



RESOLUTION No. 22-544

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING THE RENEWAL NEVADA COUNTY'S CHILDREN'S MEDICAL SERVICES (CMS) PLAN WHICH INCLUDES THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM/CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP) AND HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC) FOR FISCAL YEAR 2022/2023

WHEREAS, the Child Health and Disability (CHDP) Prevention/Childhood Lead Poisoning Prevention Program (CLPPP) and the Health Care Program for Children in Foster Care (HCPCFC) programs provide preventive and treatment related health care services to low-income children and young adults; and

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

WHEREAS, the services provided under the CMS Plan will help eligible low-income residents have access to needed health care and preventive care.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada, State of California, approves Nevada County's Children's Medical Services (CMS) Plan which includes the Child Health And Disability Prevention (CHDP) Program and the Health Care Program for Children in Foster Care (HCPCFC) for Fiscal Year 2022/23, and that the Chair of the Board of Supervisors be and is hereby authorized to sign Plan Certifications on behalf of the County of Nevada.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 25th day of October, 2022, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 


Susan K. Hoek, Chair

10/25/2022 cc: PH*
AC*
CHDP*



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

Child Health and Disability Prevention/Childhood Lead Poisoning Prevention
 Program Plan and Budget Reporting Checklist

County/City: Nevada	Fiscal Year: 2022-23	Page Number
1. CHDP-CLPP Plan and Budget Reporting Checklist		1
2. CHDP-CLPP Certification Statement		2
3. CHDP-CLPP Organizational Chart		3
4. CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		N/A
5. If Applicable:		
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		N/A
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		N/A
c. Property Survey Report Form (STD 152)		N/A
6. CHDP Plan and Budget Reporting Spreadsheet		
a. Agency Information Sheet		4
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		5
c. CHDP-CLPP Incumbent List		6
d. CHDP-CLPP Budget		
i. CHDP-CLPP Budget		
– Budget Worksheet and Narrative Justification		7 - 8
– Budget Summary		9
ii. Optional County/City - Federal Match Budget		
– Summary and Worksheet		N/A
– Budget Narrative		N/A

All items listed here should be submitted to the ISCD Budget Portal as one signed PDF document. In addition, Excel worksheet components of this reporting package should also be submitted as one document. Detailed instruction for each item listed can be found in the Integrated Systems of Care Division Plan and Fiscal Guidelines.



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention
 Childhood Lead Poisoning Prevention Program
 Certification Statement**

County/City: Nevada

Fiscal Year: 2022-23

I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Sherilynn E. Cooke, MD, MPH
Sherilynn E. Cooke, MD, MPH (Oct 18, 2022 15:55 PDT)

10/18/2022

Signature of CHDP Director
 Sherilynn Cooke, MD, MPH

Date Signed

Jill Blake
Jill Blake (Oct 18, 2022 17:32 PDT)

10/18/2022

Signature of Director or Health Officer
 Jill Blake, Public Health Director

Date Signed

Charlene Weiss-Wenzl
Charlene Weiss-Wenzl (Oct 18, 2022 14:46 PDT)

10/18/2022

Signature of CHDP Deputy Director
 Charlene Weiss-Wenzl, Director of Nursing

Date Signed

I certify that this plan has been approved by the local governing body.

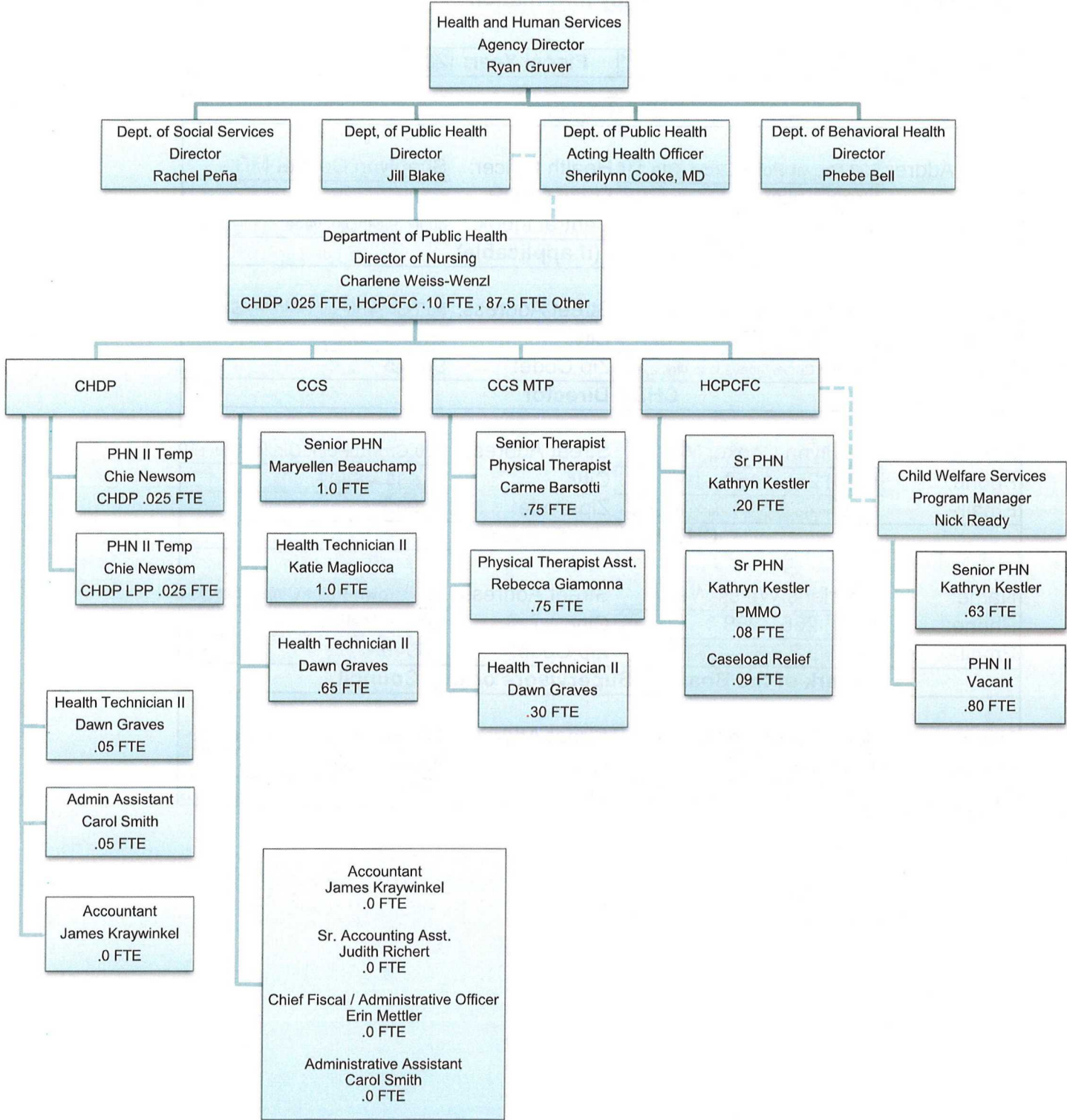
Susan Hoek
Susan Hoek (Oct 25, 2022 16:00 PDT)

10/25/2022

Signature of Local Governing Body Chairperson
 Susan K. Hoek,
 Chair of the Board of Supervisors

Date Signed

2022-23 Nevada County Children's Medical Services





MICHELLE BAASS
DIRECTOR

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

**Child Health and Disability Prevention
Agency Information**



GAVIN NEWSOM
GOVERNOR

County/City:	Nevada	Fiscal Year:	2022-23
Official Agency			
Street Address:	500 Crown Point Circle, Ste 110	Health Officer:	Sherilynn Cooke, MD
City:	Grass Valley	Local CHDP:	
Zip Code:	95945	Central Inbox:	publichealth@nevadacountyca.gov
CMS Director (if applicable)			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Director			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Deputy Director			
Name:	Charlene Weiss-Wenzl	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-7269	City:	Grass Valley
Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov	Zip Code:	95945
Clerk of the Board of Supervisors or City Council			
Name:	Julie Patterson Hunter	Street Address:	950 Maidu Avenue, Ste 200
Phone:	(530) 265-1480	City:	Nevada City
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Zip Code:	95959



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



GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention
 Memoranda of Understanding/Interagency Agreement List**

County/City: Nevada	Fiscal Year: 2022-23
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List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Child Health and Disability Prevention.

