Santa Cruz	\$8,904.01		
Shasta	\$7,787.59		
Sierra*	\$2,007.75		\$249.95
Siskiyou	\$2,172.52		
Solano	\$9,247.70		
Sonoma	\$11,185.90		
Stanislaus	\$16,582.09		
Sutter	\$5,333.57		
Tehama	\$4,865.24		
Trinity*	\$2,201.26	\$155.21	\$197.53
Tulare	\$14,991.25		
Tuolumne	\$4,355.84		
Ventura	\$18,988.94		
Yolo	\$6,325.73		
Yuba	\$2,684.66		
<b>Total</b>	<b>\$798,062.68</b>	<b>\$3,916.31</b>	<b>\$3,132.01</b>

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CHDP PROGRAM LETTER 23-02: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1:

Child Health and Disability Prevention Childhood Lead Poisoning Prevention Activities  
Fiscal Year 2023-24 Allocation Table  
(07/01/2023 through 06/30/2024)

<b>County</b>	<b>Chart Review<sup>4</sup></b>	<b>Care Coordination<sup>5</sup></b>	<b>Training &amp; Education<sup>6</sup></b>
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\* Highlighted counties do not have a CDPH CLPP contract and therefore need extra PHN hours for all three activities.



JULY 1, 2023

HCPCFC PROGRAM LETTER: 23-01

TO: CHILD HEALTH & DISABILITY PREVENTION PROGRAM DIRECTORS, DEPUTY DIRECTORS, HEALTHCARE PROGRAM FOR CHILDREN IN FOSTER CARE ADMINISTRATORS, MEDICAL CONSULTANTS, AND DEPARTMENT OF HEALTH CARE SERVICES STAFF

SUBJECT: HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE FISCAL YEAR 2023-2024 ALLOCATION

The purpose of this letter is to provide Health Care Programs for Children in Foster Care (HCPCFC) with their Fiscal Year (FY) 2023-2024 allocation.

This letter serves as each local program's approved state HCPCFC budget and enables each local program to use this letter to develop its budget. Budget approval letters will not be issued. Detailed budget information may be found in the Integrated Systems of Care Division (ISCD) Plan and Fiscal Guidelines (PFG).

Acceptance of funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the HCPCFC program and adhere to all applicable policies and procedures set forth by the Department of Social Services and the Department of Health Care Services. Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the HCPCFC program audit exception, are the exclusive and sole responsibility of each local program.

Each local program remains responsible for overseeing and tracking its expenditures. An audit file must be maintained. At a minimum this audit file should include:

- » Documentation of required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under Federal Financial Participation (FFP).
- » Documentation in support of claimed expenditures.
- » Documentation to demonstrate compliance with all federal and state requirements pertaining to the HCPCFC program, and adherence to all



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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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applicable policies and procedures set forth by the Department of Social Services and the Department of Health Care Services.

Counties should maintain and be prepared to produce the audit file to State and Federal entities within seven (7) calendar days of a request.

### **Budget Reporting Instructions**

- » Utilize the HCPCFC Budget Workbook.

Budget workbooks may be found in the Templates section of the ISCD Budget Portal<sup>1</sup> and by requested to HCPCFC@dhcs.ca.gov. Questions regarding the ISCD Budget Portal may be directed to ISCDFiscal@dhcs.ca.gov.

- » Sign electronically using Adobe Acrobat Pro DC Self-signed with Digital ID<sup>2</sup> function or DocuSign.<sup>3</sup>

If access to either of these options is not available, scanned signature will be accepted, with the original kept in the local audit file. Electronic signature will be required in FY 2024-25.

- » Submit electronically to the ISCD Budget Portal.

- » Submit only two documents to the ISCD Budget Portal:

- One Excel version of the HCPCFC Budget Workbook  
and
- One signed PDF version of the HCPCFC Budget Workbook

- » Submit only the information requested in the HCPCFC Budget Workbook. Be prepared to provide ISCD with additional documentation to demonstrate compliance with program requirements, upon request.

- » Submit by September 15, 2023.

If all necessary signatures cannot be obtained by this date, submit completed excel workbooks by the deadline and contact HCPCFC@dhcs.ca.gov to request an extension for submission of required signatures.

### **Child Health and Disability Prevention (CHDP) Transition**

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<sup>1</sup> <https://iscdbudget.cloudapps.dhcs.ca.gov/>

<sup>2</sup> <https://helpx.adobe.com/acrobat/using/digital-ids.html>

<sup>3</sup> [https://support.docusign.com/s/articles/How-do-I-sign-a-DocuSign-document-Basic-Signing?language=en\\_US&rsc=301](https://support.docusign.com/s/articles/How-do-I-sign-a-DocuSign-document-Basic-Signing?language=en_US&rsc=301)

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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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As announced in CHDP Program Letter and Provider Notices 22-02<sup>4</sup> and 22-06,<sup>5</sup> the CHDP program will be discontinued effective July 1, 2024. Information regarding the transition, including opportunities for stakeholder engagement, can be found on the CHDP Transition webpage.<sup>6</sup> Alternative resources and further information regarding the transition of specific activities to existing delivery systems will be integrated into the CHDP Program webpage<sup>7</sup> and the HCPCFC Program webpage<sup>8</sup> in the coming months.

