



MICHELLE BAASS
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

**Child Health and Disability Prevention Program
 Plan and Budget Reporting Checklist**

County/City: El Dorado	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		
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ii. Optional County/City - Federal Match Budget		
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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.



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



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

County/City: El Dorado

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.

Signature of CHDP Director/Deputy Director

Date Signed

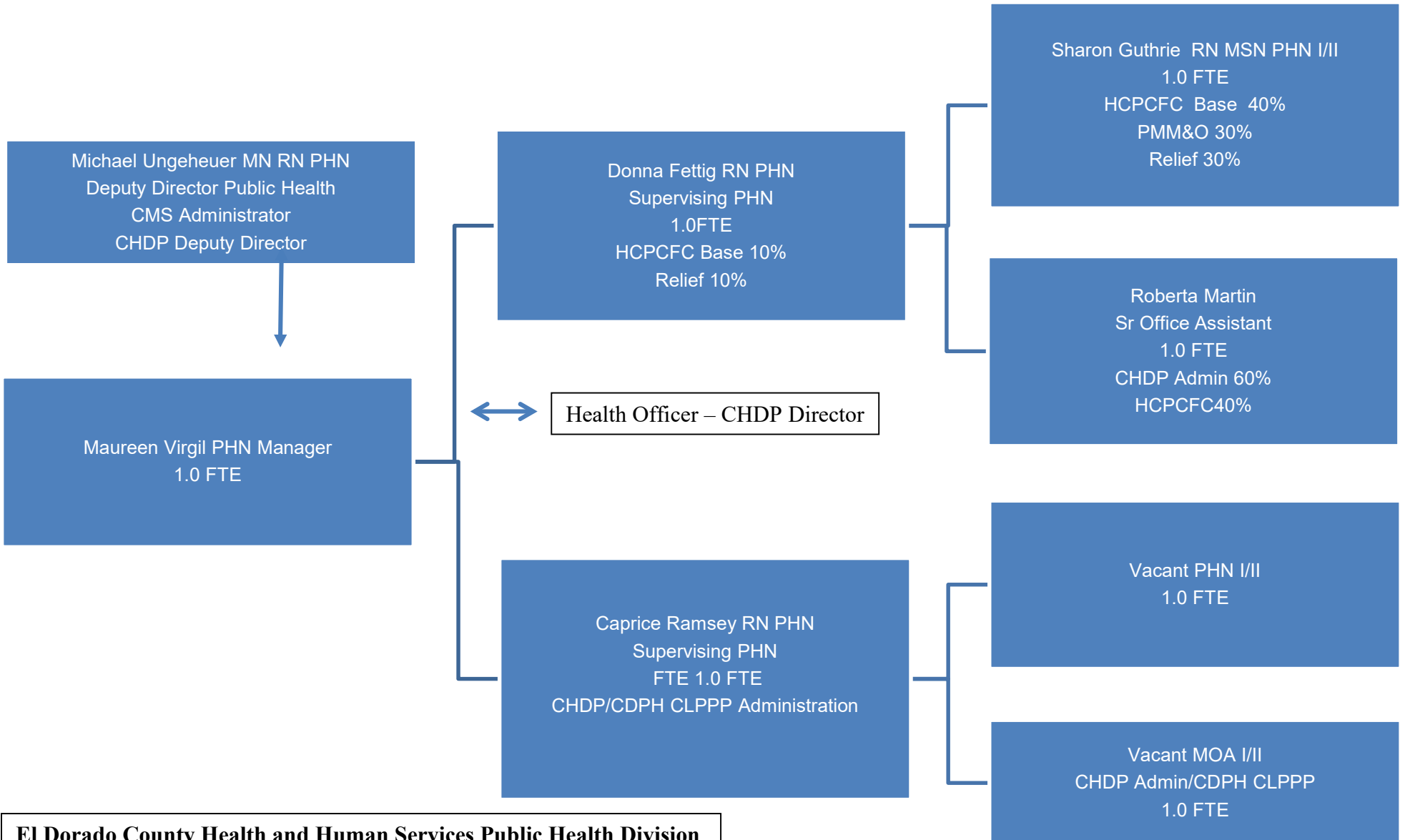
Signature and Title of Other – Optional

Date Signed

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

Signature of Local Governing Body Chairperson

Date Signed



El Dorado County Health and Human Services Public Health Division
2022 – 2023 CHDP Combined Program Structure



