



## 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

Budget Summary							County/City: Nevada			Fiscal Year: 2024-25					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$20,357	\$20,357	\$0	\$14,631	\$14,631	\$0	\$10,644	\$10,644	\$0	\$27,241	\$23,970	\$3,269	\$239,353		\$239,353
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000		\$8,000
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$5,089		\$5,089	\$0		\$0	\$2,661		\$2,661	\$6,810		\$6,810	\$59,838		\$59,838
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$25,446	\$20,357	\$5,089	\$14,631	\$14,631	\$0	\$13,305	\$10,644	\$2,661	\$34,051	\$23,970	\$10,079	\$307,191		\$307,191
E	F	G	H	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$7,634	\$5,089	\$2,545	\$3,658	\$3,658	\$0	\$3,992	\$2,661	\$1,331	\$11,032	\$5,993	\$5,040	\$153,596		\$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		\$153,596
Budget Grand Total	\$25,446	\$20,357	\$5,089	\$14,631	\$14,631	\$0	\$13,305	\$10,644	\$2,661	\$34,049	\$23,970	\$10,079	\$307,191		\$307,191

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, Title

7636

Signature Date

3659

3996



**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	HCPCFC Central	PH.Fiscal@nevadacountyca.gov	
Zip Code:	95945	Email Address:		
Authorized HCPCFC 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 HCPCFC 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@neavadacountyca.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>	<b>Fiscal Year:</b>
	Nevada	2024-25

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		
HCPCFC/County Authorized Representative	Signature	Date
Heidi Hall, Board of Supervisors Chair		
Local Governing Body Chairperson Name,	Signature	Date



Health Care Program for Children in Foster Care

Base Budget Worksheet						County/City Name:		Fiscal Year:			
						Nevada		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 Dire	0	Yes	0%	\$157,167	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	3.33%	\$132,378	\$4,408	100%	\$4,408	0%	\$0
3	Vacant	Public Health Nurse II	0	Yes	8.54%	\$91,982	\$7,855	100%	\$7,855	0%	\$0
4	Sarah Malugani	Administrative Assistant II	0	No	0%	\$26,133	\$0	0%	\$0	100%	\$0
5	Carol Smith	Administrative Assistant II	0	No	0%	\$71,863	\$0	0%	\$0	100%	\$0
6	Michelle Waddell	Public Health Nurse I	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	Elsie Poplin	Accountant	0	No	0%	\$0	\$0	0%	\$0	100%	\$0
8	Brie Mendoza-Perez	Administrative Services Of	0	No	0%	\$0	\$0	0%	\$0	100%	\$0
9	Jennifer Hondel	Accountant	0	No	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							\$12,263		\$12,263		\$0
Staff Benefits (Specify %)			66%				\$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
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$5,089				\$5,089
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$5,089				\$5,089
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$25,446		\$20,357		\$5,089

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

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



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

<b>Base Budget Narrative</b>		County/City Name:	Fiscal Year:
		Nevada	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 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.			
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		
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		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 Director	0	Yes	0%	\$157,167	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	3.33%	\$132,378	\$4,408	100%	\$4,408	0%	\$0
3	Vacant	Public Health Nurse II	0	Yes	4.79%	\$91,982	\$4,406	100%	\$4,406	0%	\$0
4	Sarah Malugani	Administrative Assistant II	0	No	0%	\$62,718	\$0	0%	\$0	100%	\$0
5	Carol Smith	Administrative Assistant II	0	No	0%	\$71,863	\$0	0%	\$0	100%	\$0
6	Michelle Waddell	Public Health Nurse I	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	Elsie Poplin	Accountant	0	No	0%	\$0	\$0	0%	\$0	100%	\$0
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$0	\$0	0%	\$0	100%	\$0
9	Jennifer Hondel	Accountant	0	No	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							\$8,814		\$8,814		\$0
Staff Benefits (Specify %)			66%				\$5,817		\$5,817		\$0
I. Total Personnel Expenses							\$14,631		\$14,631		\$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 %)		25%				\$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							\$14,631		\$14,631		\$0