### **Contact Information**

Questions regarding the ISCD Budget Portal and expenditure invoicing may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). All other questions may be directed to the central program inbox: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).

Sincerely,

### **ORIGINAL SIGNED BY CORTNEY MASLYN**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

### **Attachments:**

1. FY 2023-24 HCPCFC Allocation Tables
  - A. Base Allocation
  - B. Psychotropic Medication Monitoring & Oversight
  - C. Caseload Relief

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<sup>4</sup> <https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-Provider-Information-Notice-22-02.pdf>

<sup>5</sup> <https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-Provider-Info-Notice-22-06.pdf>

<sup>6</sup> <https://www.dhcs.ca.gov/services/chdp/Pages/CHDP-Transition.aspx>

<sup>7</sup> <https://www.dhcs.ca.gov/services/chdp>

<sup>8</sup> <https://www.dhcs.ca.gov/services/hcpcfc>



July 1, 2023

HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1A:  
Health Care Program For Children in Foster Care  
Base Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Alameda	\$177,822	\$533,467	\$711,289
Alpine	\$3,000	\$9,000	\$12,000
Amador	\$8,244	\$24,733	\$32,978
Butte	\$69,351	\$208,052	\$277,403
Calaveras	\$11,801	\$35,403	\$47,204
Colusa	\$5,820	\$17,459	\$23,279
Contra Costa	\$98,126	\$294,377	\$392,502
Del Norte	\$17,459	\$52,377	\$69,836
El Dorado	\$19,884	\$59,651	\$79,535
Fresno	\$408,991	\$1,226,973	\$1,635,964
Glenn	\$7,598	\$22,794	\$30,391
Humboldt	\$55,772	\$167,315	\$223,086
Imperial	\$57,873	\$173,619	\$231,492
Inyo	\$3,000	\$9,000	\$12,000
Kern	\$304,076	\$912,228	\$1,216,304
Kings	\$54,155	\$162,465	\$216,620
Lake	\$13,902	\$41,707	\$55,610
Lassen	\$10,346	\$31,038	\$41,384
Los Angeles	\$2,970,116	\$8,910,347	\$11,880,463
Madera	\$42,192	\$126,577	\$168,769
Marin	\$13,902	\$41,707	\$55,610
Mariposa	\$3,000	\$9,000	\$12,000
Mendocino	\$34,918	\$104,753	\$139,671
Merced	\$89,396	\$268,188	\$357,584
Modoc	\$2,425	\$7,275	\$9,699
Mono	\$3,000	\$9,000	\$12,000
Monterey	\$33,625	\$100,874	\$134,498
Napa	\$15,519	\$46,557	\$62,076
Nevada	\$7,436	\$22,309	\$29,745
Orange	\$400,423	\$1,201,270	\$1,601,693
Placer	\$29,260	\$87,780	\$117,039
Plumas	\$5,658	\$16,974	\$22,632
Riverside	\$509,218	\$1,527,654	\$2,036,873
Sacramento	\$254,771	\$764,312	\$1,019,083
San Benito	\$5,658	\$16,974	\$22,632
San Bernardino	\$862,761	\$2,588,283	\$3,451,044
San Diego	\$336,731	\$1,010,192	\$1,346,922

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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1A:  
Health Care Program For Children in Foster Care  
Base Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
San Francisco	\$100,227	\$300,681	\$400,908
San Joaquin	\$193,826	\$581,479	\$775,305
San Luis Obispo	\$41,546	\$124,637	\$166,183
San Mateo	\$21,985	\$65,956	\$87,941
Santa Barbara	\$65,309	\$195,928	\$261,237
Santa Clara	\$93,114	\$279,343	\$372,457
Santa Cruz	\$24,572	\$73,715	\$98,287
Shasta	\$64,824	\$194,473	\$259,297
Sierra	\$3,000	\$9,000	\$12,000
Siskiyou	\$10,508	\$31,523	\$42,031
Solano	\$63,693	\$191,078	\$254,771
Sonoma	\$82,283	\$246,850	\$329,133
Stanislaus	\$98,934	\$296,801	\$395,735
Sutter	\$14,064	\$42,192	\$56,256
Tehama	\$18,591	\$55,772	\$74,362
Trinity	\$3,071	\$9,214	\$12,286
Tulare	\$145,491	\$436,473	\$581,964
Tuolumne	\$12,609	\$37,828	\$50,437
Ventura	\$77,272	\$231,815	\$309,087
Yolo	\$53,832	\$161,495	\$215,327
Yuba	\$28,452	\$85,355	\$113,806
City of Berkeley	\$6,143	\$18,429	\$24,572
<b>Total</b>	<b>\$8,170,573</b>	<b>\$24,511,719</b>	<b>\$32,682,292</b>