	Title or Name of MOU/IA	Name of Partner Entity	Date Last Renewed
1	Nevada County IAA	Public Health/Social Services/Probation Department	6/1/2021
2	HCPCFC/CWS MOU	Foster Care and Child Welfare Services	6/1/2021
3	SELPA IAA	California Childrens Services/Nevada County Public Health	7/1/2018
4	Blue Cross CCS/HF MOU	Blue Cross/California Childrens Services/Healthy Families	2/1/1999
5	Blue Shield CCS/HF MOU	Blue Shield/California Childrens Services/Healthy Families	2/1/1999
6	Access Dental CCS/HF MOU	Access Dental/California Childrens Services	2/1/1999
7	Delta Dental CCS/HF MOU	Delta Dental/California Childrens Services	2/1/1999
8	EyeMed Vision Care CCS/HF MOU	EyeMed Vision Care/California Childrens Services	7/1/2005
9	SafeGuard Vision CCS/HF MOU	Safeguard Vision/California Childrens Services	10/1/2005
10	VSP Vision Svc CCS/HF MOU	VSP Vision Services/California Childrens Services	7/1/2015
11	California Health & Wellness MOU	County of Nevada and CHWP	7/1/2015



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

**Child Health and Disability Prevention & Lead Poisoning Prevention
 Incumbent List**



County/City: Nevada	Fiscal Year: 2022-23
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List all Child Health and Disability Prevention staff.				
<i>Please include applicable vacant positions, including title.</i>				
	Name	Title	Email Address	Other Programs (with FTE % each)
1				
2				
3	Chie Newsom	Public Health Nurse	Chie.Newsom@countynevadaca.gov	CLPPP 40%, DIS Work Dev 55%
4				
5				
6				
7				
8				
9				
10				
	<i>(Insert additional lines as needed)</i>			



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



GAVIN NEWSOM
GOVERNOR

Child Health and Disability Prevention | Lead Poisoning Prevention

CHDP LPP Budget Summary					
County-City:		Nevada		Fiscal Year: 2022-23	
Column		1	2	3	
Category/Line Item		% of FTE towards CHDP-LPP	Annual Salary	Total	
I. Personnel Expense					
Name		Title			
1	Newsom, Chie	Public Health Nurse	2.5%	\$ 97,537.00	\$ 2,438.43
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
Total Salaries and Wages					\$0.00
Staff Benefits (Specify %)		66%			\$ 1,601.80
I. Total Personnel Expense					\$4,040.23
II. Total Travel Expense					\$0.00
III. Other Expense (Must Separately Itemize all Other Expenses below)					
1	General Office; including supplies, copying and postage				\$47.23
2					\$0.00
3					\$0.00
4					\$0.00
III. Total Other Expense					\$47.23
IV. Budget Grand Total					\$4,087.46

APPROVED

By Char Weiss-Wenzl at 9:04 pm, Aug 31, 2022

CHDP Director/Deputy Director (Print & Sign)

Charlene Weis-Wenzl, CHDP Deputy Director

Date



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services
Child Health and Disability Prevention |
Lead Poisoning Prevention
Budget Narrative



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source		CHDP-CLPP	
County/City Name		Fiscal Year	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Temporay PHN has been removed from last year's budget. PHN will continue to stay at 5%, combining 2.5% CHDP with 2.5% CHDP-CLPP programs. Overall benefit percent will increase with temp removed from budget.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
General office expense totaled \$47.23 which is an increase from FY 21/22, includes general office supplies, duplication and postage.			
Travel:	No travel included for FY 2022-23.		
Training:	No training included for FY 2022-23		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	25% Indirect Rate as approved by CDPH. This amount is for department and agency support.		
External:	External indirect will be supported by Pblic Health realignment.		
V. Other Expenses			
Identify and Explain All Other Expense Line Items			

APPROVED

By James Kraywinkel at 5:29 pm, Aug 29, 2022

James Kraywir Accountant 0 ywinkel@nevadaco

Print **APPROVED** Sign
By Char Weiss-Wenzl at 6:26 pm, Aug 30, 2022

Charlene Weiss-Wenzl DPHN 0 iss-Wenzl@nevada

Authorized CHDP Program Representative: Sign Print Title Date Email



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

Child Health and Disability Prevention | Lead Poisoning and Prevention



CHDP LPP Budget Summary			
County-City:	Nevada	Fiscal Year:	2022-23
Category/Line Item		CHDP LPP Funds (100% CHDP-LPP)	
I	Total Personnel Expenses		\$4,040
II	Total Travel Expenses		\$0
V	Total Other Expenses		\$47
Budget Grand Total			\$4,087

Source of Funds	CHDP LPP Funds (100% CHDP-LPP)
CHDP-LPP Fund Grand Total	\$4,087

CERTIFICATION: I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

APPROVED

By Char Weiss-Wenzl at 9:05 pm, Aug 31, 2022

CHDP Director/Deputy Director (Print & Sign) Charlene Weiss-Wenzl, CHDP Deputy Director _____ Date _____



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

Child Health and Disability Prevention Program
 Plan and Budget Reporting Checklist

County/City: Nevada	Fiscal Year: 2022-23	Page Number
1. CHDP Plan and Budget Reporting Checklist		1
2. CHDP Certification Statement		2
3. CHDP Organizational Chart		3
4. CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		N/A
5. If Applicable:		
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		N/A
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		N/A
c. Property Survey Report Form (STD 152)		N/A
6. CHDP Plan and Budget Reporting Spreadsheet		
a. Agency Information Sheet		4
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		5
c. CHDP Incumbent List		6
d. CHDP Budget		
i. CHDP Administrative Budget (Base)		
– Budget Worksheet & Narrative Justification		7 - 8
– Budget Summary		9
ii. Optional County/City - Federal Match Budget		
– Summary and Worksheet		N/A
– Budget Narrative		N/A

All items listed here should be submitted to the ISCD Budget Portal as one signed PDF document. In addition, Excel worksheet components of this reporting package should also be submitted as one document. Detailed instruction for each item listed can be found in the Integrated Systems of Care Division Plan and Fiscal Guidelines.



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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention Program
 Certification Statement**

County/City: Nevada

Fiscal Year: 2022-23

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

Charlene Weiss-Wenzl
 Charlene Weiss-Wenzl (Oct 18, 2022 14:46 PDT)

10/18/22

Signature of CHDP Deputy Director
 Charlene Weiss-Wenzl, Public Health Nursing Director

Date Signed

Jill Blake
 Jill Blake (Oct 18, 2022 17:32 PDT)

10/18/22

Signature of Director
 Jill Blake, Public Health Director

Date Signed

I certify that this plan has been approved by the local governing body.

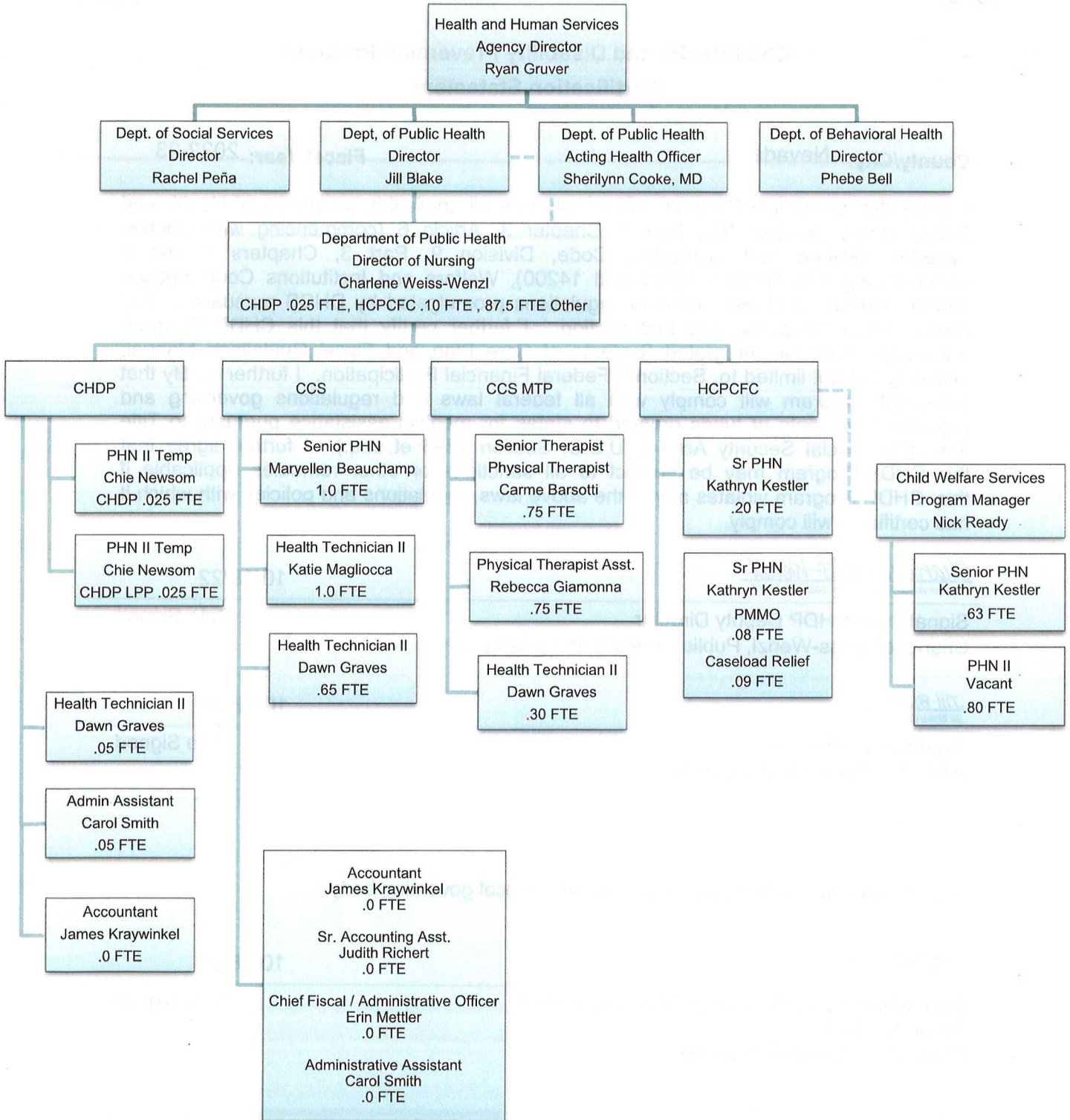
Susan Hoek
 Susan Hoek (Oct 25, 2022 16:00 PDT)

