			County/City:		Fiscal Year:	
	Agency Info	ormation	Nevada		2023-24	
	Street Address:	500 Crown Point Cir. Ste 110	Health	Officer Name:	Sherilynn Cooke, MD	
	City:	Grass Valley	HCPCFC	Central Email		
	Zip Code:	95945		Address:	publichealth@nevadacountyca.gov	
	Authorized HCPC	FC Representative	Dire	ector of Social	Services Agency	
	Name, Title:	Charlene Weiss-Wenzl		Name:	Rachel Peña	
	Phone:	(530) 265-7269		Phone:	(530) 265-7077	
	Email:	charlene.weiss-wenzl@nevadacountyca.gov		Email:	Rachel.Pena@nevadacountca.gov	
	Clerk of the Boa	rd of Supervisors		Chief Proba	tion Officer	
	Name:	Julie Patterson-Hunter		Name:	Jeff Goldman	
		(530) 265-1480		Phone:	(530) 265-1200	
	Email:	Julie.Patterson-Hunter@nevadacountyca.gov		Email:	Jeff.Goldman@nevadacountyca.gov	
			C Program Staff			
	Name:	Title:	Support Staff	PHN	Email:	
1	Weiss-Wenzl, Charlene	Public Health Nursing Director		Yes	Charlene. Weiss-Wenzl@nevadacountyca.gov	
2	Kestler, Kathryn	Senior Public Health Nurse		Yes	Kathryn.Kestler@nevadacountyca.gov	
3	Margaret Wideau	Public Health Nurse II		Yes	Margaret.Wideau@nevadacountyca.gov	
4 5						
6						
7						
8						
9						
10						
Vie	w additional rows by selecti	ng the "+" to the left.				

Certification Statement	County/City:	Fiscal Year:
	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 Charlene We	riss-Wenzl	09/27/23
HCPCFC/County Authorized Representative	Signature	Date
Ed Scofield		
Local Governing Body Chairperson Name,	Signature	Date

		D.	D	.d4.V	County/City Name:		Fiscal Year:				
		В	ase Bu	aget v	Vorksheet			Nevada		2023-24	
Col	umn				1A	1B	1	2A	2	3A	3
I. Pe	ersonnel Expense	S			Total Base	Annual Salary	Total Budget	Enhanced	Enhanced	Non- Enhanced FTE	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	7 timidan Salary	Total Baaget	FTE %	Total	%	Total
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
Vie	v additional rows	by selecting the	: "+" to	the lef	t.						
Tot	al Net Salaries an	id Wages					\$17,793		\$17,793		\$0
Staf	f Benefits (Specif	y %)	6	7%			\$11,952		\$11,952		\$0
I. To	otal Personnel Ex	penses					\$29,745		\$29,745		\$0
II. T	otal Operating E	xpenses (List in I	Narrati	ive)			\$0		\$0		\$0
III. T	otal Capital Expe	enses (List in Na	rrative	)			\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1. Internal (Specify %) 0%					\$0				\$0		
2. External (Specify %) 0%					\$0				\$0		
IV.	Total Indirect Exp	enses (List in Na	arrative	e)			\$0				\$0
V. Total Other Expenses (List in Narrative)						\$0				\$0	
		<del></del>			Budge	et 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 09/27/23

Authorized HCPCFC Signor Name, Title

Signature

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

Page Pudget Nametica	Cou	unty/City Name:	Fiscal Year:						
Base Budget Narrative	Nev	/ada	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	e 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 Lin	e Items								
Internal:									
External: N/A									
V. Other Expenses Identify and Explain All Other Expense Line Ite	ms								
N/A  Leartify that the Health Care Program for Children in Foster Care	(UCDCTC) will as well								

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	Charle	ne Weiss-Wenzl	09/27/23
Authorized HCPCFC Signor N	ame. Title	Signature	Date

	Psychotro	pic Medication	Moni	toring	& Oversight I	Budget Works	heet	County/City Name: Nevada		Fiscal Year: 2023-24	
- 1											
Col	umn				1A	1B	1	2A	2	3A	3
l. P	ersonnel Expense	<u>e</u> s			Total Base	Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary		FTE %	Total	FTE %	Total
1	Weiss-Wenzl, Charler	Public Health Nursin	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
Vie	w additional rows	s by selecting the	? "+" to	the le	ft.						
Γot	al Net Salaries ar	nd Wages					\$8,754		\$8,754		\$0
	ff Benefits (Specif	, .	67	7%			\$5,880		\$5,880		\$0
	otal Personnel Ex						\$14,634		\$14,634		\$0
	otal Operating E	•					\$0		\$0		\$0
	Total Capital Exp			)			\$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. 1	otal Other Exper	nses (List in Narr	ative)				\$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