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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1B:  
Health Care Program For Children in Foster Care  
Psychotropic Medication Monitoring and Oversight Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Alameda	\$40,795	\$122,386	\$163,181
Alpine	\$3,659	\$10,975	\$14,634
Amador	\$3,659	\$10,975	\$14,634
Butte	\$18,293	\$54,878	\$73,171
Calaveras	\$3,659	\$10,975	\$14,634
Colusa	\$3,659	\$10,975	\$14,634
Contra Costa	\$36,585	\$109,756	\$146,341
Del Norte	\$3,659	\$10,975	\$14,634
El Dorado	\$10,976	\$32,926	\$43,902
Fresno	\$54,878	\$164,634	\$219,512
Glenn	\$3,659	\$10,975	\$14,634
Humboldt	\$7,317	\$21,951	\$29,268
Imperial	\$14,634	\$43,903	\$58,537
Inyo	\$3,659	\$10,975	\$14,634
Kern	\$40,244	\$120,732	\$160,976
Kings	\$7,317	\$21,951	\$29,268
Lake	\$7,317	\$21,951	\$29,268
Lassen	\$3,659	\$10,975	\$14,634
Los Angeles	\$526,829	\$1,580,488	\$2,107,317
Madera	\$3,659	\$10,975	\$14,634
Marin	\$3,659	\$10,975	\$14,634
Mariposa	\$3,659	\$10,975	\$14,634
Mendocino	\$10,976	\$32,926	\$43,902
Merced	\$10,976	\$32,926	\$43,902
Modoc	\$3,659	\$10,975	\$14,634
Mono	\$3,659	\$10,975	\$14,634
Monterey	\$14,634	\$43,903	\$58,537
Napa	\$3,659	\$10,975	\$14,634
Nevada	\$3,659	\$10,975	\$14,634
Orange	\$47,561	\$142,683	\$190,244
Placer	\$7,317	\$21,951	\$29,268
Plumas	\$3,659	\$10,975	\$14,634
Riverside	\$102,439	\$307,317	\$409,756
Sacramento	\$73,171	\$219,512	\$292,683
San Benito	\$3,659	\$10,975	\$14,634
San Bernardino	\$142,683	\$428,049	\$570,732

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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1B:  
Health Care Program For Children in Foster Care  
Psychotropic Medication Monitoring and Oversight Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
San Diego	\$80,488	\$241,463	\$321,951
San Francisco	\$25,610	\$76,829	\$102,439
San Joaquin	\$51,220	\$153,658	\$204,878
San Luis Obispo	\$14,634	\$43,903	\$58,537
San Mateo	\$10,976	\$32,926	\$43,902
Santa Barbara	\$14,634	\$43,903	\$58,537
Santa Clara	\$36,585	\$109,756	\$146,341
Santa Cruz	\$7,317	\$21,951	\$29,268
Shasta	\$14,634	\$43,903	\$58,537
Sierra	\$3,658	\$10,976	\$14,634
Siskiyou	\$3,658	\$10,976	\$14,634
Solano	\$10,975	\$32,927	\$43,902
Sonoma	\$18,292	\$54,879	\$73,171
Stanislaus	\$29,267	\$87,806	\$117,073
Sutter	\$7,316	\$21,952	\$29,268
Tehama	\$3,658	\$10,976	\$14,634
Trinity	\$3,658	\$10,976	\$14,634
Tulare	\$21,951	\$65,855	\$87,806
Tuolumne	\$3,658	\$10,977	\$14,635
Ventura	\$25,609	\$76,831	\$102,440
Yolo	\$14,634	\$43,904	\$58,538
Yuba	\$7,316	\$21,953	\$29,269
City of Berkeley	\$3,107	\$9,322	\$12,429
<b>Total</b>	<b>\$1,650,000</b>	<b>\$4,950,000</b>	<b>\$6,600,000</b>

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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1C:  
Health Care Program For Children in Foster Care  
Caseload Relief Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Alameda	\$97,126	\$291,374	\$388,500
Alpine	\$0	\$0	\$0
Amador	\$3,996	\$11,989	\$15,985
Butte	\$36,351	\$109,051	\$145,402
Calaveras	\$5,836	\$17,509	\$23,345
Colusa	\$3,172	\$9,516	\$12,688
Contra Costa	\$67,880	\$203,639	\$271,519
Del Norte	\$4,821	\$14,464	\$19,285
El Dorado	\$19,095	\$57,285	\$76,380
Fresno	\$133,095	\$399,283	\$532,378
Glenn	\$5,075	\$15,226	\$20,301
Humboldt	\$23,346	\$70,036	\$93,382
Imperial	\$28,611	\$85,832	\$114,443
Inyo	\$1,161	\$3,483	\$4,644
Kern	\$109,940	\$329,818	\$439,758
Kings	\$24,171	\$72,511	\$96,682
Lake	\$10,341	\$31,021	\$41,362
Lassen	\$4,314	\$12,942	\$17,256
Los Angeles	\$1,389,880	\$4,169,636	\$5,559,516
Madera	\$21,125	\$63,376	\$84,501
Marin	\$5,963	\$17,890	\$23,853
Mariposa	\$1,903	\$5,710	\$7,613
Mendocino	\$17,318	\$51,956	\$69,274
Merced	\$33,495	\$100,487	\$133,982
Modoc	\$963	\$2,889	\$3,852
Mono	\$0	\$0	\$0
Monterey	\$27,659	\$82,978	\$110,637
Napa	\$8,310	\$24,932	\$33,242
Nevada	\$3,996	\$11,989	\$15,985
Orange	\$150,604	\$451,810	\$602,414