10/18/22

Signature of Local Governing Body Chairperson
 Susan K. Hoek,
 Chair of the Board of Supervisors

Date Signed

2022-23 Nevada County Children's Medical Services





MICHELLE BAASS
DIRECTOR

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

**Child Health and Disability Prevention
Agency Information**



GAVIN NEWSOM
GOVERNOR

County/City:	Nevada	Fiscal Year:	2022-23
Official Agency			
Street Address	500 Crown Point Circle, Ste 110	Health Officer:	Sherilynn Cooke, MD
City:	GrassValley	Local CHDP	
Zip Code:	95945	Central Inbox:	publichealth@nevadacountyca.gov
CMS Director (if applicable)			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Director			
Name:	Sherilynn Cooke, MD	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1450	City:	Grass Valley
Email:	Sherilynn.Cooke@nevadacountyca.gov	Zip Code:	95945
CHDP Deputy Director			
Name:	Charlene Weiss-Wenzl	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-7269	City:	Grass Valley
Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov	Zip Code:	95945
Clerk of the Board of Supervisors or City Council			
Name:	Julie Patterson Hunter	Street Address:	950 Maidu Avenue, Ste 200
Phone:	(530) 265-1480	City:	Nevada City
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Zip Code:	95959



MICHELLE BAASS
DIRECTOR

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

Child Health and Disability Prevention
Memoranda of Understanding/Interagency Agreement List



GAVIN NEWSOM
GOVERNOR

County/City: Nevada	Fiscal Year: 2022-23
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List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Child Health and Disability Prevention.

	Title or Name of MOU/IA	Name of Partner Entity	Date Last Renewed
1	Nevada County IAA	Public Health/Social Services/Probation Department	6/1/2021
2	HPCFC/CWS MOU	Foster Care and Child Welfare Services	6/1/2021
3	SELPA IAA	California Childrens Services/Nevada County Public Health	7/1/2018
4	Blue Cross CCS/HF MOU	Blue Cross/California Childrens Services/Healthy Families	2/1/1999
5	Blue Shield CCS/HF MOU	Blue Shield/California Childrens Services/Health Families	2/1/1999
6	Access Dental CCS/HF MOU	Access Dental/California Childrens Services	2/1/1999
7	Delta Dental CCS/HF MOU	Delta Dental/California Childrens Services	2/1/1999
8	EyeMed Vision Care CCS/HF MOU	EyeMed Vision Care/California Childrens Services	7/1/2005
9	SafeGuard Vision CCS/HF MOU	Safeguard Vision/California Childrens Services	10/1/2005
10	VSP Vision Svc CCS/HF MOU	VSP Vision Services/California Childrens Services	7/1/2015
11	California Health & Wellness MOU	County of Nevada and CHWP	7/1/2015



MICHELLE BAASS
DIRECTOR

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

**Child Health and Disability Prevention
Incumbent List**



GAVIN NEWSOM
GOVERNOR

County/City: Nevada	Fiscal Year: 2022-23
----------------------------	-----------------------------

List all Child Health and Disability Prevention staff.				
<i>Please include applicable vacant positions, including title.</i>				
	Name	Title	Email Address	Other Programs (with FTE % each)
1	Charlene Weiss-Wenzl	Director of Public Health Nursing	Charlene.Weiss-Wenzl@countynevadaca.gov	IZ 10%, MCAH 10%, CHVP 10%
2				Senior Outreach 10%, Client Care 57.5%
3	Chie Newsom	Public Health Nurse	Chie.Newsom@countynevadaca.gov	CLPPP 40%, DIS Work Dev 55%
4	Carol Smith	Administrative Assistant	Carol.Smith@countynevadaca.gov	IZ 10%, MCAH 5%, Client Care 80%
5	Dawn Graves	Health Technician	Dawn.Graves@countynevadaca.gov	CCS Admin 65%, CCS DTT 30%
6				
7				
8				
9				
10				
	<i>(Insert additional lines as needed)</i>			



MICHELLE BAASS
DIRECTOR

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

Child Health and Disability Prevention
Budget Worksheet



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Base										
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County/City Name:	Nevada	Fiscal Year:	2022-23
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Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
I. Personnel Expenses											
# Name											
1 Charlene Weiss-Wenzl	2.5%	\$135,259	\$3,381	0%	\$0	100%	\$3,381	2.5%	\$3,381	100%	\$3,381
2 Chie Newsom	2.5%	\$97,537	\$2,438	70%	\$1,707	30%	\$732	2.5%	\$2,438	100%	\$2,438
3 Carol Smith	5.0%	\$67,099	\$3,355	0%	\$0	100%	\$3,355	5.0%	\$3,355	100%	\$3,355
4 Dawn Graves	5.0%	\$51,513	\$2,576	0%	\$0	100%	\$2,576	5.0%	\$2,576	100%	\$2,576
5			\$0		\$0	100%	\$0				
6			\$0		\$0	100%	\$0				
7			\$0		\$0	100%	\$0				
8			\$0		\$0	100%	\$0				
9			\$0		\$0	100%	\$0				
10			\$0		\$0	100%	\$0				
<i>(insert additional rows as needed)</i>											
Total Salaries and Wages			\$11,751		\$1,707		\$10,044		\$11,751		\$11,751
Less Salary Savings			\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages			\$11,751		\$1,707		\$10,044		\$11,751		\$11,751
Staff Benefits (Specify %)	69%		\$8,108		\$1,178		\$6,930		\$8,108		\$8,108
I. Total Personnel Expenses			\$19,859		\$2,885		\$16,974		\$19,859		\$19,859
II. Operating Expenses (List in Narrative)											
II. Total Operating Expenses			\$1,320		\$0		\$1,320		\$1,320		\$1,320
III. Capital Expenses (List in Narrative)											
III. Total Capital Expenses			\$0				\$0		\$0		\$0
IV. Indirect Expenses											
1. Internal (Specify %)	25%		\$4,965				\$4,965		\$4,965		\$4,965
2. External (Specify %)	0%		\$0				\$0		\$0		\$0
IV. Total Indirect Expenses			\$4,965				\$4,965		\$4,965		\$4,965
V. Other Expenses											
V. Total Other Expenses			\$0				\$0		\$0		\$0
Budget Grand Total			\$26,144		\$2,885		\$23,259		\$26,144		\$26,144

APPROVED <small>By James Kraywinkel at 3:03 pm, Aug 29, 2022</small>		James Kraywinkel	Accountant		James.Kraywinkel@nevadacountyca.gov
Prepare	APPROVED <small>By Char Weiss-Wenzl at 6:49 pm, Aug 30, 2022</small>	Sign	Print	Title	Date
Authorized CHDP	Sign	Print	Title	Date	Email
Program Representative:					

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



MICHELLE BAASS
DIRECTOR

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

**Child Health and Disability Prevention
Budget Narrative**



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Base	
County/City Name: Nevada		Fiscal Year: 2022-23	
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Temporay PHN has been removed from last year's budget. PHN will continue to stay at 5%, combining 2.5% CHCP with 2.5% CHDP-CLPP programs. Overall benefit percent will increase with temp removed from budget.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
General office expense is \$300 (\$25/month X 12 months). Duplication will also be \$300 (\$25/month X 12 months). Postage will be \$120 (\$10/month X 12 months). Communication is being removed from the budget for FY22/23			
Travel:	Travel will reamin at \$300, the same as FY 21/22		
Training:	Training will remain at \$300, the same as FY 21,22.		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	25% Indirect Rate as approved by CDPH. This amount is for department and agency support.		
External:	External indirect will be supported by Public Health realignment.		
V. Other Expenses			
Identify and Explain All Other Expense Line Items			

