

**Child Health and Disability Prevention Program**

<b>Agency Information</b>		County/City: El Dorado	Fiscal Year: 2023-24
Street Address:	931 Spring St.	CHDP Central Email Address:	
City:	Placerville		
Zip Code:	95667		
CHDP Director		CHDP Deputy Director	
Name, Title:	Michael Ungeheuer, MN RN	Name:	Maureen Virgil, MAS, RN, F
Phone:	530 621 6219	Phone:	530 621 6217
Email:	michael.ungeheuer@edcgo	Email:	maureen.virgil@edcgov.us
Clerk of the Board of Supervisors		Health Officer	
Name:	Kim Dawson	Name:	Matthew Minson, MD
Phone:	530 621 5390	Phone:	530 621 6277
Email:	kim.dawson@edcgov.us	Email:	matthew.minson@edcgov.
<b>List All CHDP Program Staff</b>			
	<b>Name:</b>	<b>Title:</b>	<b>Email:</b>
1	Caprice Ramsey RN PHN	PHN Supervisor	caprice.ramsey@edcgov.us
2	Vacant	PHN I/II	
3	Roberta Martin	Health Program Specialist	roberta.martin@edcgov.us
4			
5			
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<i>View additional rows by selecting the "+" to the left. Additional rows may be added above this line.</i>			

State of California—Health and Human Service: Department of Health Care Services  
**Child Health and Disability Prevention Program**

<b>Certification Statement</b>	County/City:	Fiscal Year:
	El Dorado	2023-24

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.

Michael Ungeheuer, MN RN PHN Michael Ungeheuer MN RN PHN Deputy PH Director Dec 14, 2023

CHDP/County Authorized Representative	Signature	Date
<i>Wendy Thomas</i>	<i>Wendy Thomas</i>	<i>4/23/24</i>
Local Governing Body Chairperson Name,	Signature	Date



Child Health and Disability Prevention Program

Base Budget Worksheet										County/City Name: El Dorado		Fiscal Year: 2023-24	
Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3		
I. Personnel Expenses	Total FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget		
#	Name	Title											
1	Caprice Ramse	PHN Supervisor	49%	\$115,918	\$56,800	50%	\$28,400	45%	\$25,560	67%	\$38,056	30%	\$17,040
2	Vacant	PHN I/II	79%	\$94,869	\$74,947	80%	\$59,957	20%	\$14,989	20%	\$14,989	80%	\$59,957
3	Roberta Martir	Health Program Specialist	25%	\$50,939	\$12,735	50%	\$6,367	50%	\$6,367	0%	\$0	0%	\$0
4	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
5	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
6	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
7	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
8	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
9	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
10	0	0	0%	\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0
<i>View additional rows by selecting the "+" to the left.</i>													
Total Net Salaries and Wages					\$144,481		\$94,724		\$46,917		\$53,045		\$76,997
Staff Benefits (Specify %)			54%		\$78,020		\$51,151		\$25,335		\$28,644		\$41,578
I. Total Personnel Expenses					\$222,501		\$145,875		\$72,252		\$81,689		\$118,575
II. Total Operating Expenses (List in Narrative)					\$6,000		\$700		\$5,300		\$0		\$0
III. Total Capital Expenses (List in Narrative)									\$0		\$0		\$0
IV. Indirect Expenses (List in Narrative)													
1.	Internal (Specify %)		25%		\$55,625				\$18,063		\$21,672		\$30,070
2.	External (Specify %)		0%		\$0				\$0		\$0		\$0
IV. Total Indirect Expenses (List in Narrative)					\$55,625				\$18,063		\$21,672		\$30,070
V. Total Other Expenses (List in Narrative)					\$0				\$0		\$0		\$0
Budget Grand Total					\$284,126		\$146,575		\$95,615		\$103,361		\$148,645

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.

Michael Ungeheuer, MN RN PHN	Michael Ungeheuer MN RN PHN	Dec 14, 2023
Authorized CHDP Signor Name, Title	Signature	Date

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

**Child Health and Disability Prevention Program**

<b>Base Budget Narrative</b>	County/City Name:	Fiscal Year:
	El Dorado	2023-24
<b>I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses</b>		
Salary increase due to step increase/advancement in position, and promotion to Health Program Specialist.		
<b>II. Operating Expenses Identify and Explain All Operating Expense Line Items</b>		
Travel: \$2000 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement@ federal rate/mile as published each January. Training \$1000 Registration/tuition fees for SPMP and support staff for continuing education that is program specific. Office: \$3000 Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equipment, minor equipment, software license, mail service, copying and communication.		
<b>III. Capital Expenses Identify and Explain All Capital Expense Line Items</b>		
None		
<b>IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items</b>		
Internal:	Consistent with approved A-87 plan on file.	
External:		
<b>V. Other Expenses Identify and Explain All Other Expense Line Items</b>		
None		

I certify that the Child Health & Disability Prevention Program (CHDP) 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 CHDP 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 CHDP may be subject to sanctions or other remedies if this CHDP violates any of the above.