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HCPCFC PROGRAM LETTER 23-01: FISCAL YEAR 2023-2024 ALLOCATION

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Attachment 1C:  
Health Care Program For Children in Foster Care  
Caseload Relief Allocation  
(07/01/2023 through 06/30/2024)

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Placer	\$14,211	\$42,632	\$56,843
Plumas	\$3,172	\$9,516	\$12,688
Riverside	\$219,497	\$658,493	\$877,990
Sacramento	\$151,429	\$454,285	\$605,714
San Benito	\$3,679	\$11,038	\$14,717
San Bernardino	\$381,013	\$1,143,039	\$1,524,052
San Diego	\$173,441	\$520,324	\$693,765
San Francisco	\$57,856	\$173,568	\$231,424
San Joaquin	\$98,139	\$294,419	\$392,558
San Luis Obispo	\$26,328	\$78,981	\$105,309
San Mateo	\$18,206	\$54,621	\$72,827
Santa Barbara	\$28,357	\$85,071	\$113,428
Santa Clara	\$74,668	\$224,002	\$298,670
Santa Cruz	\$17,382	\$52,147	\$69,529
Shasta	\$28,166	\$84,500	\$112,666
Sierra	\$0	\$0	\$0
Siskiyou	\$6,725	\$20,174	\$26,899
Solano	\$27,469	\$82,407	\$109,876
Sonoma	\$33,433	\$100,297	\$133,730
Stanislaus	\$48,214	\$144,641	\$192,855
Sutter	\$11,102	\$33,305	\$44,407
Tehama	\$13,830	\$41,489	\$55,319
Trinity	\$3,299	\$9,896	\$13,195
Tulare	\$67,371	\$202,115	\$269,486
Tuolumne	\$6,660	\$19,983	\$26,643
Ventura	\$53,606	\$160,818	\$214,424
Yolo	\$27,216	\$81,647	\$108,863
Yuba	\$13,701	\$41,109	\$54,810
City of Berkeley	\$2,283	\$6,851	\$9,134
<b>Total</b>	<b>\$3,850,000</b>	<b>\$11,550,000</b>	<b>\$15,400,000</b>

**Child Health and Disability Prevention Program**

<b>Agency Information</b>		County/City: Nevada	Fiscal Year: 2023-24
Street Address:	500 Crown Point Cir Ste 110	CHDP Central Email Address:	publichealth@nevadacountyca.gov
City:	Grass Valley		
Zip Code:	95945		
CHDP Director		CHDP Deputy Director	
Name, Title:	Sherilynn Cooke, MD	Name:	Charlene Weiss-Wenzl
Phone:	(530) 265-1450	Phone:	(530) 265-7269
Email:	Sherilynn.Cooke@nevadacountyca.gov	Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov
Clerk of the Board of Supervisors		Health Officer	
Name:	Julie Patterson-Hunter	Name:	Sherilynn Cooke, MD
Phone:	(530) 265-1480	Phone:	(530) 265-1450
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Email:	Sherilynn.Cooke@nevadacountyca.gov
<b>List All CHDP Program Staff</b>			
	<b>Name:</b>	<b>Title:</b>	<b>Email:</b>
1	Charlene Weiss-Wenzl	Public Health Nursing Director	Charlene.Weiss-Wenzl@nevadacountyca.gov
2	Dawn Graves	Health Tech II	Dawn.Graves@nevadacountyca.gov
3	Carol Smith	Administrative Assistant II	Carol.Smith@nevadacountyca.gov
4	Chie Newsom	Public Health Nurse II	Chie.Newsom@nevadacountyca.gov
5			
6			
7			
8			
9			
10			
<i>View additional rows by selecting the "+" to the left. Additional rows may be added above this line.</i>			

**Child Health and Disability Prevention Program**

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

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Integrated Systems of Care Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

Charlene Weiss-Wenzl	<i>Charlene Weiss-Wenzl</i>	9/27/23
CHDP/County Authorized Representative	Signature	Date
Ed Scofield	<i>Ed Scofield</i>	10/26/2023
Local Governing Body Chairperson Name,	Signature	Date



