

DIRECTOR

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



Child Health and Disability Prevention Program Plan and Budget Reporting Checklist

County/City: El Dorado	Fiscal Year: 2022-23	Page Number
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2. CHDP Certification Stateme	nt	2
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4. CHDP New or Revise Mem Inter-agency Agreements	orandum of Understanding and	N/A
5. If Applicable:		
(DHCS1203)	Purchased with DHCS Funds Form	N/A
b. Inventory/Disposition o (DHCS1204)	f DHCS Funded Equipment Form	N/A
c. Property Survey Report	Form (STD 152)	N/A
6. CHDP Plan and Budget Rep	porting Spreadsheet	
a. Agency Information She	et	4
 b. CHDP Memorandum of Agreement List 	Understanding and Inter-agency	5
c. CHDP Incumbent List		6
d. CHDP Budget		
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 Budget Narrative 	9	12

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.





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 wiolates any of the above laws, regulations and policies with which it has certified it will comply.

Michael Ungeheuer MN RN PHN Deputy Director
Michael Ungeheuer MN RN PHN Deputy Director
Michael Ungeheuer MN RN PHN Deputy Director (Feb 8, 2023 69:36 PST)

Signature of CHDP Director/Deputy Director

O2/08/2023

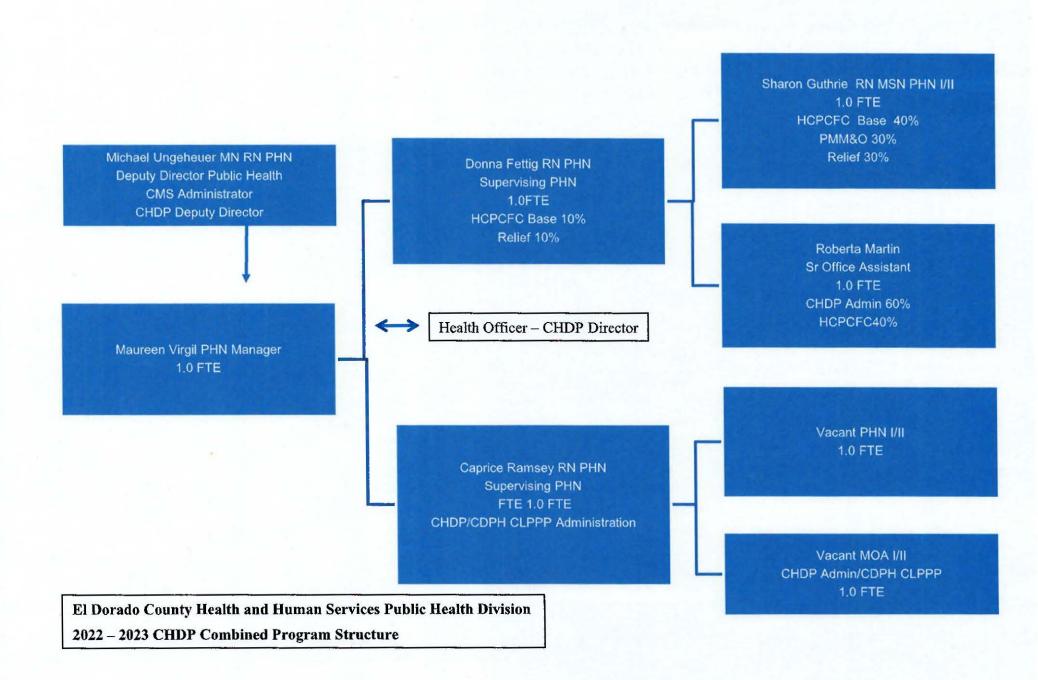
O1/08/2023

Signature and Title of Other – Optional

Date Signed

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

Wendy Thomas 2/21/23
Signature of Local Governing Body Chairperson Date Signed





Child Health and Disability Prevention Agency Information



County/City:	El Dorado	Fiscal Year:	2022-23
	Offici	al Agency	
	s: 931 Spring ST	Health Officer:	Nancy Williams MD MPH
City:	Placerville	Local CHDP	
Zip Code:	95667	Central Inbox:	
	CMS Directe	or (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
		Director	00001
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 De	puty Director	
Name:	Michael Ungeheuer MN RN PHN	Straat Addrase:	941 Spring St
Phone:	530 621 6129	City:	Placerville
Email:	michael.ungeheuer@edcgov.us	Zip Code:	95667
Linaii.	Clerk of the Board of S		
	Clerk of the Board of 3	upervisors 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