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

**Child Health and Disability Prevention
Agency Information**



GAVIN NEWSOM
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County/City:	El Dorado	Fiscal Year:	2022-23
Official Agency			
Street Address:	931 Spring ST	Health Officer:	Nancy Williams MD MPH
City:	Placerville	Local CHDP	
Zip Code:	95667	Central Inbox:	
CMS Director (if applicable)			
Name:	Michael Ungeheuer MN RN PHN	Street Address:	941 Spring St
Phone:	530 621 6129	City:	Placerville
Email:	michael.ungeheuer@edcgov.us	Zip Code:	95667
CHDP Director			
Name:	Nancy Williams MD MPH	Street Address:	931 Spring St
Phone:	530 621 6277	City:	Placerville
Email:	nancy.williams@edcgov.us	Zip Code:	95667
CHDP Deputy Director			
Name:	Michael Ungeheuer MN RN PHN	Street Address:	941 Spring St
Phone:	530 621 6129	City:	Placerville
Email:	michael.ungeheuer@edcgov.us	Zip Code:	95667
Clerk of the Board of Supervisors or City Council			
Name:	Kim Dawson	Street Address:	330 Fair Lane
Phone:	530 621 5390	City:	Placerville
Email:	kim.dawson@edcgov.us	Zip Code:	95667



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

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



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County/City:	El Dorado	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	MMCP	Anthem	addendment 2022
2	MMCP	Health Plan of San Joaquin	pending 2022
3	MMCP	Kaiser	pending 2022
4	Immunization Augmentation	Barton Hospital	2022
5	Immunization Augmentation	Marshall	2022
6	Dental, Immunizations, TUPP, mobile van)	El Dorado Community Health Centers	2022
7	Campus PHN for Student Health and Referral	El Dorado Unified High School District	2022
8	Integrated Agency	HHS	Perpetual
9			
10			
	<i>(Insert additional rows as needed)</i>		



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

**Child Health and Disability Prevention
Incumbent List**



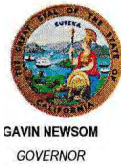
GAVIN NEWSOM
GOVERNOR

County/City: El Dorado	Fiscal Year: 2022-2023
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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	Caprice Ramsey RN PHN	PHN Supervisor	caprice.ramsey@edcgov.us	ELC 10%, Admin
2	Vacant	PHN I/II		0
3	Roberta Martin	Sr Office Assistant	Roberta.martin@edcgov.us	HPCFC 45%
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



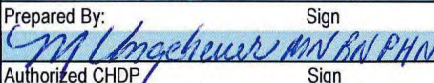


**Child Health and Disability Prevention
 Budget Summaries**

County/City: El Dorado | El Dorado | Fiscal Year: 2022-2023 | 2022-23

Funding Source:	Base					County/City-Federal		
	1	4	5	2	3	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$223,172	\$144,418	\$75,674	\$83,758	\$117,733	\$116,245	\$66,716	\$49,529
II. Total Operating Expenses	\$6,587	\$1,300	\$1,300	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$55,793		\$18,919	\$20,940	\$29,433	\$0		\$0
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0
Budget Grand Total	\$285,552	\$145,718	\$95,893	\$104,698	\$147,166	\$116,245	\$66,716	\$49,529
Source of Funds:	1	4	5	2	3	F	G	H
Total Funds	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced
State General Funds	\$104,698			\$104,698				
Medi-Cal Funds:	\$147,166				\$147,166			
State/County Funds	\$84,377	\$35,430	\$47,947		\$84,377	\$41,444	\$16,679	\$24,765
Federal Funds (Title XIX)	\$109,289	\$109,289	\$0		\$109,289	\$50,037	\$50,037	\$0
Budget Grand Total	\$241,611	\$145,718	\$95,893	\$104,698	\$241,611	\$116,245	\$66,716	\$49,529