**Child Health and Disability Prevention Program**

Base Budget Worksheet								County/City Name:		Fiscal Year:			
								Nevada		2023-24			
Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3		
I. Personnel Expenses			Total FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
#	Name	Title											
1	Charlene Weiss-Wenzl	Public Health Nursing Director	3%	\$145,486	\$3,637	25%	\$909	75%	\$2,728	0%	\$0	0%	\$0
2	Dawn Graves	Health Tech II	3%	\$52,543	\$1,314	0%	\$0	100%	\$1,314	0%	\$0	0%	\$0
3	Carol Smith	Administrative Assistant II	3%	\$68,441	\$1,711	0%	\$0	100%	\$1,711	0%	\$0	0%	\$0
4	Chie Newsom	Public Health Nurse II	3%	\$105,624	\$2,641	50%	\$1,320	50%	\$1,320	0%	\$0	0%	\$0
5	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
6	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
7	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
8	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
9	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
10	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
View additional rows by selecting the "+" to the left.													
Total Net Salaries and Wages					\$9,302		\$2,230		\$7,073		\$0		\$0
Staff Benefits (Specify %)			70%		\$6,511		\$1,561		\$4,951		\$0		\$0
I. Total Personnel Expenses					\$15,813		\$3,791		\$12,024		\$0		\$0
II. Total Operating Expenses (List in Narrative)					\$660		\$0		\$660		\$0		\$0
III. Total Capital Expenses (List in Narrative)					\$0				\$0		\$0		\$0
IV. Indirect Expenses (List in Narrative)													
1.	Internal (Specify %)		25%		\$3,953				\$3,953		\$0		\$0
2.	External (Specify %)		0%		\$0				\$0		\$0		\$0
IV. Total Indirect Expenses (List in Narrative)					\$3,953				\$3,953		\$0		\$0
V. Total Other Expenses (List in Narrative)					\$0				\$0		\$0		\$0
Budget Grand Total					\$20,426		\$3,791		\$16,637		\$0		\$0

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Integrated Systems of Care Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

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

**Child Health and Disability Prevention Program**

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

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

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

**Child Health and Disability Prevention Program**

Budget Summary					County/City: Nevada		Fiscal Year: 2023-24	
Funding Source:	Base					County/City-Federal		
	1	4	5	2	3	1	2	3
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$15,813	\$3,791	\$12,024	\$0	\$0	\$0	\$0	\$0
II. Total Operating Expenses	\$660	\$0	\$660	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$3,953		\$3,953	\$0	\$0	\$0		\$0
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0
Budget Grand Total	\$20,426	\$3,791	\$16,637	\$0	\$0	\$0	\$0	\$0
	1	4	5	2	3	1	2	3
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced
State General Funds	\$0			\$0				
Medi-Cal Funds:	\$0				\$0			
State/County Funds	\$7,315	\$1,358	\$5,958	\$0	\$0	\$0	\$0	\$0
Federal Funds (Title XIX)	\$13,109	\$2,433	\$10,678	\$0	\$0	\$0	\$0	\$0
Budget Grand Total	\$20,426	\$3,791	\$16,637	\$0	\$0	\$0	\$0	\$0

Charlene Weiss-Wenzl, Director of Public Health Nursing

*Charlene Weiss-Wenzl*

09/27/23

Authorized CHDP Signor Name, Title

Signature

Date

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

<b>Agency Information</b>		County/City:	Fiscal Year:
		Name: Nevada	2023-24
Street Address:	500 Crown Point Cir. Ste 110	Health Officer Name:	Sherilynn Cooke, MD
City:	Grass Valley	CHDP CLPP Primary Email	<a href="mailto:publichealth@nevadacounty.ca.gov">publichealth@nevadacounty.ca.gov</a>
Zip Code:	95945	Address:	<a href="http://ca.gov">ca.gov</a>
Authorized Primary CHDP CLPP Representative		or City Council	
Name, Title:	Charlene Weiss-Wenzl	Name:	Julie Patterson-Hunter
Phone:	(530) 265-7269	Phone:	(530) 265-1480
Email:	<a href="mailto:charlene.weiss-wenzl@nevadacountyca.gov">charlene.weiss-wenzl@nevadacountyca.gov</a>	Email:	<a href="mailto:Julie.Patterson-Hunter@nevadacountyca.gov">Julie.Patterson-Hunter@nevadacountyca.gov</a>
List All CHDP CLPP Program Staff			
Name:	Title:	Email:	
Charlene Weiss-Wenzl	Public Health Nursing Director	Yes	
Chie Newsom	CLPP Program PHN	Yes	
<i>Additional rows may be added above this line.</i>			