Charlene Weiss-Wenzl

09/27/23

Date

			•						
Devehot	ropic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:						
rsychol	Topic Medication Monitoring & Oversight Budget Narrative	Nevada	2023-24						
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses									
Salary and Be	enefit amounts are from CEO issued salary planner for FY 23/24. FT	E 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.	FY 22/23.								
II. On a matin m	For a second destifying different in All Operation For any Line House								
	Expenses Identify and Explain All Operating Expense Line Items								
N/A									
III. Capital Ex	penses Identify and Explain All Capital Expense Line Items								
N/A									
IV Indirect Ex	xpenses Identify and Explain All Indirect Expense Line Items								
IV. IIIdii eet Ez	N/A								
Internal:									
	N/A								
External:									
V Other Eve	enses Identify and Explain All Other Expense Line Items								
N/A	enses identify and explain All Other expense Line items								
IN/A									
L certify that	the Health Care Program for Children in Foster Care (HCPCFC) will o	romply with all applica	ble state and federal						
•	ws and regulations, including all federal laws and regulations gover								
states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify									
	CFC will comply with all rules promulgated by DHCS pursuant to th		•						
adhere to pr	ogram goals, scope, and activity requirements. I further agree that t	his HCPCFC may be su	bject to sanctions or						

Authorized HCPCFC Signor Name, Title

Charlene Weiss-Wenzl

other remedies if this HCPCFC violates any of the above.

Charlene Weiss-Wenzl

ne, Title

Signature

Date

09/27/23

		Caseload	Relief	Buda	et Worksheet			County/City	Name:	Fiscal Year:	
				9			Nevada			2023-24	
Colu	ımn				1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base	Annual	Total	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary	Budget	FTE %	Total	FTE %	Total
1	Weiss-Wenzl, Charles	Public Health Nursir	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
Viev	v additional rows	by selecting the	"+" to	the left	t.						
Tota	I PHN FTE %				8%			100%			
Tota	l Direct Support	Staff FTE %			0%			0%			
Tota	l Net Salaries an	d Wages					\$9,562		\$9,562		\$0
Staf	f Benefits (Speci	fy %)	6	7%			\$6,423		\$6,423		\$0
	tal Personnel Ex						\$15,985		\$15,985		\$0
II. To	otal Operating Ex	kpenses (List in I	Varrati	ve)			\$0		\$0		\$0
III. T	otal Capital Expe	enses (List in Na	rrative)	)			\$0				\$0
IV. I	ndirect Expenses	(List in Narrativ	e)								
1. Internal (Specify %) 0%				\$0				\$0			
2. External (Specify %) 0%				\$0				\$0			
IV. Total Indirect Expenses (List in Narrative)							\$0				\$0
V. To	otal Other Expen	ses (List in Narra	ative)				\$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
Authorized HCPCFC Signor Name, Title
Signature
Signature

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

	Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
	Caseloau Kellel Buuget Nallative	ı	Nevada	2023-24
I. Personnel E	xpenses Identify and Explain Any Changes in Pers	onnel/Personnel Exp	enses	1
•	nefit amounts are from CEO issued salary planner h Base budget, PMM&O, and County federal mat			
II. Operating I	Expenses Identify and Explain All Operating Expen	se Line Items		
N/A				
III. Capital Exp	enses Identify and Explain All Capital Expense Lin	e Items		
N/A				
IV. Indirect Ex	penses Identify and Explain All Indirect Expense L	ine Items		
Internal:	N/A			
External:	N/A			
V. Other Expe	nses Identify and Explain All Other Expense Line I	tems		
N/A				
and state law states for me that the HCP	the Health Care Program for Children in Foster Ca vs and regulations, including all federal laws and dical assistance pursuant to Title XIX of the Social CFC will comply with all rules promulgated by DH ogram goals, scope, and activity requirements. I fu other remedies if this HCPCF	regulations governin I Security Act (42 U.S CS pursuant to these urther agree that this	g recipients of fede .C. Section 1396 et : e authorities, and th HCPCFC may be su above.	ral funds granted to seq.). I further certify at all listed expenses ibject to sanctions or
Charlene Wei	other remedies if this HCPCFI ss-Wenzl Charlens Weis CPCFC Signor Name, Title	is-Wenzl	09/27/	23
Authorized H	CPCFC Signor Name, Title	Signature		Date

