



# RESOLUTION No. 25-067

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

### RESOLUTION APPROVING THE RENEWAL OF NEVADA COUNTY'S HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) FOR FISCAL YEAR 2024/225

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

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

WHEREAS, the services provided under the HCPCFC Plan will help provide consultation and resource guidance to the multidisciplinary care team to address and oversee the medical, dental, developmental, and behavioral health needs of foster children and youth.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada, State of California, approves the Health Care Program for Children in Foster Care (HCPCFC) for Fiscal Year 2024/25, and that the Chair of the Board of Supervisors be and is hereby authorized to sign Plan Certifications on behalf of the County of Nevada.

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

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 25th day of February 2025, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, Susan Hoek, and Hardy Bullock.  
Noes: None.  
Absent: None.  
Abstain: None.  
Recuse: None.

ATTEST:

TINE MATHIASSEN  
Chief Deputy Clerk of the Board of Supervisors

By: 

  
Heidi Hall, Chair



August 20, 2024

**HCPCFC PROGRAM LETTER: 24-01 REVISED**

**TO:** 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 2024-2025 ALLOCATION

The purpose of this letter is to provide Health Care Programs for Children in Foster Care (HCPCFC) with their Fiscal Year (FY) 2024-2025 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 (PFGs), until the Department of Health Care Services (DHCS) releases the HCPCFC Financial Policy and Procedure.

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 California Department of Social Services (CDSS) and 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 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 applicable policies and procedures set forth by the CDSS and the DHCS.

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](mailto:HCPCFC@dhcs.ca.gov). Questions regarding the ISCD Budget Portal may be directed to [ISCDFiscal@dhcs.ca.gov](mailto: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 October 1, 2024.  
If all necessary signatures cannot be obtained by this date, submit completed excel workbooks by the deadline and contact [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov) to request an extension for submission of required signatures.

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<sup>1</sup> [ISCD Budget Portal](#)

<sup>2</sup> [Manage Digital IDS in Adobe](#)

<sup>3</sup> [DocuSign, How to Sign a Document](#)



### Staffing Allowances

DHCS will only allow specific staff classifications in the HCPCFC Administrative budget, they are as follows:

- **Supervising Public Health Nurse (PHN):** Counties will receive 1 Supervising Public Health Nurse to supervise no more than 10 PHN.
- **Public Health Assistant (PHA):** Counties will receive .25 Full Time Equivalent (FTE) PHA for every 10 PHNs within the county. If less than 10 PHNs they will receive .25 FTE.
- **Fiscal Support Staff:** Counties will receive .25 FTE Fiscal Support staff for every 10 PHNs within the county. If less than 10 PHNs they will receive .25 FTE.
- **Administrative Support Staff:** Counties will receive .25 FTE Administrative Support staff for every 10 PHNs within the county. If less than 10 PHNs they will receive .25 FTE.

Senate Bill (SB) 108 amended SEC. 166. Item 4260-101-0001 of Section 2.00 of the Budget Act of 2024 to include provision 21 which allows the counties to deviate from the department's established allocation staffing methodology governing the use of the county HCPCFC administrative budget and California Children's Services Compliance Monitoring and Oversight (M&O) budget for purposes of extending flexibility to the counties regarding appropriate staffing necessary to implement and operationalize the HCPCFC program manual requirements and readiness activities for the CCS M&O.

To be eligible for this flexibility, the county must submit the *One-Time Flexibilities - SB 108 Administrative Support Budget* workbook to DHCS no later than October 1, 2024. The budget must be approved through the county's Board of Supervisors and proof of their approval must be included with your budget submission to DHCS. The budget must describe the county's proposed use of funds to support HCPCFC and CCS M&O activities, including direct and indirect administrative costs. DHCS will send the *One-Time Flexibilities - SB 108 Administrative Support Budget* workbook and instructions to all counties via email.