(Insert additional rows as needed)

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: El Dorado	Fiscal Year:	2022-23						
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						
MMCP	Anthem	addendment 2022						
MMCP	Health Plan of San Joaquin	pending 2022						
MMCP	Kaiser	pending 2022						
Immunization Augmentation	Barton Hospital	2022						
Immunization Augmentation	Marshall	2022						
Dental, Immunizations, TUPP, mobile van)	El Dorado Community Health Centers	2022						
Campus PHN for Student Health and Referral	El Dorado Unified High School District	2022						
Integrated Agency	HHSA	Perpetual						
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(Insert additional lines as needed)

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

Child Health and Disability Prevention incumbent List



	County/City: El Dorado		Fiscal Year	r: 2022-2023						
	List all Child Health and Disability Prevention staff. Please include applicable vacant positions, including title.									
	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	THE RESIDENCE OF STREET	0						
3	Roberta Martin	Sr Office Assistant	Roberta.martin@edcgov.us	HCPCFC 45%						
4				· · · · · · · · · · · · · · · · · · ·						
5			MAN BETTER BOTH STREET SE	A SECURIOR REPORTS TO SHOW FOR SECU						
6	设存于证金第三元 (10)		THE REPORT OF STREET	医型的现在分词形式发展的影响						
7			Mark Great State of the State o							
8		DESCRIPTION OF THE PARTY OF THE		H CENTER OF THE PARTY OF THE PA						
7										



GAVIN NEWSOM GOVERHOR

Child Health and Disability Prevention Budget Summarles

County/City: El Dorado	El Dorado		Fiscal Year: 2022-2023 2022-23					
Funding Source:				County/City-Federal				
	1	4	5	2	3	8	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHOP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced
. Total Personnel Expenses	\$223,172	\$144,418	\$75,674	\$83,758	\$117,733	\$116,245	\$66,716	\$49,529
I. Total Operating Expenses	\$6,587	\$1,300	\$1,300	\$0	\$0	\$0	\$0	\$0
II. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0
V. 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
	1	4	5	2	3	F	G	H
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced
State General Funds	\$104,699			\$104,698	A STATE OF THE PARTY OF THE PAR	Setting violation of the		
Medi-Cal Funds:	\$147,166				\$147,166			
State/County Funds	\$84,377	\$36,430	\$47,947		\$84,377	\$41,444	\$16,679	\$24,765
Federal Funds (Title XIX)	\$109,289	\$109,289	\$0	THE RESIDENCE STREET	\$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
Prepared By: Sign/

Deputy Director PH/CMS Administrator

10/14/2022

Authorized CHDP Program Representative: Sign

Print Title

Deputy Director PH/CMS Administrator

Print Title

A B C D E F G H I J K L State of California—Health and Human Services Agency Department of Health Care Services

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Child Health and Disability Prevention Budget Worksheet