Michael Ungeheuer, MN, RN, PHN  
 Authorized CHDP Signor Name, Title

*Michael Ungeheuer, MN, RN, PHN, Deputy PH Director* Dec 14, 2023  
 Signature Date



**Child Health and Disability Prevention Program**

County/City Federal Match (Optional) Budget Worksheet				County/City Name:		Fiscal Year:			
				El Dorado		2023-24			
Column	1A	1B	1	2A	2	3A	3		
I. Personnel Expenses			Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced	Non-Enhanced FTE %	Non-Enhanced
#	Name	Title							
1	Caprice Ramsey	PHN Supervisor	40%	\$115,918	\$46,367	50%	\$23,184	50%	\$23,184
2	Vacant	PHN I/II	20%	\$94,869	\$18,974	80%	\$15,179	20%	\$3,795
3	Roberta Martin	Health Program Specialist	20%	\$50,939	\$10,188	50%	\$5,094	50%	\$5,094
4	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	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					\$75,529		\$43,457		\$32,072
Staff Benefits (Specify %)			54%		\$40,786		\$23,467		\$17,319
I. Total Personnel Expenses					\$116,315		\$66,924		\$49,391
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%		\$29,079				\$29,079
2.	External (Specify %)		0%		\$0				\$0
IV. Total Indirect Expenses (List in Narrative)					\$29,079				\$29,079
V. Total Other Expenses (List in Narrative)					\$0				\$0
Budget Grand Total					\$145,394		\$66,924		\$78,470

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.

Michael Ungeheuer, MN, RN, PHN Michael Ungeheuer MN RN PHN Deputy PH Director Dec 14, 2023  
 Authorized CHDP Signor Name, Title Signature Date Budget Summary tables can be found on the "Summary Tables" sheet of this

**Child Health and Disability Prevention Program**

County/City Federal Match (Optional) Budget Budget Narrative		County/City Name:	Fiscal Year:
		El Dorado	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary increase due to step increase/advancement in position, and promotion to Health Program Specialist.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
None			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
None			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Consistent with approved A-87 plan on file.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

I certify that the Child Health & Disability Prevention Program (CHDP) 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 CHDP 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 CHDP may be subject to sanctions or other remedies if this

Michael Ungeheuer, MN RN PHN

Michael Ungeheuer MN RN PHN Deputy PH Director Dec 14, 2023

Authorized CHDP Signor Name, Title

Signature

Date



Child Health and Disability Prevention Program

Budget Summary						County/City: El Dorado		Fiscal Year: 2023-24	
Funding Source:	Base					County/City - Federal			
	1	4	5	2	3	1	2	3	
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced	
I. Total Personnel Expenses	\$222,501	\$145,875	\$72,252	\$81,689	\$118,575	\$116,315	\$66,924	\$49,391	
II. Total Operating Expenses	\$6,000	\$700	\$5,300	\$0	\$0	\$0	\$0	\$0	
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
IV. Total Indirect Expenses	\$55,625		\$18,063	\$21,672	\$30,070	\$29,079		\$0	
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0	
<b>Budget Grand Total</b>	<b>\$284,126</b>	<b>\$146,575</b>	<b>\$95,615</b>	<b>\$103,361</b>	<b>\$148,645</b>	<b>\$145,394</b>	<b>\$66,924</b>	<b>\$49,391</b>	
Source of Funds:	1	4	5	2	3	1	2	3	
Total Funds	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced	
State General Funds	\$103,361			\$103,361					
Medi-Cal Funds:	\$148,645				\$148,645				
State/County Funds	\$84,451	\$36,644	\$47,808	\$84,451	\$107,540	\$41,427	\$16,731	\$24,696	
Federal Funds (Title XIX)	\$114,300	\$109,931	\$0	\$109,931	\$114,300	\$50,193	\$50,193	\$0	
<b>Budget Grand Total</b>	<b>\$242,190</b>	<b>\$146,575</b>	<b>\$95,615</b>	<b>\$103,361</b>	<b>\$242,190</b>	<b>\$116,315</b>	<b>\$66,924</b>	<b>\$49,391</b>	

Michael Ungeheuer, MN, RN, PHN  
 Authorized CHDP Signor Name, Title

*Michael Ungeheuer MN RN PHN Deputy PH Director* Dec 14, 2023  
Michael Ungeheuer MN RN PHN Deputy PH Director (Dec 14, 2023 11:04 AM)  
 Signature Date