Fiscal questions 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, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

**Attachments:**

1. FY 2024-2025 HCPCFC Allocation Tables
  - A. Base Allocation
  - B. Psychotropic Medication Monitoring & Oversight
  - C. Caseload Relief
  - D. Administrative Allocation

**Attachment 1A:**  
**Health Care Program for Children in Foster Care**  
**Base Allocation**  
**(07/01/2024 through 06/30/2025)**

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Alameda	\$182,045	\$546,134	\$728,179
Alpine	\$3,000	\$9,000	\$12,000
Amador	\$8,677	\$26,031	\$34,708
Butte	\$68,375	\$205,126	\$273,501
Calaveras	\$12,148	\$36,444	\$48,592
Colusa	\$5,900	\$17,701	\$23,602
Contra Costa	\$100,307	\$300,921	\$401,227
Del Norte	\$16,313	\$48,939	\$65,252
El Dorado	\$21,346	\$64,037	\$85,382
Fresno	\$396,195	\$1,188,584	\$1,584,779
Glenn	\$8,330	\$24,990	\$33,320
Humboldt	\$51,889	\$155,667	\$207,555
Imperial	\$47,724	\$143,172	\$190,895
Inyo	\$3,000	\$9,000	\$12,000
Kern	\$312,027	\$936,082	\$1,248,109
Kings	\$58,657	\$175,971	\$234,628
Lake	\$14,230	\$42,691	\$56,922
Lassen	\$9,371	\$28,114	\$37,485
Los Angeles	\$2,879,918	\$8,639,753	\$11,519,671
Madera	\$39,220	\$117,661	\$156,881
Marin	\$15,619	\$46,856	\$62,475
Mariposa	\$3,000	\$9,000	\$12,000
Mendocino	\$39,047	\$117,140	\$156,187
Merced	\$106,901	\$320,704	\$427,606
Modoc	\$2,950	\$8,851	\$11,801
Mono	\$3,000	\$9,000	\$12,000
Monterey	\$32,626	\$97,877	\$130,503
Napa	\$14,751	\$44,253	\$59,004
Nevada	\$7,636	\$22,907	\$30,543
Orange	\$409,384	\$1,228,152	\$1,637,536
Placer	\$27,940	\$83,820	\$111,761
Plumas	\$4,339	\$13,016	\$17,354
Riverside	\$570,951	\$1,712,853	\$2,283,803
Sacramento	\$236,363	\$709,090	\$945,453
San Benito	\$5,033	\$15,098	\$20,131
San Bernardino	\$880,549	\$2,641,646	\$3,522,194



**Attachment 1A:**  
**Health Care Program for Children in Foster Care**  
**Base Allocation**  
**(07/01/2024 through 06/30/2025)**

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
San Diego	\$320,878	\$962,634	\$1,283,511
San Francisco	\$113,670	\$341,009	\$454,678
San Joaquin	\$214,150	\$642,450	\$856,600
San Luis Obispo	\$47,550	\$142,651	\$190,201
San Mateo	\$21,346	\$64,037	\$85,382
Santa Barbara	\$68,375	\$205,126	\$273,501
Santa Clara	\$81,391	\$244,173	\$325,563
Santa Cruz	\$24,990	\$74,970	\$99,960
Shasta	\$69,764	\$209,291	\$279,054
Sierra	\$3,000	\$9,000	\$12,000
Siskiyou	\$13,189	\$39,567	\$52,757
Solano	\$58,136	\$174,409	\$232,545
Sonoma	\$81,738	\$245,214	\$326,952
Stanislaus	\$92,150	\$276,451	\$368,602
Sutter	\$14,751	\$44,253	\$59,004
Tehama	\$21,172	\$63,516	\$84,688
Trinity	\$3,644	\$10,933	\$14,577
Tulare	\$153,411	\$460,232	\$613,642
Tuolumne	\$11,974	\$35,923	\$47,897
Ventura	\$74,796	\$224,389	\$299,185
Yolo	\$45,641	\$136,924	\$182,565
Yuba	\$29,849	\$89,547	\$119,396
City of Berkeley	\$6,247	\$18,742	\$24,990
<b>Total</b>	<b>\$8,170,573</b>	<b>\$24,511,719</b>	<b>\$32,682,292</b>



**Attachment 1B:**  
**Health Care Program for Children in Foster Care**  
**Psychotropic Medication Monitoring and Oversight Allocation**  
**(07/01/2024 through 06/30/2025)**

<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
San Diego	\$80,488	\$241,463	\$321,951

**Attachment 1B:**  
**Health Care Program for Children in Foster Care**  
**Psychotropic Medication Monitoring and Oversight Allocation**  
**(07/01/2024 through 06/30/2025)**

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
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>

**Attachment 1C:**  
**Health Care Program for Children in Foster Care**  
**Caseload Relief Allocation**  
**(07/01/2024 through 06/30/2025)**