APPROVED

By James Kraywinkel at 3:09 pm, Aug 29, 2022

James Kraywin Accountant

0

ywinkel@nevadaco

Prepared

APPROVED

Sign

Print

Title

Date

Email

By Char Weiss-Wenzl at 6:51 pm, Aug 30, 2022

Charlene Weiss-W DPHN

0

iss-Wenzl@nevada

Authorized CHDP Program Representative: Sign

Print

Title

Date

Email



MICHELLE BAASS
DIRECTOR

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

Child Health and Disability Prevention
Budget Summaries



GAVIN NEWSOM
GOVERNOR

County/City:	Nevada					Fiscal Year:	2022-23		
Funding Source:	Base					County/City-Federal			
Category/Line Item	1 Total Budget	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	B Total Budget	C Enhanced	D Non-Enhanced	
I. Total Personnel Expenses	\$19,859	\$2,885	\$16,974	\$19,859	\$19,859	\$0	\$0	\$0	
II. Total Operating Expenses	\$1,320	\$0	\$1,320	\$1,320	\$1,320	\$0	\$0	\$0	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$4,965		\$4,965	\$4,965	\$4,965	\$0		\$0	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
Budget Grand Total	\$26,144	\$2,885	\$23,259	\$26,144	\$26,144	\$0	\$0	\$0	
Source of Funds:	1 Total Funds	4 Enhanced	5 Non-Enhanced	2 Total CHDP Budget	3 Total Medi-Cal Budget	F Total Funds	G Enhanced	H Non-Enhanced	
State General Funds	\$26,144			\$26,144					
Medi-Cal Funds:	\$26,144				\$26,144				
State/County Funds	\$12,351	\$721	\$11,630		\$12,351	\$0	\$0	\$0	
Federal Funds (Title XIX)	\$2,164	\$2,164	\$0		\$2,164	\$0	\$0	\$0	
Budget Grand Total	\$26,144	\$2,885	\$23,259	\$26,144	\$26,144	\$0	\$0	\$0	

APPROVED
By James Kraywinkel at 3:10 pm, Aug 29, 2022

James Kraywinkel Accountant 0

Prepared by **APPROVED** Print Title Date
By Char Weiss-Wenzl at 6:52 pm, Aug 30, 2022 Charelene Weiss-Wenzl Director of Public Health Nursir 0
Authorize Print Title Date

Health Care Program for Children in Foster Care Plan and Budget Reporting Checklist

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



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

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

County/City: Nevada

Fiscal Year: 2022-23

I certify that the Health Care Program for Children in Foster Care (HPCFC) 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 HPCFC 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 HPCFC may be subject to sanctions or other remedies if this HPCFC violates any of the above.

Charlene Weiss-Wenzl
 Charlene Weiss-Wenzl (Oct 18, 2022 14:46 PDT)

10/25/22

Signature of HPCFC Director/County Authorized Representative
 Charlene Weiss-Wenzl, Director of Nursing

Date Signed

Jill Blake
 Jill Blake (Oct 18, 2022 17:32 PDT)

10/18/22

Signature of Director or Health Officer
 Jill Blake, Public Health Director

Date Signed

Rachel Peña, LCSW
 Rachel Peña, LCSW (Oct 19, 2022 07:57 PDT)

10/18/22

Signature and Title of Other
 Rachel Peña, Director of Social Services

Date Signed

I certify that this plan has been approved by the local governing body.

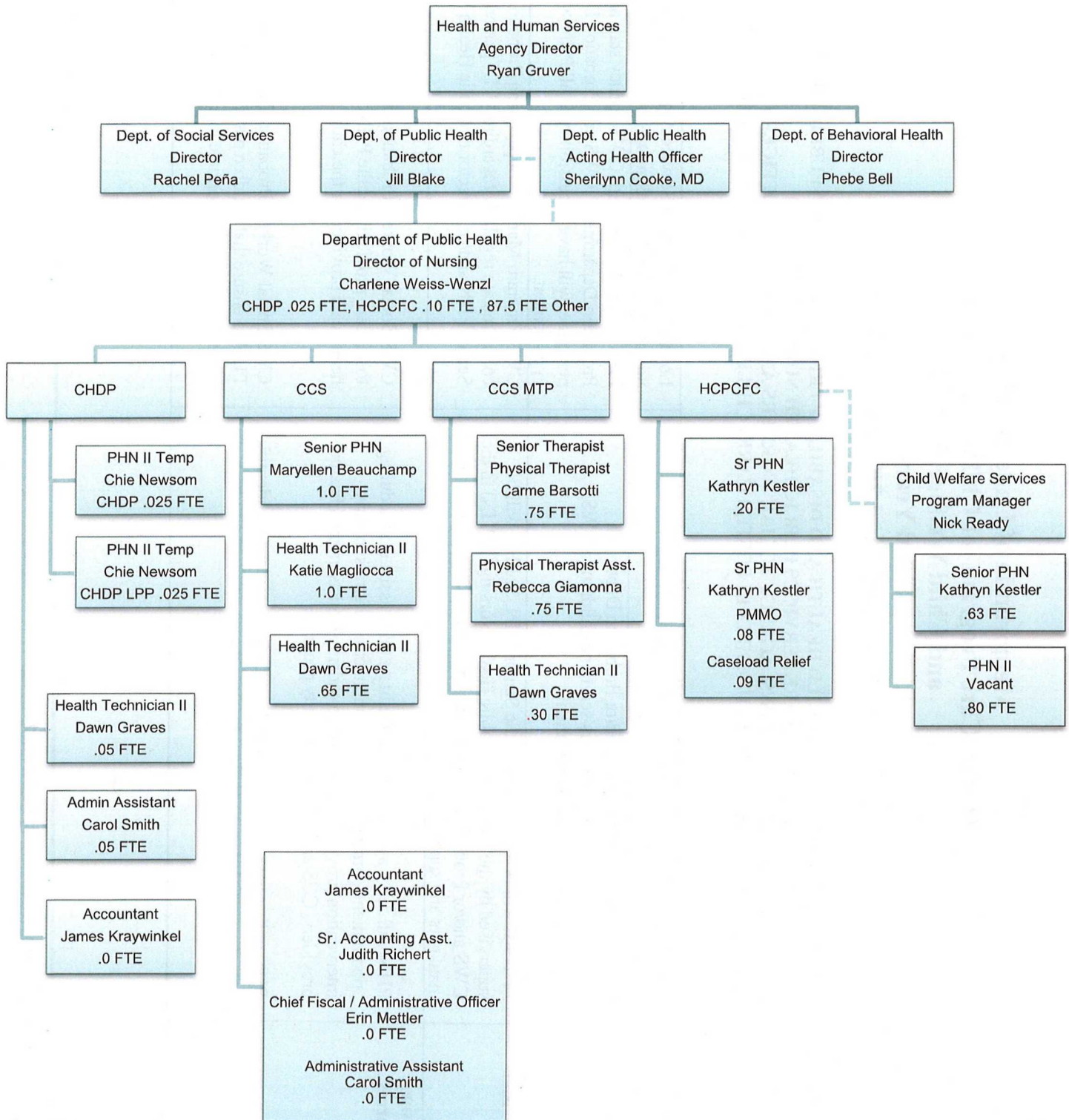
Susan Hoek
 Susan Hoek (Oct 25, 2022 16:00 PDT)

10/18/22

Signature of Local Governing Body Chairperson
 Susan K. Hoek,
 Chair of the Board of Supervisors

Date Signed

2022-23 Nevada County Children's Medical Services



**Memoranda of Understanding
Health Care Program for Children in Foster Care
and Child Welfare Services
Fiscal Years
7/1/21-6/30/22 and 7/1/22-6/30/23**

**SUGGESTED AREAS OF RESPONSIBILITY FOR CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PUBLIC HEALTH NURSES (PHNs)
/ CHILD WELFARE SERVICES PUBLIC HEALTH NURSES (PHNs) AND
CHILD WELFARE SERVICES (CWS) AGENCY SOCIAL WORKERS AND PROBATION OFFICERS IN THE
HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE / CHILD WELFARE SERVICES PROGRAMS**

Service Provided	Local Child Welfare Services PHN Responsibilities	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	PHN will be located in CWS and/or Probation Dept. with accessibility to all team members servicing children in CWS programs and Probation Department.	PHN will be located with CWS agency staff and/or the Probation Department. CWS and Probation Department personnel will have accessibility to all PHNs servicing children in placement.
Supervision	PHN I/II will be supervised by the Senior PHN, Sr PHN will be supervised by the Director of Public Health Nursing (DPHN) in the CWS and/or Probation program with input from CWS /Probation managers and supervisors.	CWS Program Manager/Supervising Probation Supervisor will communicate regularly regarding PHN performance with the Senior PHN and/or Director of Public Health Nursing.
Accessing Resources	<p>PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs.</p> <p>PHN will assist nurses in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.</p>	<p>CWS Social Workers/Probation Officers will work with the foster care provider and the PHN to identify an appropriate health care provider for the child.</p> <p>CWS Social Workers/Probation Officers will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.</p>

