

Health Care Program for Children in Foster Care

Agency Information		County/City: El Dorado	Fiscal Year: 2023-24		
Street Address:	941 Spring Street	Health Officer Name:	Matthew Minson, MD		
City:	Placerville	HPCFC Central Email			
Zip Code:	95667	Address:			
Authorized HPCFC Representative		Director of Social Services Agency			
Name, Title:	Michael Ungeheuer MN RN	Name:	Olivia Byron-Cooper		
Phone:	530 621 6129	Phone:	530 621 6320		
Email:	michael.ungeheuer@edcgov	Email:	olivia.byron-cooper@edcgov		
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:	Kim Dawson	Name:	Brian Richart		
Phone:	530 621 5390	Phone:	530 621 5625		
Email:	kim.dawson@edcgov.us	Email:	brian.richart@edcgov.us		
List All HPCFC Program Staff					
	Name:	Title:	Support Staff	PHN	Email:
1	Donna Fettig	PHN Supervisor	No	Yes	donna.fettig@edcgov.us
2	Sharon Guthrie	PHN II	No	Yes	sharon.guthrie@edcgov.us
3	Erica Bobrow	Senior Office Assistant	Yes	No	erica.bobrow@edcgov.us
4					
5					
6					
7					
8					
9					
10					
<i>View additional rows by selecting the "+" to the left.</i>					

Health Care Program for Children in Foster Care

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

Michael Ungeheuer MN RN PHN	<i>Michael Ungeheuer MN RN PHN</i>	Jan 29, 2024
HCPCFC/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

Health Care Program for Children in Foster Care

Base Budget Worksheet					County/City Name: El Dorado		Fiscal Year: 2023-24				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Donna Fettig	PHN Supervisor	No	Yes	3%	\$121,722	\$3,652	95%	\$3,469	5%	\$183
2	Sharon Guthrie	PHN II	No	Yes	30%	\$94,869	\$28,461	80%	\$22,769	20%	\$5,692
3	Erica Bobrow	Senior Office A	Yes	No	36%	\$40,893	\$14,721	90%	\$13,249	10%	\$1,472
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	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							\$46,834		\$39,487		\$7,347
Staff Benefits (Specify %)			50%				\$23,417		\$19,744		\$3,674
I. Total Personnel Expenses							\$70,251		\$59,231		\$11,021
II. Total Operating Expenses (List in Narrative)							\$1,838		\$0		\$1,838
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		10%				\$7,025				\$7,025
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$7,025				\$7,025
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$79,115		\$59,231		\$19,884

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Michael Ungeheuer MN RN PHN	<i>Michael Ungeheuer MN RN PHN</i>	Jan 29, 2024	
Authorized HCPCFC Signor Name, Title	Signature	Date	<i>Budget Summary tables can be found on the "Summary Tables" sheet of this</i>

Health Care Program for Children in Foster Care

Base Budget Narrative	County/City Name: El Dorado	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses		
New hire PHN with a higher step estimated for the vacant position. Additional salary equity adjustments cumulative from 2020 to current FY. FTE adjustments made based on changes in base salaries.		
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
Travel: \$858 Personal vehicle mileage calculated at the current federal rate/mile as published each January. Training: \$1000 registration and tuition fees for SPMPand support staff for continuing education that is program specific.		
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		

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Michael Ungeheuer MN RN PHN	<i>Michael Ungeheuer MN RN PHN</i>	Jan 29, 2024
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name: El Dorado		Fiscal Year: 2023-24				
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses					Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total
#	Name	Title	DSS	PHN							
1	Donna Fettig	PHN Supervisor	No	Yes	0%	\$121,722	\$0	0%	\$0	100%	\$0
2	Sharon Guthrie	PHN II	No	Yes	28%	\$94,869	\$26,563	83%	\$22,048	17%	\$4,516
3	Erica Bobrow	Senior Office A	Yes	No	0%	\$13,495	\$0	0%	\$0	100%	\$0
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	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							\$26,563		\$22,048		\$4,516
Staff Benefits (Specify %)			50%				\$13,282		\$11,024		\$2,258
I. Total Personnel Expenses							\$39,845		\$33,072		\$6,774
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 %)		10%				\$3,985				\$3,985
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$3,985				\$3,985
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$43,830		\$33,072		\$10,759