<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



**Attachment 1C:**  
**Health Care Program for Children in Foster Care**  
**Caseload Relief Allocation**  
**(07/01/2024 through 06/30/2025)**

<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>



**Attachment 1D:**  
**Health Care Program for Children in Foster Care**  
**Administrative Allocation<sup>4</sup>**  
**(07/01/2024 through 06/30/2025)**

County/City	State General Funds	Federal Funds	Total Funds
Alameda	\$179,986	\$179,986	\$359,972
Alpine	\$136,413	\$136,413	\$272,826
Amador	\$168,230	\$168,230	\$336,459
Butte	\$160,019	\$160,019	\$320,037
Calaveras	\$148,193	\$148,193	\$296,385
Colusa	\$168,815	\$168,815	\$337,630
Contra Costa	\$230,009	\$230,009	\$460,018
Del Norte	\$128,386	\$128,386	\$256,771
El Dorado	\$160,239	\$160,239	\$320,477
Fresno	\$177,400	\$177,400	\$354,800
Glenn	\$158,434	\$158,434	\$316,868
Humboldt	\$172,319	\$172,319	\$344,637
Imperial	\$151,222	\$151,222	\$302,444
Inyo	\$166,402	\$166,402	\$332,803
Kern	\$179,074	\$179,074	\$358,147
Kings	\$139,869	\$139,869	\$279,738
Lake	\$162,061	\$162,061	\$324,121
Lassen	\$125,143	\$125,143	\$250,286
Los Angeles	\$1,703,756	\$1,703,756	\$3,407,511
Madera	\$156,683	\$156,683	\$313,366
Marin	\$181,202	\$181,202	\$362,403
Mariposa	\$174,431	\$174,431	\$348,861
Mendocino	\$150,628	\$150,628	\$301,255
Merced	\$113,628	\$113,628	\$227,256
Modoc	\$92,890	\$92,890	\$185,780
Mono	\$162,199	\$162,199	\$324,398
Monterey	\$130,725	\$130,725	\$261,450
Napa	\$206,808	\$206,808	\$413,616
Nevada	\$153,604	\$153,604	\$307,208
Orange	\$213,870	\$213,870	\$427,739

<sup>4</sup> DHCS reallocated the CHDP Program budget county allocation starting in FY 24-25 to the HCPCFC Administrative Budget and the California Children's Services (CCS) Monitoring and Oversight. Please refer to the CCS Monitoring and Oversight Allocation Letter for state's approved budget.

**Attachment 1D:**  
**Health Care Program for Children in Foster Care**  
**Administrative Allocation<sup>4</sup>**  
**(07/01/2024 through 06/30/2025)**

<b>County/City</b>	<b>State General Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Placer	\$171,636	\$171,636	\$343,272
Plumas	\$139,854	\$139,854	\$279,707
Riverside	\$294,838	\$294,838	\$589,676
Sacramento	\$198,302	\$198,302	\$396,603
San Benito	\$138,303	\$138,303	\$276,606
San Bernardino	\$391,661	\$391,661	\$783,322
San Diego	\$170,810	\$170,810	\$341,620
San Francisco	\$249,473	\$249,473	\$498,946
San Joaquin	\$171,377	\$171,377	\$342,753
San Luis Obispo	\$188,360	\$188,360	\$376,719
San Mateo	\$227,028	\$227,028	\$454,056
Santa Barbara	\$185,801	\$185,801	\$371,602
Santa Clara	\$218,297	\$218,297	\$436,594
Santa Cruz	\$176,789	\$176,789	\$353,578
Shasta	\$158,163	\$158,163	\$316,326
Sierra	\$156,591	\$156,591	\$313,182
Siskiyou	\$143,143	\$143,143	\$286,286
Solano	\$182,239	\$182,239	\$364,477
Sonoma	\$200,722	\$200,722	\$401,444
Stanislaus	\$171,030	\$171,030	\$342,060
Sutter	\$163,154	\$163,154	\$326,308
Tehama	\$202,803	\$202,803	\$405,605
Trinity	\$147,140	\$147,140	\$294,280
Tulare	\$154,549	\$154,549	\$309,098
Tuolumne	\$155,903	\$155,903	\$311,805
Ventura	\$174,044	\$174,044	\$348,088
Yolo	\$185,730	\$185,730	\$371,459
Yuba	\$193,018	\$193,018	\$386,036
City of Berkeley	\$215,125	\$215,125	\$430,250
<b>Total</b>	<b>\$11,878,510</b>	<b>\$11,878,510</b>	<b>\$23,757,020</b>