Service Provided	Local Child Welfare Services PHN Responsibilities	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p>Health Care Planning and Coordination</p>	<p>PHN will ensure completion of the Health & Education Passport (HEP), provide a copy to the family or legal guardian, and will participate in updating the HEP as required by state & federal guidelines.</p> <p>PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</p> <p>PHN will assist Social Worker/Probation Officer in obtaining additional services necessary to educate and/or support the child's caregiver in providing for the child's special health care needs and will obtain and provide health care documentation when necessary to support the request for health care services.</p> <p>The PHN will participate in Child Family Team (CFT) meetings and/or multi-disciplinary coalitions related to children's medical, dental, psychiatric, and social needs.</p> <p>PHN will follow the Drug Endangered Child (DEC) protocol and assist the Social Worker/Probation Officer related to child health and welfare. The PHN will attend court detention hearings and provide health education information as needed.</p>	<p>Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child requiring PHN services.</p> <p>Social Worker/Probation Officer or designee will incorporate health plan into child's case record.</p> <p>Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</p> <p>Social Worker/Probation Officer will collaborate to complete and keep current the child's HEP or its equivalent and provide a copy of the HEP to the child's care provider, family and/or legal guardian.</p> <p>CWS will provide an RFA screening area and necessary equipment (measurement of height/weight/blood pressure) to perform screening and documentation.</p> <p>Social Worker/Probation Officer will collaborate with PHN regarding health-related concerns and will include PHN in multi-disciplinary meetings related to health needs and concerns.</p> <p>CWS Social Workers/Probation Officers will follow the DEC protocol in consulting the PHN to address child health care needs.</p>

Service Provided	Local Child Welfare Services PHN Responsibilities	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
	<p>The PHN will coordinate and facilitate communications with health care providers regarding Child Welfare Services (CWS) and Probation clients.</p> <p>On an as-needed basis the PHN will assist CWS Social Workers and Probation Officers with in-home and/or group home visits, encompassing psychotropic medication management per state regulations.</p> <p>The PHN will provide nursing assessment services during forensic exams on a case by case basis.</p> <p>The PHN will provide case management for children receiving psychotropic medications according to state regulations and guidelines.</p> <p>The PHN will attend Multi-disciplinary Interviews (MDI) and Child Family Team meetings (CFT) as needed based on the child's health status and related health needs.</p> <p>PHN will participate with Inter-Agency Placement Committee addressing the suitability of child's placement.</p> <p>PHN will assist CWS Social Workers and/or Probation Officers with interpreting health related documents to ensure information provided in court reports is current and up to date.</p>	<p>CWS and Probation will assist in the coordination and facilitation of communications between the PHN and caretakers including group home and/or involved agencies.</p> <p>On an as-needed basis the CWS Social Workers/Probation Officers will request the assistance of the PHN with health related in-home and/or group home visits.</p> <p>On a case by case basis, Social Workers/Probation Officers will request PHN nursing assessment services for forensic findings.</p> <p>Social Workers/Probation Officers will request PHN nursing assessment services for psychotropic medication management for all CWS and Probation cases receiving psychotropic medications.</p> <p>CWS/Probation will request the PHN to attend Multi-disciplinary Interviews (MDI) and/or Child Family Team meetings (CFT), case staffing based on the child's health status and related health needs.</p> <p>Following the Inter-Agency Placement Committee protocol PHN will collaborate with CWS, Probation and Children's Behavioral Health to assess the suitability of the child's placement considering the special health care needs of the child.</p> <p>Social Workers/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing. Relevant health information will be incorporated into the HEP and court report.</p>

Service Provided	Local Child Welfare Services PHN Responsibilities	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Training/ Orientation	<p>PHN will educate social workers, juvenile court staff, care providers, school nurses and involved parties about the health care needs of children in CWS.</p> <p>PHN will maintain currency with the Child Welfare Services/Case Management System (CWS/CMS) program and policies.</p>	<p>CWS agency staff/Probation Officers will collaborate with PHNs in educating social workers, juvenile court staff, care providers, school nurses and others about the health care needs of children in CWS.</p> <p>CWS agency/Probation department will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.</p>
Policy /Procedure Development	<p>PHN will provide program consultation to CWS/ Probation Department in the development and implementation of program policies related to the Health Care Program for Children in Foster Care / CWS.</p>	<p>CWS staff/Probation Officers will include the PHN in team and staff meetings and provide orientation to social services and consultation on CWS/CMS.</p>
Transition from CWS	<p>PHN will provide assistance to the Social Worker/Probation Officer and the child exiting CWS on the availability of options of health care coverage and community resources to meet the health care needs of the child.</p>	<p>CWS staff/Probation Officers will collaborate with PHN to assure a child leaving CWS is aware of health care coverage and community resources addressing the child's health care needs.</p>
Quality Assurance	<p>PHN will conduct joint reviews of case records for documentation of health care services with CWS /Probation Department.</p> <p>PHN will work with CWS /Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to CWS/Probation Department.</p> <p>PHN will utilize the CWS/CMS and Safe Measures computer databases to evaluate health care services.</p>	<p>CWS staff/Probation Officers will conduct joint reviews of case records for documentation of health care services.</p> <p>CWS staff/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</p> <p>CWS staff/Probation Officers will collaborate and assist PHN in gathering data from CWS/CMS and Safe Measures.</p>

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Staffing and Costs	PHD will provide the following staffing under this agreement as PHN staffing allows: 2.0 FTE Public Health Nurse I/II/Senior 0.10 FTE Director of Public Health Nursing Public Health will invoice the State of California Health Care Program for Children in Foster Care (HCPCFC) the above PHN staffing and related indirect expenses. Public Health will then invoice the CWS agency for the unreimbursed costs that exceed the amount available from the HCPCFC plus related operating expenses.	CWS agency will provide reimbursement to Public Health for the following PHN staffing and related indirect and operating expenses: 2.0 FTE Public Health Nurse I/II/Senior 0.10 FTE Director of Public Health Nursing

MEMORANDUM OF UNDERSTANDING
Health Care Program for Children in Children’s Medical Services

This Memorandum of Understanding is in effect from July 1, 2021 through June 30, 2023 unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memoranda of Understanding, the local health department, and social services department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

Jill Blake
Jill Blake (Dec 17, 2021 09:21 PST)

 Jill Blake Date
 Nevada County Public Health Director

Rachel Peña Roos, LCSW
Rachel Peña Roos, LCSW (Dec 21, 2021 10:41 PST)

 Rachel Peña Roos Date
 Nevada County Social Services Director

Jeff Goldman
Jeff Goldman (Dec 21, 2021 09:12 PST)

 Jeff Goldman Date
 Nevada County Probation Department
 Chief Probation Officer

Nevada County July 1, 2021 to June 30, 2023

Nevada County
Intra-agency Agreement
Fiscal Years
7/1/21-6/30/22 and 7/1/22-6/30/23

I. Statement of Agreement

This statement of agreement is entered into between Nevada County Public Health, Nevada County Department of Social Services, and Probation Department to assure compliance with federal and state regulations and the appropriate expenditure of Bright Futures funds in the implementation of the Child Health and Disability Prevention (CHDP) Program.

II. Statement of Need

The following specific needs in Nevada County have been identified as a focus for Fiscal Years (FY) 2021-2022 and 2022-2023.

Specific needs in Nevada County are:

- A. Need for increasing the number of referrals for CHDP services and access of Nevada County citizens to Medi-Cal or other medical insurance
- B. Need for continuing staff education for the purposes of increasing referrals to the CHDP program and identifying children's health conditions for which to seek consultation and coordination by trained health professionals.
- C. Need for collaboration between parties for case management and improved client outcomes.

III. Organizational and Functional Relationships

- A. The exchange of information about persons applying for or receiving Medi-Cal, with or without linkages to other social services programs as outlined in this document, is permitted by state and federal law and regulations, and is to be maintained in a confidential manner.

IV. Department of Social Services' Responsibilities and Activities

A. Basic Informing and Documentation of Informing for CalWORKs and Medi-Cal Only

Following are the requirements for basic informing and documentation of Informing by Eligibility Determination staff of persons applying for, or receiving CalWORKs or Medi-Cal Only.