. N

State/Federal Funding Source:			Di	ase							
0 County/City Name: El Dorado				Fiscal Year:	2022-2023			DER L			
2 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-Ca Budget
4 I. Personnel Expenses	100 200 100	THE PARTY	DIAM DE					SM(sam)			
5 # Name			P TENDER	A DAME							
6 1 Caprice Ramsey Supervising PHN	50%	\$112,882	\$56,441	50%	\$28,221	50%	\$28,221	70%	\$39,509	30%	\$16,932
7 2 Roberta Martin Sr Office Assistant	30%	\$46,927	\$14,078	50%	\$7,039	50%	\$7,039	0%	\$0	0%	\$0
8 3 Vacant PHN I/II	80%	\$92,997	\$74,398	80%	\$59,518	20%	\$14,880	20%	\$14,880	80%	\$59,518
9 4		\$42,099	\$0	50%	\$0	50%	\$0	0%	\$0	0%	\$0
0 5	R PRINCE DO		\$0		\$0	100%	- \$0				
	A POST WAY	of the last	\$0	4.14 7.35	\$0	100%	\$0				B(S) and all
2 7			\$0		\$0	100%	\$0				RESIDENCE OF THE PARTY OF THE P
8		110-02-11	\$0	Marine Marine	\$0	100%	\$0			DICTION OF THE PARTY	THE RESERVE
4 9			\$0		\$0	100%	\$0				BANK IN
10			\$0		\$0	100%	\$0			THE REAL PROPERTY.	
(insert additional rows as needed)			\$0		\$0	100%	\$0			The state of the s	The second
9 Total Salaries and Wages			\$144,917		\$94,778	THE PARTY OF THE P	\$50,139		\$54,388		\$76,450
to Less Salary Savings			\$0		\$1,000		\$1,000		\$0		\$0
Net Salaries and Wages		- 107/x D/L 200	\$144,917	RC MARKETIN	\$93,778		\$49,139		\$54,388		\$76,450
32 Staff Benefits (Specify %) 54%			\$78,255	THE REAL PROPERTY.	\$50,640	The Last St	\$26,535	THE REAL PROPERTY.	\$29,370		\$41,283
33 I. Total Personnel Expenses	THE LIGHT	RESERVED TO	\$223,172	Winds Miles	\$144,418		\$75,674		\$83,758		\$117,733
14 II. Operating Expenses (List in Narrative)	OF TAX	NAME OF TAXABLE PARTY.	The Paris								
37 II. Total Operating Expenses			\$6,587		\$1,300		\$1,300		\$0		\$0
38 III. Capital Expenses (List in Narrative)					ATTENDED		CHARLES IN	NEAD BEAT	THE PARTY OF THE		
39 III. Total Capital Expenses	The second		\$0				\$0		\$0		\$0
40 IV. Indirect Expenses	VANA A									MERCHANICAL PROPERTY.	NO PERSONAL PROPERTY.
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	The Party		\$55,793			The second second	\$18,919		\$20,940		\$29,433
44 V. Other Expenses						TO COMPANY		No. of Street, or other			
45 V. Total Other Expenses	THE REAL PROPERTY.	THE ROLL	\$0		ALC: UNKNOWN		\$0		\$0		\$0
46 Budget Grand Total			\$285,552		\$145,718		\$95,893	San Park	\$104,698		\$147,166
14	Deputs Discoul	or Public Health/C		1 404	4/2022	Name and Address of					
Michael Ungeheuer MN RN PHN Prepared By: Sign	Print	Title	MS Administrator	Date	4/2022	Email					
		or Public Health/C	MC Administrator	1 /2/	11/2022	-	neuer@edczov.us				
Authorized CHDP/ Sign	Print Print	Title	MO MORNING CIVI	Date	0/2000	Email Email	iene, shenckov na				

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





Child Health and Disability Prevention Budget Narrative

GAVIN NEWSOM GOVERNOR

State/Federal Fu	unding Source:		Base							
County/City Nar	ne: El Dorado		Fiscal Year 2022-23							
The state of the s	xplain Any Changes equity adjustments	in Personnel/Personnel cummulative from 2020 t	ALCOHAL SALES CONTRACTOR CONTRACT	FTE adjustments made based on						
II. Operating Exp		Expense Line Items								
Travel:	\$2000 Includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage									
Training:	\$600 Registration	tuition fees for SPMP and	support staff for continuin	g education program specific						
Office:			st related to stationary, po central duplication and cor	estage, subscriptions, office equip, mmunication technology.						
V. Indirect Expe		Nor	ne							
Internal:	Consistent with ap	proved A-87 plan on file								
External:										
V. Other Expense	es									
Identify and Ex	None	ense Line Items								
Michael Ungeheuer	Control of the second s	Deputy Director/CMS Add		michael.ungeheuer@edcgov.us						
Prepared By:	Sign	Print as above	Title Date 12/16/20	Email 20 as above						
Authorized CHDP F	Program Representative	: Sign Print	Title Date /	Email						





Child Health and Disability Prevention Budget Summaries

County/City: El Dorado		Fiscal Year: 2022-2023 2022-23						
Funding Source:				County/City-Federal				
	1	.4	5	2	3	8	0	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced
. Total Personnel Expenses	\$223,172	\$144,418	\$75,674	\$83,758	\$117,733	\$116,245	\$66,716	\$49,529
I. Total Operating Expenses	\$6,587	\$1,300 -	\$1,300	\$0	\$0	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0	THE REAL PROPERTY.	\$0
V. Total Indirect Expenses	\$55,793	(1) (1) (2) (FT)	\$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
	1	4	5	2	3	F	G	Н
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced
State General Funds	\$104,698	THE PROPERTY OF		\$104,698		MILLEN, POR BUILDE	King Picture	
Medi-Cal Funds:	\$147,166				\$147,166	Sologia by Local		San of Paul Sent of St.
State/County Funds	\$84,377	\$36,430	\$47,947	The second lines	\$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

Authorized CHDP Program Representative: Sign

Print Title

Deputy Director PH/CMS Administrator

Print Tit

17.