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

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



**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
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 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.			
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	
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		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 Director	0	Yes	0%	\$157,167	\$0	0%	\$0	100%	\$0
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	3.34%	\$132,378	\$4,421	100%	\$4,421	0%	\$0
3	Vacant	Public Health Nurse II	0	Yes	2.15%	\$91,982	\$1,978	100%	\$1,978	0%	\$0
4	Sarah Malugani	Administrative Assistant II	0	No	0%	\$26,133	\$0	0%	\$0	100%	\$0
5	Carol Smith	Administrative Assistant II	0	No	0%	\$71,863	\$0	0%	\$0	100%	\$0
6	Michelle Waddell	Public Health Nurse I	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
7	Elsie Poplin	Accountant	0	No	0%	\$0	\$0	0%	\$0	100%	\$0
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$0	\$0	0%	\$0	100%	\$0
9	Jennifer Hondel	Accountant	0	No	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 %					5%			200%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$6,399		\$6,399		\$0
Staff Benefits (Specify %)			66%			\$4,245		\$4,245			\$0
I. Total Personnel Expenses							\$10,644		\$10,644		\$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 %)		25%			\$2,661					\$2,661
2.	External (Specify %)		0%			\$0					\$0
IV. Total Indirect Expenses (List in Narrative)							\$2,661				\$2,661
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$13,305		\$10,644		\$2,661

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

Charlene Weiss-Wenzl, Nursing Director Authorized HCPCFC Signor Name, Title	Signature	Date
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Health Care Program for Children in Foster Care

<b>Caseload Relief Budget Narrative</b>	County/City Name:	Fiscal Year:
	Nevada	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		
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet						County/City Name:		Fiscal Year:				
						Nevada		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 Director	0	Yes	0%	\$157,167	\$0	0%	\$0	100%	\$0	
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	0%	\$132,378	\$0	0%	\$0	100%	\$0	
3	Vacant	Public Health Nurse II	0	Yes	17.84%	\$91,982	\$16,410	88%	\$14,440	12%	\$1,969	
4	Sarah Malugani	Administrative Assistant II	0	No	0%	\$26,133	\$0	0%	\$0	100%	\$0	
5	Carol Smith	Administrative Assistant II	0	No	0%	\$71,863	\$0	0%	\$0	100%	\$0	
6	Michelle Waddell	Public Health Nurse I	0	Yes	0%	\$0	\$0	0%	\$0	100%	\$0	
7	Elsie Poplin	Accountant	0	No	0%	\$0	\$0	0%	\$0	100%	\$0	
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	0%	\$0	\$0	0%	\$0	100%	\$0	
9	Jennifer Hondel	Accountant	0	No	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								\$16,410		\$14,440		\$1,969
Staff Benefits (Specify %)			66%				\$10,831		\$9,530		\$1,300	
I. Total Personnel Expenses								\$27,241		\$23,970		\$3,269
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%				\$6,810					\$6,810
2.	External (Specify %)		0%				\$0					\$0
IV. Total Indirect Expenses (List in Narrative)								\$6,810				\$6,810
V. Total Other Expenses (List in Narrative)								\$0				\$0
Budget Grand Total								\$34,051		\$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 and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Charlene Weiss-Wenzl, Nursing Director

Authorized HCPCFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

<b>Administrative Budget Narrative</b>		County/City Name:	Fiscal Year:
		Nevada	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		
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet						County/City Name:		Fiscal Year:			
						Nevada		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 Director	0	Yes	25.00%	\$157,167	\$39,292			25%	\$39,292
2	Kathryn Kestler	Senior Public Health Nurse	0	Yes	20.14%	\$132,378	\$26,661			20%	\$26,661
3	Vacant	Public Health Nurse II	0	Yes	10.00%	\$91,982	\$9,198			10%	\$9,198
4	Sarah Malugani	Administrative Assistant II	0	No	25.00%	\$62,718	\$15,680			25%	\$15,680
5	Carol Smith	Administrative Assistant II	0	No	25.00%	\$71,863	\$17,966			25%	\$17,966
6	Michelle Waddell	Public Health Nurse I	0	Yes	9.45%	\$90,847	\$8,587			9%	\$8,587
7	Elsie Poplin	Accountant	0	No	15.00%	\$70,803	\$10,620			15%	\$10,620
8	Brie Mendoza-Perez	Administrative Services Officer	0	No	5.00%	\$116,692	\$5,835			5%	\$5,835
9	Jennifer Hondel	Accountant	0	No	5.00%	\$74,422	\$3,721			5%	\$3,721
10	0	0	0	0	0%	\$0	\$0			0%	\$0
<i>View additional rows by selecting the "+" to the left.</i>											
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
Budget Grand Total							\$307,191		\$0		\$307,191

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

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



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

<b>Administrative Budget Narrative</b>		County/City Name:	Fiscal Year:
		Nevada	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 excusing 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		
Authorized HCPCFC Signor Name, Title	Signature	Date