Health Care Program for Children in Foster Care

**Budget Workbook Instructions**

1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPCFC) budget can be found within this workbook, the yearly HCPCFC Allocation Letter, and the Plan & Fiscal Guidelines.
2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
4. Budget Submission Instructions
  - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPCFC Allocation Letter.
  - A budget submission must consist of two documents:
    - I. Reporting Workbook in Excel Format
    - II. Reporting Workbook in Electronically Signed PDF Format
5. Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact your DHCS HCPCFC Liaison at [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).
6. Submissions need only include the information requested in the attached HCPCFC Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
8. Questions regarding access to 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: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).





Health Care Program for Children in Foster Care

Funding Source: A	Budget Summary												County/City:				Fiscal Year:											
	Base						PMM/SIO						Nevada				2024-25											
	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z			
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$20,357	\$20,357	\$0	\$14,631	\$14,631	\$0	\$10,644	\$10,644	\$0	\$27,241	\$23,970	\$3,269	\$239,353	\$23,970	\$3,269	\$239,353	\$23,970	\$3,269	\$239,353	\$23,970	\$3,269	\$239,353	\$23,970	\$3,269	\$239,353	\$23,970	\$3,269	\$239,353
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000	\$0	\$0	\$8,000	\$0	\$0	\$8,000	\$0	\$0	\$8,000	\$0	\$0	\$8,000	\$0	\$0	\$8,000
III. Total Capital Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IV. Total Indirect Expenses	\$5,089	\$5,089	\$5,089	\$0	\$5,089	\$5,089	\$2,661	\$2,661	\$2,661	\$6,810	\$6,810	\$6,810	\$59,838	\$6,810	\$6,810	\$59,838	\$6,810	\$6,810	\$59,838	\$6,810	\$6,810	\$59,838	\$6,810	\$6,810	\$59,838	\$6,810	\$6,810	\$59,838
V. Total Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Budget Grand Total	\$25,446	\$20,357	\$5,089	\$14,631	\$14,631	\$5,089	\$13,305	\$10,644	\$2,661	\$31,051	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191
Source of Funds:	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H	F
State/County Funds	\$7,634	\$5,089	\$2,545	\$3,658	\$3,658	\$0	\$3,992	\$2,661	\$1,331	\$11,032	\$5,993	\$5,040	\$153,596	\$5,993	\$5,040	\$153,596	\$5,993	\$5,040	\$153,596	\$5,993	\$5,040	\$153,596	\$5,993	\$5,040	\$153,596	\$5,993	\$5,040	\$153,596
Federal Funds (Title XIX)	\$17,812	\$15,268	\$2,545	\$10,973	\$10,973	\$0	\$9,314	\$7,983	\$1,331	\$23,017	\$17,978	\$5,040	\$153,596	\$17,978	\$5,040	\$153,596	\$17,978	\$5,040	\$153,596	\$17,978	\$5,040	\$153,596	\$17,978	\$5,040	\$153,596	\$17,978	\$5,040	\$153,596
Budget Grand Total	\$25,446	\$20,357	\$5,089	\$14,631	\$14,631	\$5,089	\$13,305	\$10,644	\$2,661	\$31,049	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191	\$23,970	\$10,079	\$307,191

Charlene Weiss-Menzl, Nursing Director  
 Authorized HCPCFC Signor Name, Title  
 Signature: *Charlene Weiss-Menzl*  
 Date: 7/28/23 12:29:59