	,	ity or County I	Match	(Ontio	County/City Name:		Fiscal Year:				
	,	ity or County I	viatcn	(Optio	nai) Budget v	vorksneet		Nevada		2023-24	
Col	umn				1A	1B	1	2A	2	3A	3
I. Pe	ersonnel Expense	S			Total Base		Enhanced	Enhanced	Non-	Non-	
#	Name	Title	DSS	PHN	FTE %	Annual Salary	Total Budget	FTE %	Total	Enhanced FTE %	Enhanced Total
1	Weiss-Wenzl, Cl	Public Health N	0	Yes	5%	\$149,683	\$7,484	0%	\$0	100%	\$7,484
2	Kestler, Kathryn	Senior Public Health	0	Yes	69%	\$116,704	\$80,595	75%	\$60,446	25%	\$20,149
3	Margaret Widea	Public Health N	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
Viev	v additional rows	by selecting the	"+" to	the lef	t.						
Tota	al Net Salaries an	d Wages					\$189,189		\$146,390		\$42,799
	f Benefits (Specif		64	4%			\$121,838		\$94,275		\$27,563
	otal Personnel Exp		•				\$311,027		\$240,665		\$70,362
	otal Operating Ex	<u> </u>					\$2,000		\$0		\$2,000
	otal Capital Expe			)			\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1. Internal (Specify %) 30%					\$92,848				\$92,848		
2. External (Specify %) 0%			1%			\$0				\$0	
IV. 7	Total Indirect Exp	enses (List in Na	arrative	e)			\$92,848				\$92,848
V. T	otal Other Expen	ses (List in Narra	ative)				\$0				\$0
_					Budge	et 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

Charlene Weiss-Wenzl
e, Title Signature

09/27/23

Date

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

	City or County Match (Optional) Budget Narrative	County/City Name:	Fiscal Year:							
	City of County Match (Optional) Budget Native	Nevada	2023-24							
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses										
Salary and Ben	nefit amounts are from CEO issued salary planner for FY 23/24. FTE for the	nis program is 69.059	5, when combined							
with Base budg	get, PMM&O, and Base budget will equal a 1.0 FTE for the Senior PHN, w	which is the same as F	Y 22/23. The PHN							
position is 1.00	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.										
	xpenses Identify and Explain All Operating Expense Line Items									
\$2,000 for trav	el/training includes mileage for client visits and potential trainings/confe	rences. This is an inc	rease of \$1,000 from							
FY 22/23.										
	enses Identify and Explain All Capital Expense Line Items									
N/A										
IV. Indirect Exp	penses Identify and Explain All Indirect Expense Line Items									
I	ndirct for the entire program is 25% of personnel expenses based upon	FY 23/24 CDPH appr	oved Indirect Cost							
Internal:	allocation. Total HCPCFC Personnel equals \$371,391 X 25% = \$92,848 in	direct cost.								
External:										
V. Other Exper	nses Identify and Explain All Other Expense Line Items									
I certify that t	he Health Care Program for Children in Foster Care (HCPCFC) will comply	y with all applicable s	tate 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.

this field of a violates diff of the above.									
Charlene Weiss-Wenzl	Charlene Weiss-Wenzl	09/27/23							
Authorized HCPCFC Signor Name, Title	Signature	Date							

#### State of California—Health and Human Services Agency Department of Health Care Services

#### Health Care Program for Children in Foster Care

Budget Summary						County/City:			Fiscal Year:			
						Nevada			2023-24			
Funding Source:	Base			PMM&O		Caseload Relief			County/City-Federal			
А	В	С	D	В	С	D	В	С	D	В	С	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	Н	F	G	Н	F	G	Н	F	G	Н
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	Charl	lene W	eiss-W	enzl	09/27/23	3						•
Authorized HCPCFC Signor Nam	ne, Title	Signature	Date	0		_						