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

Budget Worksheet			County/City Name:	Fiscal Year:	
			Name: Nevada	2023-24	
Column	1A	1B	1		
I. Personnel Expenses			Total Base FTE %	Annual Salary	Total Budget
#	Name	Title			
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0%	\$0	\$0
2	Chie Newsom	CLPP Program PHN	2%	\$105,624	\$2,166
3	0	0	0%	\$0	\$0
4	0	0	0%	\$0	\$0
5	0	0	0%	\$0	\$0
6	0	0	0%	\$0	\$0
7	0	0	0%	\$0	\$0
8	0	0	0%	\$0	\$0
9	0	0	0%	\$0	\$0
10	0	0	0%	\$0	\$0
<i>(insert additional rows above this line as needed)</i>					
Total RN & PHN FTE %			0%		
Total Support Staff FTE %			0%		
Total Net Salaries and Wages					\$2,166
Staff Benefits (Specify %)		64%			\$1,388
<b>I. Total Personnel Expenses</b>					<b>\$3,554</b>
<b>II. Total Operating Expenses</b> (List in Narrative)					<b>\$0</b>
<b>III. Total Capital Expenses</b> (List in Narrative)					<b>\$0</b>
IV. Indirect Expenses (List in Narrative)					
1.	Internal (Specify %)	15%			\$533
2.	External (Specify %)	0%			\$0
<b>IV. Total Indirect Expenses</b> (List in Narrative)					<b>\$533</b>
<b>V. Total Other Expenses</b> (List in Narrative)					<b>\$0</b>
<b>Budget Grand Total</b>					<b>\$4,087</b>

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 1030 to 1036 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  
 Charlene Weiss-Wenzl, Director of Public Health Nursing *Charlene Weiss-Wenzl*  
 Authorized Primary CHDP CLPP Representative Name, Title Signature

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

<b>Budget Narrative</b>		County/City Name: Name: Nevada	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and Benefit amounts are from CEO personnel planner for FY 23/24. FTE is 2.0502, which is a reduction of .4498 from FY 22/23			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
N/A			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Indirect rate is 15%, which is within the limit of CDPH approved Indirect Cost report. This is an increase of \$533 from FY 22/23		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

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 1030 to 1036 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.

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

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

<b>Budget Summary</b>	County/City Name:	Fiscal Year:
	Name: Nevada	2023-24
A	B	
Category/Line Item	Total Budget	
I. Total Personnel Expenses	\$3,554	
II. Total Operating Expenses	\$0	
III. Total Capital Expenses	\$0	
IV. Total Indirect Expenses	\$533	
V. Total Other Expenses	\$0	
<b>Budget Grand Total</b>	<b>\$4,087</b>	

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 1030 to 1036 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

Charlene Weiss-Wenzl, Director of Public Health Nursing *Charlene Weiss-Wenzl* 9/27/23

Authorized Primary CHDP CLPP Representative Name, Title

Signature, Date

**Health Care Program for Children in Foster Care**

<b>Agency Information</b>		County/City: Nevada	Fiscal Year: 2023-24		
Street Address:	500 Crown Point Cir. Ste 110	Health Officer Name:	Sherilynn Cooke, MD		
City:	Grass Valley	HPCFC Central Email	Address: publichealth@nevadacountyca.gov		
Zip Code:	95945				
Authorized HPCFC Representative		Director of Social Services Agency			
Name, Title:	Charlene Weiss-Wenzl	Name:	Rachel Peña		
Phone:	(530) 265-7269	Phone:	(530) 265-7077		
Email:	<a href="mailto:charlene.weiss-wenzl@nevadacountyca.gov">charlene.weiss-wenzl@nevadacountyca.gov</a>	Email:	Rachel.Pena@nevadacountca.gov		
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:	Julie Patterson-Hunter	Name:	Jeff Goldman		
Phone:	(530) 265-1480	Phone:	(530) 265-1200		
Email:	<a href="mailto:Julie.Patterson-Hunter@nevadacountyca.gov">Julie.Patterson-Hunter@nevadacountyca.gov</a>	Email:	Jeff.Goldman@nevadacountyca.gov		
List All HPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Weiss-Wenzl, Charlene	Public Health Nursing Director		Yes	<a href="mailto:Charlene.Weiss-Wenzl@nevadacountyca.gov">Charlene.Weiss-Wenzl@nevadacountyca.gov</a>
2	Kestler, Kathryn	Senior Public Health Nurse		Yes	<a href="mailto:Kathryn.Kestler@nevadacountyca.gov">Kathryn.Kestler@nevadacountyca.gov</a>
3	Margaret Wideau	Public Health Nurse II		Yes	<a href="mailto:Margaret.Wideau@nevadacountyca.gov">Margaret.Wideau@nevadacountyca.gov</a>
4					
5					
6					
7					
8					
9					
10					
<i>View additional rows by selecting the "+" to the left.</i>					



**Health Care Program for Children in Foster Care**

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

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 Integrated Systems of Care Plan and Fiscal Guidelines Manual. 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	<i>Charlene Weiss-Wenzl</i>	09/27/23
HCPCFC/County Authorized Representative	Signature	Date
Ed Scofield	<i>Ed C. Scofield</i>	10/26/2023
Local Governing Body Chairperson Name,	Signature	Date