Health Care Program for Children in Foster Care

<b>Agency Information</b>		County/City:	Fiscal Year:		
		Nevada	2024-25		
Street Address:	500 Crown Point Cir. Ste 110	Health Officer Name:	Sherilynn Cooke, MD		
City:	Grass Valley	HCPFC Central	PH.Fiscal@nevadacountyca.gov		
Zip Code:	95945	Email Address:			
Authorized HCPFC Representative		Director of Social Services Agency			
Name, Title:	Charlene Weiss-Wenzl, Nursing Director	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 Board of Supervisors		Chief Probation Officer			
Name:	Jeffrey Thorsby	Name:	Jeff Goldman		
Phone:	(530) 265-1480	Phone:	(530) 265-1200		
Email:	clerkofboard@nevadacountyca.gov	Email:	jeff.goldman@nevadacountyca.gov		
List All HCPFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Charlene Weiss-Wenzl	Public Health Nursing Director		Yes	charlene.weiss-wenzl@nevadacountyca.gov
2	Kathryn Kestler	Senior Public Health Nurse		Yes	kathryn.kestler@nevadacountyca.gov
3	Vacant	Public Health Nurse II		Yes	N/A
4	Sarah Malugani	Administrative Assistant II		No	sarah.malugani-ph@nevadacountyca.gov
5	Carol Smith	Administrative Assistant II		No	carol.smith@nevadacountyca.gov
6	Michelle Waddell	Public Health Nurse I		Yes	no longer w/ the County
7	Elsie Poplin	Accountant		No	elsie.poplin@nevadacountyca.gov
8	Brie Mendoza-Perez	Administrative Services Officer		No	Brie.Mendoza-Perez@nevadacountyca.gov
9	Jennifer Hondel	Accountant		No	Jennifer.Hondel@nevadacountyca.gov
#					

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



Health Care Program for Children in Foster Care

<b>Certification Statement</b>	<b>County/City:</b> Nevada	<b>Fiscal Year:</b> 2024-25
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I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director	<u>Charlene Weiss-Wenzl</u> <small>Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)</small>	02/07/2025
HCPCFC/County Authorized Representative	Signature	Date
Heidi Hall, Board of Supervisors Chair	<u>Heidi Hall</u> <small>Heidi Hall (Feb 26, 2025 09:44 PST)</small>	02/26/2025
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet										County/City Name: Nevada		Fiscal Year: 2024-25	
Column		1A	1B	1	2A	2	3A	3					
I. Personnel Expenses		Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total					
#	Name	Title	DSS	PHN									
1	Charlene Weiss-Wenzl	Public Health Nursing Dir	0	Yes	\$157,167	\$0	0%	\$0	100%	\$0			
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	\$132,378	\$4,408	3.33%	\$4,408	0%	\$0			
3	Vacant	Public Health Nurse II	0	Yes	\$91,982	\$7,855	8.54%	\$7,855	0%	\$0			
4	Sarah Malugani	Administrative Assistant II	0	No	\$26,133	\$0	0%	\$0	100%	\$0			
5	Carol Smith	Administrative Assistant II	0	No	\$71,863	\$0	0%	\$0	100%	\$0			
6	Michelle Waddell	Public Health Nurse I	0	Yes	\$0	\$0	0%	\$0	100%	\$0			
7	Elsie Poplin	Accountant	0	No	\$0	\$0	0%	\$0	100%	\$0			
8	Brie Mendoza-Perez	Administrative Services Of	0	No	\$0	\$0	0%	\$0	100%	\$0			
9	Jennifer Hondel	Accountant	0	No	\$0	\$0	0%	\$0	100%	\$0			
10	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						\$12,263		\$12,263		\$0			
Staff Benefits (Specify %)						\$8,094		\$8,094		\$0			
I. Total Personnel Expenses						\$20,357		\$20,357		\$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 %)						\$5,089		\$5,089		\$5,089			
2. External (Specify %)						\$0		\$0		\$0			
IV. Total Indirect Expenses (List in Narrative)						\$5,089		\$5,089		\$5,089			
V. Total Other Expenses (List in Narrative)						\$0		\$0		\$0			
						Budget Grand Total		\$25,446		\$5,089			

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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, Nursing Director  
 Authorized HCPFC Signor Name, Title  
 Signature: Charlene Weiss-Wenzl  
 Date: 02/07/2025