- I. CalWORKs Application/Annual Re-determination

a. In the eligibility intake interview, the appropriate responsible adult(s) for Medi-Cal eligible persons, including the unborn, and persons under 21 years of age will be:

- (1) Given a state approved brochure about the CHDP Program.
- (2) Given an oral explanation about CHDP including:
 - (a) The value of preventive health services and the differences between episodic and wellness care;
 - (b) Availability of health assessments;
 - (c) Availability of dental services; and
 - (d) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and
 - (e) The nature, scope, and benefits of the CHDP Program.
- (3) Asked questions to determine whether:
 - (a) More information about CHDP Program services is wanted; and
 - (b) CHDP Program services--medical and/or dental --are wanted; and
 - (c) Appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services.

b. The Eligibility Determination staff will document in the C-IV system that informing occurred:

- (1) Explanation and brochure given;
- (2) Date of the explanation and giving of the brochure; and,
- (3) The individual responses to the CHDP services questions.

2. Medi-cal Application/Annual Re-determination

a. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by mail will do so through completion of a State-approved Medi-Cal Application/Annual Re-determination process. The Application/Annual Re-determination process includes providing a

State-approved brochure about the CHDP Program to the applicant. The State-approved brochure about the CHDP Program, entitled "Medical and Dental Health Check-Ups," (PUB 183) informs the family of where to call or write if:

- 1) More information about CHDP Program services is wanted; or
- 2) Help with getting an appointment and transportation to medical care is needed.

b. Eligibility Determination staff will document if any follow-up action is required.

Note: Any "Yes" response to the CHDP questions or offer of services through face-to-face encounters or mail-in requests requires a referral on the CHDP Referral Form (PM 357), or a state approved, alternate form. See CHDP Program Letter No. 81-5 and All County Letter No. 81-43.

B. Basic Informing and Documentation of Informing for Children in Foster Care Program Placements

Following are the requirements for basic informing and documentation of informing by staff responsible for placement of children in foster care, including placements controlled by the Probation Department, Licensed Adoption Agency, and/or Placement Agencies.

1. Within 30 days of the date of placement, the staff responsible for placing the child will document the need, if known, for any health, medical, or dental care and will ensure that information is given to the payee, hereafter referred to as the out-of-home care provider, about the needs of the eligible child and the availability of CHDP services through the CHDP Program.
2. In the case of an out-of-state placement, the social worker shall ensure information is given to the out-of-home care provider about the federal EPSDT services. The care provider and/or child will be:

Given a face-to-face oral explanation about CHDP, including:

- (1) The value of preventive health services and the differences between episodic and wellness care;
- (2) The availability of health assessments according to Bright Futures and State and Child Welfare regulations, and how to obtain health assessments at more frequent intervals if no health assessment history is documented, or the child has entered a new foster care placement;

- (3) The availability of annual dental exams for children one year of age and older;
- (4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and

c. Asked questions to determine whether:

- (1) CWS/Probation staff ensure and provide arrangements for appointment scheduling assistance and/or transportation arrangement assistance as needed to obtain medical and/or dental services.
2. The Child Welfare Services staff, probation and or Foster Care PHNs responsible for placement will document Health and Dental information in the Health Education Passport (HEP)
 3. A “payee,” referred to as the “out-of-home care provider” or “substitute care provider (SCP)” is defined as the foster parent(s) in a foster home, or the officially designated representative of the payee when the child in the foster care program or Medi-Cal eligible child residing in a group home, residential treatment center, or other out-of-home care facility.
 4. Informing requirements described in IV. A. 1. through A. 3. shall apply for AFDC-FC recipients for out-of-home placement with a relative, or upon return of the child to the parents(s).
 5. All payees (out-of-home care providers) responsible for foster care children placed out-of-county will be informed of the services in the placement county.

C. Referral to the EPSDT Unit or CHDP Program

1. All “Yes” responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/transportation assistance will be documented on a CHDP Referral Form (PM 357), or a state approved alternate form. The referral form will be sent to the CHDP/EPSDT Unit. This action is required to ensure that these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through CalWORKs or Medi-Cal Only, and within 120 days of the date of request if by self-referral or for children in foster care placements.

D. Information Provided by Social Services Staff on the CHDP Referral Form (PM 357)

The following will be included on the referral form when any "Yes" response is given, written or verbal, to the offer of services:

1. Case Name and Medi-Cal Identification Number.
2. Type of services requested:
 - a. Additional information.
 - b. Medical services.
 - c. Dental services.
 - d. Transportation assistance.
 - e. Appointment scheduling assistance.
3. Source of referral:
 - a. New application.
 - b. Redetermination.
 - c. Self-referral.
4. Case type:
 - a. CalWORKs
 - b. Foster Care.
 - c. Medi-Cal Only (Full Scope, Limited Scope with or without a Share-of-Cost).
5. Complete listing of members in case with birth dates including unborns and the expected date of confinement (EDC).
6. Listing of the payee/out-of-home care provider and child in foster care.
7. Residence address and telephone number.
8. DSS Worker signature.
9. Date of eligibility determination for CalWORKs and Medi-Cal only cases or date of request for children in foster care and self-referrals.

E. Case Management for Children in Foster Care

1. The Child Welfare/Probation staff responsible for placement of the child will ensure that the child receives medical and dental care which places attention on preventive health services as defined by Bright Futures guidelines. More frequent health assessments may be obtained for a child when the child enters a new placement.
2. Medical records including, but not limited to, copies of the form: Health Care Program for Children in Foster Care , the HEP, or State approved alternative form or results of equivalent preventive health services for any child in foster care and for children in foster care over the age of one year, result(s) of dental visit(s) must also be maintained in the case record to verify health status of the child.
3. The case plan will contain a plan which ensures that the child receives medical and dental care which places attention on preventive health services through the CHDP Program or equivalent preventive health services in accordance with the Bright Future’s schedule for periodic health and dental assessments.

V. EPSDT Unit Responsibilities and Activities

- A. The EPSDT unit is administratively located and physically stationed in the Nevada County Public Health Department.
- B. Duty Statement of EPSDT Worker and EPSDT Professional Public Health Nurse.
- C. Overall medical and administrative supervision is provided by Nevada County Public Health Officer and the Director of Public Health Nurses. Day-to-day program supervision is provided by an assigned Public Health Nurse.
- D. The Unit will accept and take appropriate action on all referrals of Medi-Cal eligible persons under 21 years of age, including unborns, and will:
 1. Intensively inform those requesting more information, and offer scheduling and transportation assistance to those who request CHDP medical and/or dental services.
 2. Provide all requested scheduling and/or transportation assistance so that medical and/or dental services can be received from a provider of the requester's choice. These services will be provided and diagnosis and treatment initiated within 120 days of the person’s date of eligibility determination or redetermination, and within 120 days of a request if by self- referral or for children in foster care placements unless:

- a. Eligibility is lost; or,
 - b. Person is lost to contact and a good faith effort was made to locate the person as defined in Section VII; or,
 - c. Failure to receive services was due to an action or decision of the family or person.
- 3. Assure that persons asking for health assessment procedures not furnished by their provider are referred to another provider for those procedures so that all requested CHDP services are received within 120 days of the initial request.
 - 4. Follow up on persons requesting appointment scheduling and transportation assistance to:
 - a. Re-offer scheduling and transportation assistance to those persons whose failure to keep appointments was not due to an action or decision of the family or person.
 - b. Offer and provide requested assistance to those for whom further diagnosis and treatment is indicated.
- E. The following will be documented on the CHDP Referral Form (PM 357) or an alternate, state-approved form for each eligible person listed:
- 1. Type of transportation assistance and date given.
 - 3. Appointment scheduling assistance and date given.
 - 4. Follow up to needed diagnosis and treatment.
 - 5. Disposition of case: appointment kept or not kept, eligibility lost, family declined further services, or family/person lost to contact and Good Faith Effort was made to locate the person as defined in Section VII.

VI. CHDP Program Responsibilities and Activities

- A. An adequate number of medical providers will be available to meet county needs and federal regulations in regard to allowable time frames.
- B. The county will make all possible attempts to assure an adequate number of dental providers to meet county needs and Federal regulations.
- C. An adequate supply of the following materials will be available to meet Social Services Department and other county needs:

1. State approved informing brochure with the address and phone number of the local CHDP Program.
 2. Current list of CHDP medical and dental providers.
 3. Other informational material, e.g., CHDP poster.
- D. When eligible persons still needing CHDP services move to another county, the new county will be notified and appropriate information sent.
- A memo is sent to the new county with a copy of the PM 357 or State approved alternative form.
- E. All persons eligible for Title V services (California's women of reproductive age, infants, children, adolescents, and their families) will be informed of availability of these services and referred as requested.
- F. Referrals for Public Health Nursing services for intensive informing and follow up to health assessment and diagnosis and treatment will be accepted, and such services will be provided.

VII. Joint Social Services/CHDP Responsibilities

A Good Faith Effort will be made to locate all persons lost to contact. The EPSDT Unit/CHDP Program will query the Social Services Department for current addresses, telephone numbers, and Medi-Cal status of these persons. Upon request, the Social Services Department will share this information. The exchange of this confidential information is based on federal and state regulations.