Health Care Program for Children in Foster Care

Base Budget Worksheet

Base Budget Worksheet				County/City Name: Nevada		Fiscal Year: 2023-24					
Column	1A	1B	1	2A	2	3A	3				
I. Personnel Expenses											
#	Name	Title	DSS	PHN	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
1	Weiss-Wenzl, Charlene	Public Health Nursing	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Kester, Kathryn	Senior Public Health N	0	Yes	15%	\$116,704	\$17,793	100%	\$17,793	0%	\$0
3	Margaret Widau	Public Health Nurse II	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$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						\$17,793			\$17,793		\$0
Staff Benefits (Specify %)					67%	\$11,952			\$11,952		\$0
I. Total Personnel Expenses						\$29,745			\$29,745		\$0
II. Total Operating Expenses (List in Narrative)						\$0			\$0		\$0
III. Total Capital Expenses (List in Narrative)						\$0			\$0		\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)				0%	\$0			\$0		\$0
2.	External (Specify %)				0%	\$0			\$0		\$0
IV. Total Indirect Expenses (List in Narrative)						\$0			\$0		\$0
V. Total Other Expenses (List in Narrative)						\$0			\$0		\$0
Budget Grand Total						\$29,745			\$29,745		\$0

I certify that the Health Care Program for Children in Foster Care (HCPFCF) 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 HCPFCF 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 HCPFCF may be subject to sanctions or other remedies if this HCPFCF violates any of the above. HCPFCF staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individuals' Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPFCF 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  
 Authorized HCPFCF Signor Name, Title  
 Signature  
 Date 09/27/23  
 Budget Summary tables can be found on the "Summary Tables" sheet of this

**Health Care Program for Children in Foster Care**

<b>Base Budget Narrative</b>		County/City Name: Nevada	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and Benefit amounts are from CEO issued salary planner for FY 23/24. FTE for this program is 15.246, when combined with PMM&O, Caseload relief, and County federal match will equal a 1.0 FTE for the Senior PHN, which is the same as FY 22/23.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
N/A			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	N/A		
External:	N/A		
V. Other Expenses Identify and Explain All Other Expense Line Items			
N/A			

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	<i>Charlene Weiss-Wenzl</i>	09/27/23
Authorized HCPCFC Signor Name, Title	Signature	Date

**Health Care Program for Children in Foster Care**

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name: Nevada		Fiscal Year: 2023-24				
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	Weiss-Wenzl, Charlene	Public Health Nurse	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Kestler, Kathryn	Senior Public Health	0	Yes	8%	\$116,704	\$8,754	100%	\$8,754	0%	\$0
3	Margaret Wideau	Public Health Nurse	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$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
<i>View additional rows by selecting the "+" to the left.</i>											
Total Net Salaries and Wages							\$8,754		\$8,754		\$0
Staff Benefits (Specify %)			67%				\$5,880		\$5,880		\$0
I. Total Personnel Expenses							\$14,634		\$14,634		\$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							\$14,634		\$14,634		\$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	<i>Charlene Weiss-Wenzl</i>	09/27/23
Authorized HCPCFC Signor Name, Title	Signature	Date

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

**Health Care Program for Children in Foster Care**

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>	County/City Name:	Fiscal Year:
	Nevada	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses		
Salary and Benefit amounts are from CEO issued salary planner for FY 23/24. FTE for this program is 7.501, when combined with Base budget, Caseload relief, and County federal match will equal a 1.0 FTE for the Senior PHN, which is the same as FY 22/23.		
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
N/A		
III. Capital Expenses Identify and Explain All Capital Expense Line Items		
N/A		
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items		
Internal:	N/A	
External:	N/A	
V. Other Expenses Identify and Explain All Other Expense Line Items		
N/A		

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	<i>Charlene Weiss-Wenzl</i>	09/27/23
Authorized HCPCFC Signor Name, Title	Signature	Date

**Health Care Program for Children in Foster Care**

Caseload Relief Budget Worksheet					County/City Name:		Fiscal Year:				
					Nevada		2023-24				
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	Weiss-Wenzl, Charlene	Public Health Nurse	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Kestler, Kathryn	Senior Public Health	0	Yes	8%	\$116,704	\$9,562	100%	\$9,562	0%	\$0
3	Margaret Wideau	Public Health Nurse	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$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
<i>View additional rows by selecting the "+" to the left.</i>											
Total PHN FTE %					8%			100%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$9,562		\$9,562		\$0
Staff Benefits (Specify %)			67%			\$6,423		\$6,423			\$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	<i>Charlene Weiss-Wenzl</i>	09/27/23
Authorized HCPCFC Signor Name, Title	Signature	Date