Child Health and Disability Prevention Budget Worksheet



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

	Column	1Å	1B	1	ZA	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)
. Pe	rsonnel Expenses	15 H. S.			D. Hezai	等回籍的是于浙江		and health
¥	Name							2012年
1	Caprice Ramsey PHN Supervisor	40%	\$112,882	\$45,153	50%	\$22,576	50%	\$22,576
2	Roberta Martin Sr Office Assistant	25%	\$46,927	\$11,732	50%	\$5,866	50%	\$5,866
3	Vacant PHN I/II	20%	\$92,997	\$18,599	80%	\$14,880	20%	\$3,720
4			FIRST ATE	\$0	A BANK OF	\$0	100%	\$0
5	第二次,在1000年度上的		STORES OF	\$0	Charles C.	\$0	100%	\$0
6	阿拉克斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	A RESERVED		\$0	NEW COLUMN	\$0	100%	\$0
7		W SILVERY	My and a	\$0		\$0	100%	\$0
8	MEADINE STREET,		Part Assessment	\$0	Man PANCE	\$0	100%	\$0
9				\$0		\$0	100%	\$0
10	THE PROPERTY OF THE PARTY.	E MILITARE		\$0	A STATE OF THE PARTY OF	\$0	100%	\$0
	(insert additional lines as needed)	I MANY	LOCAL TOTAL	\$0	and the latest	\$0	100%	\$0
Tota	Salaries and Wages			\$75,484		\$43,322		\$32,162
Less Salary Savings				\$0	Barrier State 1	\$0		\$0
Net Salaries and Wages				\$75,484	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$43,322		\$32,162
Staff	Benefits (Specify %) 54%		The Name of State of	\$40,761		\$23,394	STORY THE	\$17,367
. To	tal Personnel Expenses			\$116,245		\$66,716	Control of the little	\$49,529
1. 0	perating Expenses (List in Narrative)		Salas Salas			The same		V 10,020
II. To	otal Operating Expenses			\$0	- 12 Eng (FG)	\$0	ARTHUR SEE	\$0
II. C	apital Expenses		AL DESIGNATION OF THE PARTY OF		Spiele Property			THE REAL PROPERTY.
II. T	otal Capital Expenses			\$0	MINE DE LA CONTRACTION DE LA C			\$0
V. I	ndirect Expenses	A DESCRIPTION OF THE PERSON OF		发布着工作等				
1.	Internal (Specify %) 25%	建工工业 标题		\$29,061				50
2.	External (Specify %) 0%	THE PARTY OF THE		\$0				\$0
IV. 1	otal Indirect Expenses		of contain-	\$29,061	THE REAL PROPERTY.		Line and the same	\$0
V. O	ther Expenses	Hindus Val	Charles Inc		and the latest	194	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	- Police
V. T	otal Other Expenses	The state of	***************************************	\$0			To the bell to be	\$0
Budget Grand Total		Alternative Control		\$145,306	CHARLES BARN	\$66,716		\$49,529
	Michael Ungeheuer MN RN PHN	Deputy Director	Public Health/Cl		10/12	1/2022		0
rep	ared By: Sign	Print	Title		Date	/ /	Email	
1	onized CHDP Program Sign	nev FHEV	See A	Above	121	16/707.7,	michael.ungehe	uer@edcgov.i





Child Health and Disability Prevention Budget Narrative

GAVIN NEWSOM GOVERNOR

State/Federal Funding Source: County/City-Federal Match							
County/City Nan	ne: El Dorado			Fiscal Year:	22-23	Contract of the Contract of th	
	plain Any Changes						
ignificant Salary hanges in base		cummulativ	e from 2020	to current FY al	l positions. FT	E adjustments made based on	
. Operating Exp	enses xplain All Operating	Expense L	ine Items				
Travel:	None						
Training:	None						
II. Capital Exper Identify and E	ises xplain Ali Capital Ex	pense Line	ltems				
			N	one			
/. Indirect Expe	nses Explain All Indirect E	xpense Lin	e Items				
Internal:	Consistent with ap	proved A-87	plan on file				
External:							
. Other Expens	es						
Identify and E	xplain All Other Expe	ense Line It	ems				
Aichael Ungeheue	MN RN PHN	Deputy D	irector/CMS	Administrator	1014/2022	michael.ungeheuer@edcgov.us	
Prepared By:	Sign		Print	Title	Date	Email	
Mylange	bener MN Ba	PHA	as abov	e	12/16/20		
Authorized CHOP F	rogram Representative	: Sian	Print	Title	Date /	Email	