VIII. Staff Education

- A. As needed, the Public Health Nurse or designee will provide training to Social Services and Probation Department staff.
- B. All appropriate health department staff will receive an annual update regarding the CHDP Program.
- C. Additional staff in-service education needs will be identified in the event of the following:
 1. Regulatory changes;
 2. Identified needs revealed through program evaluation/reports;
 3. Identified needs revealed through task force/problem solving meetings.

IX. Compliance Certification

In signing this agreement, we hereby certify that the CHDP Program in our community will meet all federal and state legislative and regulatory requirements.

This interagency agreement is in effect from July 1, 2021 through June 30, 2023 unless revised by mutual agreement.

NOTE: In the event that changes in federal or state legislation impact the current Intra-agency Agreement, the Public Health Department and Social Services Department agree to renegotiate the pertinent section within 90 days of receiving new language or instructions from the State.

Jill Blake
Jill Blake (Dec 17, 2021 09:21 PST)

Jill Blake
Nevada County Public Health Director

Dec 17, 2021

Date

Rachel Peña Roos, LCSW
Rachel Peña Roos, LCSW (Dec 21, 2021 10:41 PST)

Rachel Peña Roos
Nevada County Social Services Director

Dec 21, 2021

Date

Jeff Goldman
Jeff Goldman (Dec 21, 2021 09:12 PST)

Jeff Goldman
Nevada County Probation Department
Chief Probation Officer

Dec 21, 2021

Date



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

County/City:	Nevada	Fiscal Year:	2022-23
Official Agency			
Street Address	500 Crown Point Circle, Ste 110	Health Officer:	Sherilynn Cooke, MD
City:	Grass Valley	Local HCPCFC	
Zip Code:	95945	Central Inbox:	publichealth@nevadacountyca.gov
Parent Agency Director (if applicable)			
Name:	Jill Blake	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-1732	City:	Grass Valley
Email:	Jill.Blake@nevadacountyca.gov	Zip Code:	95945
Authorized HCPCFC Program Administrative Representative			
Name:	Charlene Weiss-Wenzl	Street Address:	500 Crown Point Circle, Ste 110
Phone:	(530) 265-7269	City:	Grass Valley
Email:	Charlene.Weiss-Wenzl@nevadacountyca.gov	Zip Code:	95945
Clerk of the Board of Supervisors or City Council			
Name:	Julie Patterson-Hunter	Street Address:	950 Maidu Avenue, Suite 200
Phone:	(530) 265-1480	City:	Nevada City
Email:	Julie.Patterson-Hunter@nevadacountyca.gov	Zip Code:	95959
Director of Social Services Agency			
Name:	Rachel Peña	Street Address:	950 Maidu Avenue, Suite 120
Phone:	(530) 265-7077	City:	Nevada City
Email:	Rachel.Peña@nevadacountyca.gov	Zip Code:	95959
Chief Probation Officer			
Name:	Jeff Goldman	Street Address:	109 1/2 N. Pine Street
Phone:	(530) 265-1200	City:	Nevada City
Email:	Jeff.Goldman@nevadacountyca.gov	Zip Code:	95959



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



**Health Care Program for Children in Foster Care
 Memoranda of Understanding/Interagency Agreement List**

County/City: Nevada	Fiscal Year: 2022-23
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<i>List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IA) pertaining to the Health Care Program for Children in Foster Care.</i>					
	Title or Name of MOU/IA	MOU with Local Social Services / Child Welfare	IA with Probation	Name of Partner Entity	Date Last Renewed
1	HPCFC - CWS MOU	Yes		CHDP/Child Welfare Services/Probation	7/1/2021
2	Nevada County IAA		Yes	Public Health/Social Services/Probation	7/1/2021
3					
4					
5					
6					
7					
8					
9					
10					
	<i>(Insert additional rows as needed)</i>				



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

County/City: Nevada	Fiscal Year: 2022-23
----------------------------	-----------------------------

List all Health Care Program for Children in Foster Care staff.

HPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By selecting "Yes" you certify that this individuals Civil Service Classification and Duty Statement meet the requirements outlined in Section 8 of the Plan and Fiscal Guidelines for the position selected. Please enter Vacant positions, including Title.

	Name	Title	Direct Support Staff	PHN	Total % FTE as Supervising PHN	Email Address	Other Programs (with FTE % each)
1	Kestler, Kathryn	Senior Public Health Nurse		Yes		Kathryn.Kestler@nevadacountyca.gov	N/A
2	Vacant	Public Health Nurse		Yes		N/A	N/A
3	Weiss-Wenzl, Charlene	Director of Public Health Nursing		Yes	10%	Charlene Weiss-Wenzl@nevadacountyca.gov	IZ 10%, MCAH 10%, CHVP 10%, Senior Outreach 10%, Client Care 50%
4							
5							
6							
7							
8							
9							
10							
	<i>(Insert additional lines as needed)</i>						



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



Health Care Program for Children in Foster Care
 Budget Worksheet

State/Federal Funding Source: _____ Base _____

County/City Name: Nevada Fiscal Year: 2022-23

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
# Name							
1 Kestler, Kathryn	20%	\$107,768	\$21,271	100%	\$21,271	0%	\$0
2			\$0		\$0	100%	\$0
3			\$0		\$0	100%	\$0
4			\$0		\$0	100%	\$0
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
(insert additional rows as needed)			\$0		\$0	100%	\$0
Total PHN FTE %	0%			0%		0%	
Total Direct Support Staff FTE %	0%			0%		0%	
Net Salaries and Wages			\$21,271		\$21,271		\$0
Staff Benefits (Specify %)	69%		\$14,633		\$14,633		\$0
I. Total Personnel Expenses			\$35,904		\$35,904		\$0
II. Operating Expenses							
1. Travel			\$0	0%	\$0	0%	\$0
2. Training			\$0	0%	\$0	0%	\$0
II. Total Operating Expenses			\$0		\$0		\$0
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	0%		\$0				\$0
IV. Total Indirect Expenses			\$0				\$0
V. Total Other Expenses							
Budget Grand Total			\$35,904		\$35,904		\$0

APPROVED By James Kraywinkel at 3:14 pm, Aug 29, 2022
 James Kraywinkel Accountant James.Kraywinkel@nevadacountyca.c
 Prepa APPROVED By Char Weiss-Wenzl at 6:33 pm, Aug 30, 2022
 Charlene Weiss-Wenzl Director of Nursing Charlene.Weiss-Wenzl@nevadacountyc
 Authorized HCPCFC Sign Print Title Date Email
 Program Representative:

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



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Base	
County/City Name:	Nevada	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
The position is being budgeted with the Sr PHN based upon county FY 22/23 salary and benefit calculations			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	N/A		
Training:	N/A		
III. Capital Expenses <i>cannot be included in this budget</i>			
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i>			
Identify and Explain All Indirect Expense Line Items			
Internal:	N/A		

APPROVED

By James Kraywinkel at 3:16 pm, Aug 29, 2022

James Kraywin Accountant 0 jwink@nevadaco

Prepared by

APPROVED

By Char Weiss-Wenzl at 6:41 pm, Aug 30, 2022

Sign

Print Title Date Email

Charlene Weiss-V DPHN 0 iss-Wenzl@nevada

Authorized HCPCFC Program Representative: Sign Print Title Date Email



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



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

State/Federal Funding Source:	Psychotropic Medication Monitoring & Oversight		
County/City Name:	Nevada	Fiscal Year:	2022-23

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total PMM&O FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	8%	\$107,768	\$8,670	100%	\$8,670	0%	\$0
2			\$0		\$0	100%	\$0
3			\$0		\$0	100%	\$0
4			\$0		\$0	100%	\$0
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
<i>(insert additional lines as needed)</i>							
Total PHN FTE %	0%			0%		0%	
Total Direct Support Staff FTE %	0%			0%		0%	
Net Salaries and Wages			\$0		\$8,670		\$0
Staff Benefits (Specify %)	69%		\$0		\$5,964		\$0
I. Total Personnel Expenses			\$0		\$14,634		\$0
II. Operating Expenses							
1. Travel			\$0	0%	\$0	0%	\$0
2. Training			\$0	0%	\$0	0%	\$0
II. Total Operating Expenses			\$0		\$0		\$0
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	0%		\$0				\$0
IV. Total Indirect Expenses			\$0				\$0
V. Total Other Expenses							
Budget Grand Total			\$0		\$14,634		\$0

Prepared	APPROVED <i>By James Kraywinkel at 3:17 pm, Aug 29, 2022</i>	James Kraywinke	Accountant	0	nes.Kraywinkel@nevadacountyca.g
Authoriz	APPROVED <i>By Char Weiss-Wenzl at 6:42 pm, Aug 30, 2022</i>	arlene Weiss-We	Director of Nursing	0	ene.Weiss-Wenzl@nevadacountyc
Program Representative:					