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

**Health Care Program for Children in Foster Care**

<b>Caseload Relief Budget Narrative</b>	County/City Name:	Fiscal Year:
	Nevada	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses		
Salary and Benefit amounts are from CEO issued salary planner for FY 23/24. FTE for this program is 8.1935, when combined with Base budget, PMM&O, and County federal match will equal a 1.0 FTE for the Senior PHN, which is the same as FY 22/23.		
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
N/A		
III. Capital Expenses Identify and Explain All Capital Expense Line Items		
N/A		
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items		
Internal:	N/A	
External:	N/A	
V. Other Expenses Identify and Explain All Other Expense Line Items		
N/A		

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	<i>Charlene Weiss-Wenzl</i>	09/27/23
Authorized HCPCFC Signor Name, Title	Signature	Date

**Health Care Program for Children in Foster Care**

City or County Match (Optional) Budget Worksheet					County/City Name:		Fiscal Year:				
					Nevada		2023-24				
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	Weiss-Wenzl, Charlene	Public Health Nurse	0	Yes	5%	\$149,683	\$7,484	0%	\$0	100%	\$7,484
2	Kestler, Kathryn	Senior Public Health Nurse	0	Yes	69%	\$116,704	\$80,595	75%	\$60,446	25%	\$20,149
3	Margaret Widen	Public Health Nurse	0	Yes	100%	\$101,110	\$101,110	85%	\$85,944	15%	\$15,167
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$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
<i>View additional rows by selecting the "+" to the left.</i>											
Total Net Salaries and Wages							\$189,189		\$146,390		\$42,799
Staff Benefits (Specify %)					64%		\$121,838		\$94,275		\$27,563
I. Total Personnel Expenses							\$311,027		\$240,665		\$70,362
II. Total Operating Expenses (List in Narrative)							\$2,000		\$0		\$2,000
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		30%				\$92,848				\$92,848
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$92,848				\$92,848
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$405,875		\$240,665		\$165,210

I certify that the Health Care Program for Children in Foster Care (HCPFC) 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 HCPFC 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 HCPFC may be subject to sanctions or other remedies if this HCPFC violates any of the above. HCPFC 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 HCPFC 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	<i>Charlene Weiss-Wenzl</i>	09/27/23	
Authorized HCPFC Signor Name, Title	Signature	Date	<i>Budget Summary tables can be found on the "Summary Tables" sheet of this</i>



**Health Care Program for Children in Foster Care**

<b>City or County Match (Optional) Budget Narrative</b>	County/City Name:	Fiscal Year:
	Nevada	2023-24
<b>I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses</b>		
Salary and Benefit amounts are from CEO issued salary planner for FY 23/24. FTE for this program is 69.0595, when combined with Base budget, PMM&O, and Base budget will equal a 1.0 FTE for the Senior PHN, which is the same as FY 22/23. The PHN position is 1.00 FTE, which is the same as FY 22/23. The Director of Public Health Nursing is .05 FTE, which is a reduction of .05 from FY 22/23.		
<b>II. Operating Expenses Identify and Explain All Operating Expense Line Items</b>		
\$2,000 for travel/training includes mileage for client visits and potential trainings/conferences. This is an increase of \$1,000 from FY 22/23.		
<b>III. Capital Expenses Identify and Explain All Capital Expense Line Items</b>		
N/A		
<b>IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items</b>		
Internal:	Indirect for the entire program is 25% of personnel expenses based upon FY 23/24 CDPH approved Indirect Cost allocation. Total HCPCFC Personnel equals \$371,391 X 25% = \$92,848 indirect cost.	
External:		
<b>V. Other Expenses Identify and Explain All Other Expense Line Items</b>		

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	<i>Charlene Weiss-Wenzl</i>	09/27/23
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Budget Summary							County/City: Nevada			Fiscal Year: 2023-24		
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal		
A	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
I. Total Personnel Expenses	\$29,745	\$29,745	\$0	\$14,634	\$14,634	\$0	\$15,985	\$15,985	\$0	\$311,027	\$240,665	\$70,362
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	\$0	\$2,000
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$92,848		\$92,848
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$29,745	\$29,745	\$0	\$14,634	\$14,634	\$0	\$15,985	\$15,985	\$0	\$405,875	\$240,665	\$165,210
E	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
State/County Funds	\$7,436	\$7,436	\$0	\$3,659	\$3,659	\$0	\$3,996	\$3,996	\$0	\$101,469	\$60,166	\$41,303
Federal Funds (Title XIX)	\$22,309	\$22,309	\$0	\$10,976	\$10,976	\$0	\$11,989	\$11,989	\$0	\$304,406	\$180,499	\$123,908
Budget Grand Total	\$29,745	\$29,745	\$0	\$14,634	\$14,634	\$0	\$15,985	\$15,985	\$0	\$405,875	\$240,665	\$165,210

Charlene Weiss-Wenzl *Charlene Weiss-Wenzl* 09/27/23  
 Authorized HCPCFC Signor Name, Title Signature Date

Signature: *Ed. Scofield*

Email: ed.scofield@nevadacountyca.gov

Title: Chairman of the Board

Company: County of Nevada