

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

	<i>Page Number</i>
1. HCPCFC Plan and Budget Reporting Checklist	1
2. HCPCFC Certification Statement	2
3. HCPCFC Organizational Chart	3
4. HCPCFC MOU with Local Child Welfare/Social Services	local retention
5. HCPCFC Probation IA	local retention
6. 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
7. HCPCFC Plan and Budget Reporting Spreadsheet	
a. Agency Information Sheet	4
b. Memorandum of Understanding and Interagency Agreement List	5
c. HCPCFC Incumbent List	6
d. HCPCFC Budgets	
i. Base	7-8
– Summary and Worksheet	9
– Budget Narrative	
ii. Psychotropic Medication Monitoring and Oversight	10-11
– Summary and Worksheet	12
– Budget Narrative	
iii. Caseload Relief	13-14
– Summary and Worksheet	15
– Budget Narrative	
iv. Optional County/City - Federal Match	N/A
– Summary and Worksheet	
– Budget Narrative	N/A



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: El Dorado

Fiscal Year: 2022-23

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

Michael Ungereken, MD, RW, PhD, Deputy Director

02/08/2023

Signature of HCPCFC Director/County Authorized Representative

Date Signed

Olivia Byron-Cooper
 Olivia Byron-Cooper (Feb 8, 2023 09:49 PST)