Health Care Program for Children in Foster Care

<b>Base Budget Narrative</b>		County/City Name: Nevada	Fiscal Year: 2024-25
<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 24/25. The Vacant Public Health Nurse II position is estimated to be filled in February. FTE for this program is 8.54. When combined with PMM&O, Caseload relief, County federal match, and administration will equal .4332 FTE for the Public Health Nurse II PHN. Next year, the FTE will be closer to .9 FTE because he/she will be working full time for the full year. This is similar to what the Senior Public Health Nurse Position was in FY23/24 Budget. For FY24/25, the Senior will be supporting the Public Health Nurse II with 3.33 FTE in the Base Budget, but primarily focused on the program administration for HCPCFC.			
<b>II. Operating Expenses Identify and Explain All Operating Expense Line Items</b>			
N/A			
<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 24/25 CDPH approved Indirect Cost allocation.		
External:	N/A		
<b>V. Other Expenses Identify and Explain All Other Expense Line Items</b>			
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, Nursing Director	<u>Charlene Weiss-Wenzl</u> <small>Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)</small>	02/07/2025
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: 2024-25			
Column		1A		1B		1		2A		2		3A		3	
		Total Base FTE %		Annual Salary		Total Budget		Enhanced FTE %		Enhanced Total		Non-Enhanced FTE %		Non-Enhanced Total	
#	Name	Title	DSS	PHN											
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	\$157,167	\$0	\$0	0%	0%	\$0	100%	\$0	100%	\$0	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	\$132,378	\$4,408	\$4,408	3.33%		\$4,408	100%	\$4,408	0%	\$0	\$0
3	Vacant	Public Health Nurse II	0	Yes	\$91,982	\$4,406	\$4,406	4.79%		\$4,406	100%	\$4,406	0%	\$0	\$0
4	Sarah Malugani	Administrative Assistant II	0	No	\$62,718	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
5	Carol Smith	Administrative Assistant II	0	No	\$71,863	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
6	Michelle Waddell	Public Health Nurse I	0	Yes	\$0	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
7	Elsie Poplin	Accountant	0	No	\$0	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	\$0	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
9	Jennifer Hondel	Accountant	0	No	\$0	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
10	0	0	0	0	\$0	\$0	\$0	0%		\$0	0%	\$0	100%	\$0	\$0
<i>View additional rows by selecting the "+" to the left.</i>															
Total Net Salaries and Wages						\$8,814								\$8,814	
Staff Benefits (Specify %)						\$5,817								\$5,817	
I. Total Personnel Expenses						\$14,631								\$14,631	
II. Total Operating Expenses (List in Narrative)						\$0								\$0	
III. Total Capital Expenses (List in Narrative)						\$0								\$0	
IV. Indirect Expenses (List in Narrative)															
1. Internal (Specify %)						25%									
2. External (Specify %)						0%									
IV. Total Indirect Expenses (List in Narrative)						\$0								\$0	
V. Total Other Expenses (List in Narrative)						\$0								\$0	
										Budget Grand Total		\$14,631		\$14,631	

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 those 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*  
Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)

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

Signature

Date

02/07/2025



Health Care Program for Children in Foster Care

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>	County/City Name: Nevada	Fiscal Year: 2024-25
<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 24/25. The Vacant Public Health Nurse II position is estimated to be filled in February. FTE for this program is 4.79. When combined with PMM&O, Caseload relief, County federal match, and administration will equal .4332 FTE for the Public Health Nurse II PHN. Next year, the FTE will be closer to .9 FTE because he/she will be working full time for the full year. This is similar to what the Senior Public Health Nurse Position was in FY23/24 Budget. For FY24/25, the Senior will be supporting the Public Health Nurse II with 3.33 FTE in the PMM&O Budget, but primarily focused on the program administration for HCPCFC.		
<b>II. Operating Expenses Identify and Explain All Operating Expense Line Items</b>		
N/A		
<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 24/25 CDPH approved Indirect Cost allocation.	
External:	N/A	
<b>V. Other Expenses Identify and Explain All Other Expense Line Items</b>		
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, Nursing Director	<i>Charlene Weiss-Wenzl</i> Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)	02/07/2025
Authorized HCPCFC Signor Name, Title	Signature	Date





Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet										County/City Name: Nevada		Fiscal Year: 2024-25			
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	PHIN											
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	0%	\$157,167	\$0	0%	\$0	100%	\$0	100%	\$0		
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	3.34%	\$132,378	\$4,421	100%	\$4,421	0%	\$0	0%	\$0		
3	Vacant	Public Health Nurse II	0	Yes	2.15%	\$91,982	\$1,978	100%	\$1,978	0%	\$0	0%	\$0		
4	Sarah Malugani	Administrative Assistant II	0	No	0%	\$26,133	\$0	0%	\$0	100%	\$0	100%	\$0		
5	Carol Smith	Administrative Assistant II	0	No	0%	\$71,863	\$0	0%	\$0	100%	\$0	100%	\$0		
6	Michelle Waddell	Public Health Nurse I	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
7	Elsie Poplin	Accountant	0	No	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
9	Jennifer Hondel	Accountant	0	No	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
View additional rows by selecting the "+" to the left.															
Total PHN FTE %		5%		200%											
Total Direct Support Staff FTE %		0%													
Total Net Salaries and Wages						\$6,399								\$0	
Staff Benefits (Specify %)		66%													
I. Total Personnel Expenses						\$4,245		\$10,644						\$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 %)		25%													
2. External (Specify %)		0%													
IV. Total Indirect Expenses (List in Narrative)						\$2,661								\$2,661	
V. Total Other Expenses (List in Narrative)						\$2,661								\$2,661	
Budget Grand Total						\$13,305								\$10,644	