Michael Ungeheuer MN RN PHN Deputy Director PH/CMS Administrator 10/14/2022
 Prepared By: Sign *[Signature]* Print Title Date
 Authorized CHDP Program Representative: Sign *[Signature]* Print Title Date *12/16/2022*

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
1			State of California—Health and Human Services Agency														
2	Department of Health Care Services																
3	Child Health and Disability Prevention																
4	Budget Worksheet																
5	MICHELLE BAASS															GAVIN NEWSOM	
6	DIRECTOR															GOVERNOR	
8	State/Federal Funding Source:		Base														
10	County/City Name:			El Dorado				Fiscal Year:		2022-2023							
12	Column		1A	1B	1	4A	4	5A	5	2A	2	3A	3				
13	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				
14	I. Personnel Expenses																
15	#	Name															
16	1	Caprice Ramsey Supervising PHN		50%	\$112,882	\$56,441	50%	\$28,221	50%	\$28,221	70%	\$39,509	30%	\$16,932			
17	2	Roberta Martin Sr Office Assistant		30%	\$46,927	\$14,078	50%	\$7,039	50%	\$7,039	0%	\$0	0%	\$0			
18	3	Vacant PHN I/II		80%	\$92,997	\$74,398	80%	\$59,518	20%	\$14,880	20%	\$14,880	80%	\$59,518			
19	4				\$42,099	\$0	50%	\$0	50%	\$0	0%	\$0	0%	\$0			
20	5					\$0		\$0	100%	\$0							
21	6					\$0		\$0	100%	\$0							
22	7					\$0		\$0	100%	\$0							
23	8					\$0		\$0	100%	\$0							
24	9					\$0		\$0	100%	\$0							
25	10					\$0		\$0	100%	\$0							
26	(insert additional rows as needed)				\$0			\$0	100%	\$0							
29	Total Salaries and Wages				\$144,917		\$94,778		\$50,139		\$54,388		\$76,450				
30	Less Salary Savings				\$0		\$1,000		\$1,000		\$0		\$0				
31	Net Salaries and Wages				\$144,917		\$93,778		\$49,139		\$54,388		\$76,450				
32	Staff Benefits (Specify %)		54%		\$78,255		\$50,640		\$26,535		\$29,370		\$41,283				
33	I. Total Personnel Expenses				\$223,172		\$144,418		\$75,674		\$83,758		\$117,733				
34	II. Operating Expenses (List in Narrative)																
37	II. Total Operating Expenses				\$6,587		\$1,300		\$1,300		\$0		\$0				
38	III. Capital Expenses (List in Narrative)																
39	III. Total Capital Expenses				\$0				\$0		\$0		\$0				
40	IV. Indirect Expenses																
41	1.	Internal (Specify %)	25%		\$55,793				\$18,919		\$20,940		\$29,433				
42	2.	External (Specify %)	0%		\$0				\$0		\$0		\$0				
43	IV. Total Indirect Expenses				\$55,793				\$18,919		\$20,940		\$29,433				
44	V. Other Expenses																
45	V. Total Other Expenses				\$0				\$0		\$0		\$0				
46	Budget Grand Total				\$285,552		\$145,718		\$95,893		\$104,698		\$147,166				
48	Michael Ungeheuer MN RN PHN		Deputy Director Public Health/CMS Administrator			10/14/2022											
49	Prepared By:	Sign	Print	Title	Date	Email											
50			Michael Ungeheuer MN RN PHN	Deputy Director Public Health/CMS Administrator	12/16/2022	michael.ungeheuer@edcgov.us											
51	Authorized CHDP Program Representative:	Sign	Print	Title	Date	Email											