02/08/2023

Signature of Director or Health Officer

Date Signed

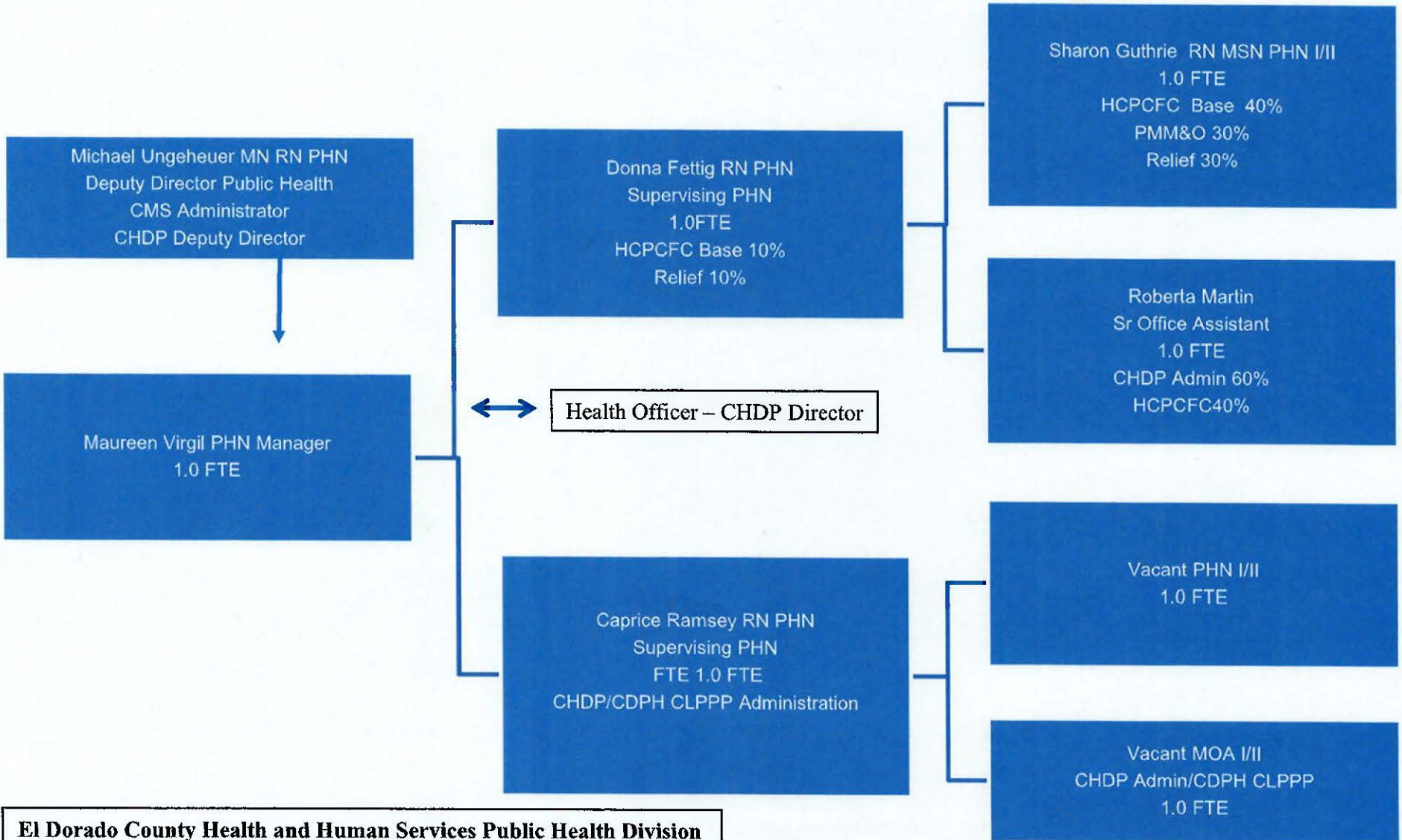
Signature and Title of Other – Optional

Date Signed

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

Wendy Thomas
 Signature of Local Governing Body Chairperson

2/21/23
 Date Signed



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



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:	El Dorado	Fiscal Year:	2022-23
Official Agency			
Street Address:	931 Spring St	Health Officer:	Nancy Williams MD MPH
City:	Placerville	Local HCPCFC	
Zip Code:	95667	Central Inbox	
Parent Agency Director (if applicable)			
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
Authorized HCPCFC Program Administrative Representative			
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 Fairlane
Phone:	530 621 5390	City:	Placerville CA
Email:	kim.dawson@edcgov.us	Zip Code:	95667
Director of Social Services Agency			
Name:	Vacant	Street Address:	
Phone:		City:	
Email:		Zip Code:	
Chief Probation Officer			
Name:	Brian Richart	Street Address:	3974 Durock Rd
Phone:	530 621 5625	City:	Shingle Springs
Email:	brian.richart@edcgov.us	Zip Code:	95682



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

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

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

<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	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>				



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



DAVID NEWSOM
GOVERNOR

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

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

HCPCFC 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	Donna Feltig	PHN Supervisor		Yes	5%	donna.feltig@edcgov.us	MCAH 95%
2	Vacant	PHN I/II		Yes	55%		0%
3	Roberta Martin	Sr OA	Yes			roberta.martin@edcgov.us	CHDP Admin 55%
4							
5							
6							
7							
8							
9							
10							
	(insert additional lines as needed)						



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:		EL DORADO									Fiscal Year:		2022-2023	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal				
A	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	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0		
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
III. Total Capital Expenses														
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0		
V. Total Other Expenses														
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0		
E	F	G	H	F	G	H	F	G	H	F	G	H		
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced		
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,462	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0		
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0		
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0		

Michael Ungeheuer MN RN PHN	0	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcms.us
Prepared By: Sign	Print	Title	Date	Email
<i>Michael Ungeheuer MN RN PHN</i>		As Above	12/16/2022	as above
Authorized HCPLFC 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: _____ Base _____

County/City Name: EL DORADO Fiscal Year: 2022-2023

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 PHN Supervisor	3%	\$120,620	\$3,016	95%	\$2,865	5%	\$151
2 Vacant PHN I/II	40%	\$82,997	\$37,199	80%	\$29,759	20%	\$7,440
3 Roberta Martin Sr Office Assistant	23%	\$46,927	\$10,793	60%	\$6,476	40%	\$4,317
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 %	43%			88%		25%	
Total Direct Support Staff FTE %	23%			80%		20%	
Net Salaries and Wages			\$51,008		\$39,100		\$11,908
Staff Benefits (Specify %) <u>50%</u>			\$25,504		\$19,550		\$5,954
I. Total Personnel Expenses			\$76,512		\$58,650		\$17,862
II. Operating Expenses							
1. Travel			\$500	50%	\$250	50%	\$125
2. Training			\$500	50%	\$250	50%	\$125
II. Total Operating Expenses			\$1,000		\$500		\$250
III. Total Capital Expenses							
IV. Indirect Expenses							
1. Internal (Specify %) <u>10%</u>			\$7,651				\$0
IV. Total Indirect Expenses			\$7,651				\$0
V. Total Other Expenses							
Budget Grand Total			\$85,163		\$59,150		\$18,112

Michael Ungeheuer MN RN PHN Deputy Director/CMS Administrator 10/14/2022 michael.ungeheuer@edcgov.us

Prepared By: _____ Sign _____ Print _____ Title _____ Date _____ Email _____

Michael Ungeheuer As Above 12/16/2022 As Above

Authorized HCPCFC Sign _____ Print _____ Title _____ Date _____ Email _____

Program Representative:



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:	El Dorado	Fiscal Year:	2022-2023
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:	\$500 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January.		
Training:	\$500 Registration/tuition fees for SPMP and support staff for continuing education program specific		
III. Capital Expenses cannot be included in this budget			
IV. Indirect Expenses Indirect External Expenses cannot be included in this budget Identify and Explain All Indirect Expense Line Items			
Internal:	Consistent with approved A-87 plan on file		
V. Other Expenses cannot be included in this budget			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcgov.us
Prepared By:	Sign	Print	Title
Deputy Director/CMS Administrator		12/16/2022	as above
Authorized HCPCFC Program Representative:	Sign	Print	Title
		Date	Email