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, Nursing Director  
 Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)  
 02/07/2025  
 Signature Date





Health Care Program for Children in Foster Care

<b>Caseload Relief Budget Narrative</b>		County/City Name: Nevada	Fiscal Year: 2024-25
<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 24/25. The Vacant Public Health Nurse II position is estimated to be filled in February. FTE for this program is 2.15. When combined with PMM&O, Caseload relief, County federal match, and administration will equal .4332 FTE for the Public Health Nurse II PHN. Next year, the FTE will be closer to .9 FTE because he/she will be working full time for the full year. This is similar to what the Senior Public Health Nurse Position was in FY23/24 Budget. For FY24/25, the Senior will be supporting the Public Health Nurse II with 3.43 FTE in the Caseload Relief Budget, but primarily focused on the program administration for HCPCFC.			
<b>II. Operating Expenses Identify and Explain All Operating Expense Line Items</b>			
N/A			
<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 24/25 CDPH approved Indirect Cost allocation.		
External:	N/A		
<b>V. Other Expenses Identify and Explain All Other Expense Line Items</b>			
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, Nursing Director	<u>Charlene Weiss-Wenzl</u> <small>Charlene.Weiss-Wenzl@Feb 7, 2025 16:21 PST</small>	02/07/2025
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet										County/City Name: Nevada		Fiscal Year: 2024-25			
Column		1A		1B		1		2A		2		3A		3	
		Total Base FTE %		Annual Salary		Total Budget		Enhanced FTE %		Enhanced Total		Non-Enhanced %		Non-Enhanced Total	
#	Name	Title	DSS	PHN											
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	\$157,167	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	\$132,378	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
3	Vacant	Public Health Nurse II	0	Yes	\$91,982	\$16,410	\$16,410	88%	\$14,440	12%	\$1,969	12%	\$1,969		
4	Sarah Malugani	Administrative Assistant II	0	No	\$26,133	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
5	Carol Smith	Administrative Assistant II	0	No	\$71,863	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
6	Michelle Waddell	Public Health Nurse I	0	Yes	\$0	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
7	Elsie Poplin	Accountant	0	No	\$0	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	\$0	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
9	Jennifer Hondel	Accountant	0	No	\$0	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
10	0	0	0	0	\$0	\$0	\$0	0%	\$0	100%	\$0	100%	\$0		
View additional rows by selecting the "+" to the left.															
Total Net Salaries and Wages															
Staff Benefits (Specify %)															
I. Total Personnel Expenses															
II. Total Operating Expenses (List in Narrative)															
III. Total Capital Expenses (List in Narrative)															
IV. Indirect Expenses (List in Narrative)															
1. Internal (Specify %)															
2. External (Specify %)															
IV. Total Indirect Expenses (List in Narrative)															
V. Total Other Expenses (List in Narrative)															
Budget Grand Total															
\$16,410															
\$10,831															
\$27,241															
\$0															
\$0															
\$6,810															
\$0															
\$6,810															
\$0															
\$23,970															
\$10,079															

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal 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 DHS 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 Station, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

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

Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)

02/07/2025

Signature Date





Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name: Nevada	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary and Benefit amounts are from CEO issued salary planner for FY 24/25. The Vacant Public Health Nurse II position is estimated to be filled in February. FTE for this program is 17.84. When combined with PMM&O, Caseload relief, County federal match, and administration will equal .4332 FTE for the Public Health Nurse II PHN. Next year, the FTE will be closer to .9 FTE because he/she will be working full time for the full year. This is similar to what the Senior Public Health Nurse Position was in FY23/24 Budget. The Senior PHN and Director of Public Health Nursing have been removed from this budget which is a decrease from FY23/24.			
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 for the entire program is 25% of personnel expenses based upon FY 24/25 CDPH approved Indirect Cost allocation.		
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, Nursing Director	<u>Charlene Weiss-Wenzl</u> Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)	02/07/2025
Authorized HCPCFC Signor Name, Title	Signature	Date