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



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Psychotropic Medication Monitoring & Oversight	
County/City Name:	Nevada	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
The position is being budgeted with the Sr PHN based upon county FY 22/23 salary and benefit calculations			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:			
Training:			
III. Capital Expenses <i>cannot be included in this budget</i>			
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i>			
Identify and Explain All Indirect Expense Line Items			
Internal:			
V. Other Expenses <i>cannot be included in this budget</i>			

APPROVED

By James Kraywinkel at 3:18 pm, Aug 29, 2022

James Kraywin Accountant 0

Prepared By

APPROVED

By Char Weiss-Wenzl at 6:42 pm, Aug 30, 2022

Charlene Weiss-V DPHN 0

Authorized HCPCFC Program Representative: Sign

Print	Title	Date	Email
James Kraywin	Accountant	0	
Charlene Weiss-V	DPHN	0	



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Budget Worksheet



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:	Caseload Relief
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County/City Name:	Nevada	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3	
Category/Line Item	Total Caseload Relief FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)	
I. Personnel Expenses								
#	Name							
1	Kestler, Kathryn	9%	\$107,768	\$9,470	100%	\$9,470	0%	\$0
2				\$0		\$0	100%	\$0
3				\$0		\$0	100%	\$0
4				\$0		\$0	100%	\$0
5				\$0		\$0	100%	\$0
6				\$0		\$0	100%	\$0
7				\$0		\$0	100%	\$0
8				\$0		\$0	100%	\$0
9				\$0		\$0	100%	\$0
10				\$0		\$0	100%	\$0
	(insert additional lines as needed)							
Total PHN FTE %	0%			0%		0%		
Total Direct Support Staff FTE %	0%			0%		0%		
Net Salaries and Wages			\$9,470		\$9,470		\$0	
Staff Benefits (Specify %)	69%		\$6,515		\$6,515		\$0	
I. Total Personnel Expenses			\$15,985		\$15,985		\$0	
II. Operating Expenses								
1. Travel			\$0	0%	\$0	0%	\$0	
2. Training			\$0	0%	\$0	0%	\$0	
II. Total Operating Expenses			\$0		\$0		\$0	
III. Total Capital Expenses								
IV. Indirect Expenses								
1. Internal (Specify %)	0%		\$0				\$0	
IV. Total Indirect Expenses			\$0				\$0	
V. Total Other Expenses								
Budget Grand Total			\$15,985		\$15,985		\$0	

Prepared By:	James Kraywinkel	Accountant	0	jes.Kraywinkel@nevadacountyca.
Print	arlene Weiss-Wenzl	Director of Nursing	0	arlene.Weiss-Wenzl@nevadacountyca.

Program Representative:

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



MICHELLE BAASS
DIRECTOR

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

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



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		Caseload Relief			
County/City Name: Nevada		Fiscal Year: 2022-23			
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses					
The position is being budgeted with the Sr PHN based upon county FY 22/23 salary and benefit calculations					
II. Operating Expenses Identify and Explain All Operating Expense Line Items					
Travel:					
Training:					
III. Capital Expenses <i>cannot be included in this budget</i>					
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i> Identify and Explain All Indirect Expense Line Items					
Internal:					
V. Other Expenses <i>cannot be included in this budget</i>					

APPROVED
By James Kraywinkel at 3:21 pm, Aug 29, 2022

James Kraywin Accountant 0 jwink@nevadaco

Prepared By Sign Print Title Date Email

APPROVED
By Char Weiss-Wenzl at 6:44 pm, Aug 30, 2022

Charlene Weiss-V DPHN 0 iss-Wenzl@nevada

Authorized HCPCFC Program Representative: Sign Print Title Date Email



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Budget Worksheet



GAVIN NEWSOM
GOVERNOR

County/City - Federal Funding Source:	County/City-Federal
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County/City Name:	Nevada	Fiscal Year:	2022-23
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Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Co-Fed FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
#	Name						
1	63%	\$107,768	\$68,357	80%	\$54,686	20%	\$13,671
2	100%	\$94,894	\$94,894	80%	\$75,915	20%	\$18,979
3	10%	\$135,259	\$13,526	0%	\$0	100%	\$13,526
4			\$0		\$0	100%	\$0
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
	<i>(insert additional lines as needed)</i>						
			\$0		\$0	100%	\$0
Total PHN FTE %	0%			0%		0%	
Total Direct Support Staff FTE %	0%			0%		0%	
Total Salaries and Wages			\$176,777		\$130,601		\$46,176
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$176,777		\$130,601		\$46,176
Staff Benefits (Specify %)	64%		\$113,137		\$83,585		\$29,553
I. Total Personnel Expenses			\$289,914		\$214,186		\$75,729
II. Operating Expenses							
1. Travel			\$500	0%	\$0	100%	\$500
2. Training			\$500	0%	\$0	100%	\$500
II. Total Operating Expenses			\$1,000		\$0		\$1,000
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %)	31%		\$89,109				\$89,109
IV. Total Indirect Expenses			\$89,109				\$89,109
V. Total Other Expenses							
Budget Grand Total			\$380,023		\$214,186		\$165,838

APPROVED By James Kraywinkel at 3:22 pm, Aug 29, 2022		James Kraywinkel	Accountant	0	es.Kraywinkel@nevadacountyca
Prepared	Sign	Print	Title	Date	Email
APPROVED By Char Weiss-Wenzl at 6:45 pm, Aug 30, 2022		Charlene Weiss-Wenzl	Director of Nursing	0	ne.Weiss-Wenzl@nevadacountyca
Authorized HCPCFC	Sign	Print	Title	Date	Email
Program Representative:					

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



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Budget Narrative



GAVIN NEWSOM
GOVERNOR

State/Federal Funding Source:		County/City-Federal Match	
County/City Name:	Nevada	Fiscal Year:	2022-23
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
The Senior PHN and vacant PHN both total 1.00 FTE's which is the same as FY 21/22. Personnel costs are based upon the CEO Salary Planner for FY 22/23.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	Travel and training total \$1,000, which is \$1,000 less than FY 21/22.		
Training:	Travel and training total \$1,000, which is \$1,000 less than FY 21/22.		
III. Capital Expenses <i>cannot be included in this budget</i>			
IV. Indirect Expenses <i>Indirect External Expenses cannot be included in this budget</i>			
Identify and Explain All Indirect Expense Line Items			
Internal:	Indirect is 25% of personnel total for all four allocations. $(\$35,904 + \$14,634 + \$15,985 + \$289,914 = \$356,437 \times 25\% = \$89,019)$		

APPROVED
By James Kraywinkel at 3:24 pm, Aug 29, 2022

James Kraywin Accountant 0 jaywinkel@nevadacaol

Prepared By: **APPROVED**
By Char Weiss-Wenzl at 6:46 pm, Aug 30, 2022

Print Title Date Email
Charlene Weiss-V DPHN 0 eiss-Wenzl@nevadac

Authorized HCPCFC Program Representative: Sign Print Title Date Email



MICHELLE BAASS
DIRECTOR

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

Health Care Program for Children in Foster Care
Budget Summaries



GAVIN NEWSOM
GOVERNOR

County/City:	Nevada	Fiscal Year:	2022-23
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Funding Source: A	Base			PMM&O			Caseload Relief			County/City-Federal		
	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$35,904	\$35,904	\$0	\$14,634	\$14,634	\$0	\$15,985	\$15,985	\$0	\$289,915	\$214,186	\$75,729
II. Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000	\$0	\$1,000
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$89,109		\$89,109
V. Total Other Expenses												
Budget Grand Total	\$35,904	\$35,904	\$0	\$14,634	\$14,634	\$0	\$15,985	\$15,985	\$0	\$380,024	\$214,186	\$165,838
Source of Funds: E	F	G	H	F	G	H	F	G	H	F	G	H
State/County Funds	\$8,976	\$8,976	\$0	\$3,659	\$3,659	\$0	\$3,996	\$3,996	\$0	\$136,466	\$53,547	\$82,919
Federal Funds (Title XIX)	\$26,928	\$26,928	\$0	\$10,976	\$10,976	\$0	\$11,989	\$11,989	\$0	\$243,559	\$160,640	\$82,919
Budget Grand Total	\$35,904	\$35,904	\$0	\$14,634	\$14,634	\$0	\$15,985	\$15,985	\$0	\$380,024	\$214,186	\$165,838

		James Kraywinkel	Accountant	0	ames.kraywinkel@nevadacountyca.gov
Prepared By:	Sign	Print	Title	Date	Email
		Charlene Weiss-Wenzl	Director of Public Health Nursing	0	arlene.weiss-wenzl@nevadacountyca.gov
Author:	Sign	Print	Title	Date	Email