MICHELLE SAASS
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: EL DORADO											Fiscal Year: 2022-2023	
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal		
A	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	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
E	F	G	H	F	G	H	F	G	H	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,462	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0

Michael Ungeheuer MN RN PHN		O	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edgpcos.ca
Prepared By: Sign	Print		Title	Date	Email
<i>M Ungeheuer MN RN PHN</i>		O	As Above	12/14/2022	as above
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 Narrative**

CAMIE NEWSON
 GOVERNOR

State/Federal Funding Source:		Psychotropic Medication Monitoring & Oversight	
County/City Name: El Dorado		Fiscal Year: 2022-2023	
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:	None		
Training:	None		
III. Capital Expenses cannot be included in this budget			
IV. Indirect Expenses Indirect External Expenses cannot be included in this budget Identify and Explain All Indirect Expense Line Items			
Internal:	Capped by state		
V. Other Expenses cannot be included in this budget			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcgov.us
Prepared By:	Sign	Print	Title
<i>[Signature]</i>			
Authorized MCPFC Program Representative:	Sign	Print	Title
		Date	Email
		12/16/2022	as above



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Summaries

County/City:	EL DORADO	Fiscal Year:	2022-2023
--------------	-----------	--------------	-----------

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	\$76,512	\$58,650	\$17,862	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
II. Total Operating Expenses	\$750	\$500	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses												
IV. Total Indirect Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
V. Total Other Expenses												
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0
Source of Funds: E	F	G	H	F	G	H	F	G	H	F	G	H
State/County Funds	\$23,844	\$14,788	\$9,056	\$10,462	\$10,462	\$0	\$18,971	\$11,507	\$7,464	\$0	\$0	\$0
Federal Funds (Title XIX)	\$53,419	\$44,363	\$9,056	\$31,387	\$31,387	\$0	\$41,985	\$34,521	\$7,464	\$0	\$0	\$0
Budget Grand Total	\$77,262	\$59,150	\$18,112	\$41,849	\$41,849	\$0	\$60,955	\$46,028	\$14,927	\$0	\$0	\$0

Prepared By: Sign	<i>Michael Ungeheuer MN RN PHN</i>	Print	0	Title	Deputy Director/CMS Administrator	Date	10/14/2022	Email	michael.ungeheuer@ed.gov.us
Authorized HCPCFC Program Representative: Sign	<i>Michael Ungeheuer MN RN PHN</i>	Print	0	Title	As Above	Date	12/16/2022	Email	as above



MICHELLE BRASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Health Care Program for Children in Foster Care
Budget Worksheet

State/Federal Funding Source: Caseload Relief

County/City Name: Fiscal Year: 2022-23

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	22%	\$46,927	\$10,324	60%	\$6,194	40%	\$4,130
2	30%	\$ 92,997.00	\$27,699	80%	\$22,319	20%	\$5,580
3	2%	\$ 120,620.00	\$2,412	90%	\$2,171	10%	\$241
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 %		32%		60%		40%	
Total Direct Support Staff FTE %		22%		85%		30%	
Net Salaries and Wages			\$40,635		\$30,685		\$9,951
Staff Benefits (Specify %)			\$20,318		\$15,343		\$4,976
I. Total Personnel Expenses			\$60,953		\$46,028		\$14,927
II. Operating Expenses							
1.	Travel		\$1,000	0%	\$0	0%	\$0
2.	Training		\$1,000	0%	\$0	0%	\$0
II. Total Operating Expenses			\$2,000		\$0		\$0
III. Total Capital Expenses							
IV. Indirect Expenses							
1.	Internal (Specify %)		\$60,953				\$0
IV. Total Indirect Expenses			\$6,095				\$0
V. Total Other Expenses							
Budget Grand Total			\$69,048		\$46,028		\$14,927

Michael Ungeheuer MN RN PHN Deputy Director/CMS Administrator 10/14/2022 michael.ungeheuer@ed.gov.us

Prepared By: *[Signature]* Sign Print Title Date Email

Deputy director/CMS Administrator 12/16/2022 As Above

Authorized HCPCFC Sign Print Title Date Email

Program Representative:

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



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: El Dorado		Fiscal Year: 2022-2023	
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 and to balance reductions in the other budget funding amounts. These adjustment necessary to retain the integrity of program activity.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel:	\$1000 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 program specific		
III. Capital Expenses cannot be included in this budget			
IV. Indirect Expenses Indirect External Expenses cannot be included in this budget Identify and Explain All Indirect Expense Line Items			
Internal:	Capped by state		
V. Other Expenses cannot be included in this budget			

Michael Ungeheuer MN RN PHN	Deputy Director/CMS Administrator	10/14/2022	michael.ungeheuer@edcgov.us
Prepared By:	Sign	Print	Title
<i>(Signature)</i>			
Authorized HCPCFC Program Representative:	Sign	Print	Title
		Date	Email
		12/16/2022	as above