Health Care Program for Children in Foster Care

Administrative Budget Worksheet

Column		1A			1B	1	2A		2	3A		Fiscal Year:
		Total FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	2024-25			
I. Personnel Expenses												
#	Name	Title	DSS	PHN								
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0	Yes	\$157,167	\$39,292	25.00%		25%	\$39,292		
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	\$132,378	\$26,661	20.14%		20%	\$26,661		
3	Vacant	Public Health Nurse II	0	Yes	\$91,982	\$9,198	10.00%		10%	\$9,198		
4	Sarah Malugani	Administrative Assistant II	0	No	\$62,718	\$15,680	25.00%		25%	\$15,680		
5	Carol Smith	Administrative Assistant II	0	No	\$71,863	\$17,966	25.00%		25%	\$17,966		
6	Michelle Waddell	Public Health Nurse I	0	Yes	\$90,847	\$8,587	9.45%		9%	\$8,587		
7	Elsie Poplin	Accountant	0	No	\$70,803	\$10,620	15.00%		15%	\$10,620		
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	\$116,692	\$5,835	5.00%		5%	\$5,835		
9	Jennifer Hondel	Accountant	0	No	\$74,422	\$3,721	5.00%		5%	\$3,721		
10	0		0	0	\$0	\$0	0%		0%	\$0		
View additional rows by selecting the "+" to the left.												
Total Net Salaries and Wages						\$137,559					\$137,559	
Staff Benefits (Specify %)					74%	\$101,794					\$101,794	
I. Total Personnel Expenses						\$239,353					\$239,353	
II. Total Operating Expenses (List in Narrative)						\$8,000					\$8,000	
III. Total Capital Expenses (List in Narrative)						\$0					\$0	
IV. Indirect Expenses (List in Narrative)												
1. Internal (Specify %)					25%	\$59,838					\$59,838	
2. External (Specify %)					0%	\$0					\$0	
IV. Total Indirect Expenses (List in Narrative)						\$59,838					\$59,838	
V. Total Other Expenses (List in Narrative)						\$0					\$0	
						\$307,191					\$307,191	

I certify that the Health Care Program for Children in Foster Care (HCPFC) will comply with all applicable state and federal 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 agree that the HCPFC will comply with all rules promulgated by DHS 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 a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

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

*Charlene Weiss-Wenzl*  
 Charlene Weiss-Wenzl (Feb 7, 2025 1:621 PST)

02/07/2025  
 Date

Signature



Health Care Program for Children in Foster Care

Administrative Budget Narrative		County/City Name: Nevada	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
The Nursing Director, Senior Nurse, Nurse I, and Nurse II are sharing the responsibilities of the Supervising Public Health Nurse position, totaling .6459 FTE. The Public Health Assistant position is currently vacant with Sarah Malugani expected to start in February, totaling .25 FTE. The Fiscal Support Staff responsibilities are split between two Accountants and the Administrative Services Officer, totaling .25 FTE. The Admin Asst II position is excuting the Administrative Support Staff responsibilities, totaling .25 FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
\$2,000 office supplies for vacant position set up (cell phone, laptop, remote work setup, etc.). Training and travel of \$6,000 for Supervising PHN, PHN/direct support staff, and program administrator. Travel/training includes mileage for client visits and potential trainings/conferences.			
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 24/25 CDPH approved Indirect Cost allocation.		
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, Nursing Director	<u>Charlene Weiss-Wenzl</u> Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)	02/07/2025
Authorized HCPCFC Signor Name, Title	Signature	Date





Health Care Program for Children in Foster Care

Certification Statement	County/City: Nevada	Fiscal Year: 2024-25
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I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Charlene Weiss-Wenzl, Nursing Director	<u>Charlene Weiss-Wenzl</u> <small>Charlene Weiss-Wenzl (Feb 7, 2025 16:21 PST)</small>	02/07/2025
HCPCFC/County Authorized Representative	Signature	Date
Heidi Hall, Board of Supervisors Chair	<u>Heidi Hall</u> <small>Heidi Hall (Feb 26, 2025 09:44 PST)</small>	02/26/2025
Local Governing Body Chairperson Name,	Signature	Date