

**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	publichealth@nevadacountyca.gov		
Zip Code:	95945	Address:			
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**

Certification Statement	County/City:	Fiscal Year:
<p>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.</p>	Nevada	2023-24
	<p>Charlene Weiss-Wenzl <i>Charlene Weiss-Wenzl</i> 09/27/23</p>	
HCPCFC/County Authorized Representative	Signature	Date
Ed Scofield		
Local Governing Body Chairperson Name,	Signature	Date

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

Base 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 Nursing	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Kestler, Kathryn	Senior Public Health N	0	Yes	15%	\$116,704	\$17,793	100%	\$17,793	0%	\$0
3	Margaret Wideau	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
<i>View additional rows by selecting the "+" to the left.</i>											
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
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							\$29,745		\$29,745		\$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	<i>Budget Summary tables can be found on the "Summary Tables" sheet of this</i>

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

<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			
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:		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	\$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	Kestier, 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	<i>Budget Summary tables can be found on the "Summary Tables" sheet of this</i>

**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 Wieden	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
View additional rows by selecting the "+" to the left.											
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 (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>City or County Match (Optional) 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 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.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
\$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.			
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 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:			
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	<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