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Michael Ungeheuer MN RN PHN	<i>Michael Ungeheuer MN RN PHN</i>	Jan 29, 2024	
Authorized HCPCFC Signor Name, Title	Signature	Date	Budget Summary tables can be found on the "Summary Tables" sheet of this

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Narrative		County/City Name: El Dorado	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
New hire PHN with advanced salary step that was greater than estimated for the vacant PHN position. Additional salary equity adjustments cumulative from 2020 to current FY. FTE adjustments made based on changes in base salaries.			
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:	Capped by the State.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			
N/A			

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

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Health Care Program for Children in Foster Care

Caseload Relief 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 Total	Non-Enhanced FTE %	Non-Enhanced Total
#	Name	Title	DSS	PHN							
1	Donna Fettig	PHN Supervisor	No	Yes	4%	\$121,722	\$4,869	89%	\$4,333	11%	\$536
2	Sharon Guthrie	PHN II	No	Yes	30%	\$94,869	\$28,461	85%	\$24,192	15%	\$4,269
3	Erica Bobrow	Senior Office A	Yes	No	30%	\$40,893	\$12,268	78%	\$9,569	22%	\$2,699
4	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
View additional rows by selecting the "+" to the left											
Total PHN FTE %					34%			174%			
Total Direct Support Staff FTE %					30%			78%			
Total Net Salaries and Wages							\$45,597		\$38,094		\$7,504
Staff Benefits (Specify %)			50%				\$22,799		\$19,047		\$3,752
I. Total Personnel Expenses							\$68,396		\$57,141		\$11,256
II. Total Operating Expenses (List in Narrative)							\$700		\$0		\$700
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		10%				\$6,840				\$6,840
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$6,840				\$6,840
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$75,936		\$57,141		\$18,796

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Michael Ungeheuer MN RN PHN	Michael Ungeheuer MN RN PHN	Jan 29, 2024
Authorized HCPCFC Signor Name, Title	Signature	Date

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

Health Care Program for Children in Foster Care

Caseload Relief Budget Narrative		County/City Name: El Dorado	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Salary equity adjustments continued, cumulative from 2020 to current FY all positions in PH. FTE adjustments made based on changes in base salaries and to balance reductions in other budget funding amounts. Adjustments are necessary to retain the integrity of the program activities.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel: \$350 includes per diem, private vehicle mileage, commercial auto rental, air travel, etc. Mileage reimbursement @ federal rate/mile as published each January. Training: \$350 registration/tuition fees for SPMP and support staff for continuing education that is program specific.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Capped by the State.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			
None			

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, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Michael Ungeheuer MN RN PHN	<i>Michael Ungeheuer MN RN PHN</i>	Jan 29, 2024
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Budget Summary							County/City: El Dorado			Fiscal Year: 2023-24		
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	\$70,251	\$59,231	\$11,021	\$39,845	\$33,072	\$6,774	\$68,396	\$57,141	\$11,256	\$0	\$0	\$0
II. Total Operating Expenses	\$1,838	\$500	\$200	\$0	\$0	\$0	\$700	\$0	\$700	\$0	\$0	\$0
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$7,025		\$7,025	\$3,985			\$6,840		\$6,840	\$0		\$0
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$79,115	\$59,231	\$19,884	\$43,830	\$33,072	\$10,759	\$75,936	\$57,141	\$18,796	\$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	\$24,750	\$14,808	\$9,942	\$13,648	\$8,268	\$5,380	\$23,683	\$14,285	\$9,398	\$0	\$0	\$0
Federal Funds (Title XIX)	\$54,365	\$44,423	\$9,942	\$30,184	\$24,804	\$5,380	\$52,254	\$42,856	\$9,398	\$0	\$0	\$0
Budget Grand Total	\$79,115	\$59,231	\$19,884	\$43,831	\$33,072	\$10,759	\$75,937	\$57,141	\$18,796	\$0	\$0	\$0

Michael Ungeheuer MN RN PHN *Michael Ungeheuer MN RN PHN* Jan 29, 2024
 Authorized HCPCFC Signor Name, Title Signature Date