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



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

Child Health and Disability Prevention
Budget Narrative



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State/Federal Funding Source:		Base	
County/City Name: El Dorado		Fiscal Year: 2022-23	
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Significant Salary equity adjustments cumulative from 2020 to current FY all positions. FTE adjustments made based on changes in base salaries,			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel:	\$2000 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January.		
Training:	\$600 Registration/tuition fees for SPMP and support staff for continuing education program specific		
Office:	\$3987 Maintenance of ongoing operation cost related to stationary, postage, subscriptions, office equip, minor equip, software license, mail service, central duplication and communication technology.		
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			
None			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	1014/2022	michael.ungeheuer@edcgov.us
Prepared By:	Sign	Print	Title
<i>Michael Ungeheuer MN RN PHN</i>		as above	as above
Authorized CHDP Program Representative:	Sign	Print	Title
		12/16/2020	
		Date	Email



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



**Child Health and Disability Prevention
 Budget Summaries**

County/City: El Dorado | El Dorado | Fiscal Year: 2022-2023 | 2022-23

Funding Source:	Base					County/City-Federal		
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II. Total Operating Expenses	\$6,587	\$1,300	\$1,300	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$55,793		\$18,919	\$20,940	\$29,433	\$0		\$0
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0
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State General Funds	\$104,698			\$104,698				
Medi-Cal Funds:	\$147,166				\$147,166			
State/County Funds	\$84,377	\$35,430	\$47,947		\$84,377	\$41,444	\$16,679	\$24,765
Federal Funds (Title XIX)	\$109,289	\$109,289	\$0		\$109,289	\$50,037	\$50,037	\$0
Budget Grand Total	\$241,611	\$145,718	\$95,893	\$104,698	\$241,611	\$116,245	\$66,716	\$49,529

Michael Ungeheuer MN RN PHN Deputy Director PH/CMS Administrator 10/14/2022
 Prepared By: Sign *[Signature]* Print Title Date
 Authorized CHDP Program Representative: Sign *[Signature]* Print Title Date *12/16/2022*



MICHELLE BAASS
DIRECTOR

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

Child Health and Disability Prevention
Budget Worksheet



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County/City - Federal Funding Source: County/City-Federal

County/City Name: El Dorado Fiscal Year: 2022-23

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	40%	\$112,882	\$45,153	50%	\$22,576	50%	\$22,576
2	25%	\$46,927	\$11,732	50%	\$5,866	50%	\$5,866
3	20%	\$92,997	\$18,599	80%	\$14,880	20%	\$3,720
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)		\$0		\$0	100%	\$0
Total Salaries and Wages			\$75,484		\$43,322		\$32,162
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$75,484		\$43,322		\$32,162
Staff Benefits (Specify %)	54%		\$40,761		\$23,394		\$17,367
I. Total Personnel Expenses			\$116,245		\$66,716		\$49,529
II. Operating Expenses (List in Narrative)							
II. Total Operating Expenses			\$0		\$0		\$0
III. Capital Expenses							
III. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1.	Internal (Specify %)	25%	\$29,061				\$0
2.	External (Specify %)	0%	\$0				\$0
IV. Total Indirect Expenses			\$29,061				\$0
V. Other Expenses							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$145,306		\$66,716		\$49,529

Michael Ungeheuer MN RN PHN Deputy Director Public Health/CMS Administrator 10/14/2022 0

Prepared By: *Michael Ungeheuer MN RN PHN* Sign Print Title Date Email
See Above 12/16/2022 michael.ungeheuer@edcgov.us

Authorized CHDP Program Sign Print Title Date Email
Representative:



MICHELLE BAASS
DIRECTOR

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

Child Health and Disability Prevention
Budget Narrative



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State/Federal Funding Source:		County/City-Federal Match	
County/City Name: El Dorado		Fiscal Year: 22-23	
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Significant Salary equity adjustments cumulative from 2020 to current FY all positions. FTE adjustments made based on changes in base salary			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel:	None		
Training:	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			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	1014/2022	michael.ungeheuer@edcgov.us
Prepared By:	Sign	Print	Title
		as above	
Authorized CHOP Program Representative:	Sign	Print	Title
		12/16/2022	as above
		Date	Email