Department of Health Care Services

# Health Care Program for Children in Foster Care

Agency Info	rmation	County/City:		Fiscal Year:		
	Jinadon	El Dorado		2023-24		
Street Address:	941 Spring Street	Health (	Officer Name:	Matthew Minson, MD		
	Placerville	HCPCFC	Central Email			
Zip Code:	95667		Address:			
Authorized HCPC	FC Representative	Dire	ector of Social	Services Agency		
	Michael Ungeheuer MN RM			Olivia Byron-Cooper		
Phone:	530 621 6129		Phone:	530 621 6320		
Email:	michael.ungeheuer@edcgo		Email:	olivia.byron-cooper@edcg		
	rd of Supervisors		Chief Proba	and the second		
Contraction of the second s	Kim Dawson		Name:	Brian Richart		
	530 621 5390	Phone: 530 621 5625				
Email:	kim.dawson@edcgov.us	Email: brian.richart@edcgov.u				
	List All HCPCF	C Program Stat	ff			
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		
5						
6						
7						
8						
9						
10						
View additional rows by select	ing the "+" to the left.	A REAL PROPERTY.				

Department of Health Care Services

## Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
Certification statement	El Dorado	2023-24
I certify that the Health Care Program for comply with all applicable state and for including all federal laws and regulation granted to states for medical assistance pro- (42 U.S.C. Section 1396 et seq.). I further certi- promulgated by DHCS pursuant to these a of Care Plan and Fiscal Guidelines Manu- subject to sanctions or other remedies it	ederal and state laws is governing recipient ursuant to Title XIX of t fy that the HCPCFC wil uthorities, including t al. I further agree that t f this HCPCFC violates a	s and regulations, s of federal funds he Social Security Act l comply with all rules he Integrated Systems this HCPCFC may be any of the above.
Michael Ungeheuer MN RN PHN	Michael Degehaner MN RN PHN	Jan 29, 2024 Date
HCPCFC/County Authorized Representative	Signature	1 1
Local Governing Body Chairperson Name,	Signature	Date

#### Department of Health Care Services

		D.	aca Ru	County/City Name:		Fiscal Year:					
		De	ase pu	laget w	Vorksheet			El Dorado		2023-24	
Column					1A	1B	1	2A	2	3A	3
I. Personnel Expenses   # Name Title DSS PHN			Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	d Enhanced Total	Non- Enhanced FTE %	Non- Enhanced Total		
1	Donna Fettig	PHN Superviso	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
	v additional row:		e "+" t	o th <b>e</b> lej	ft.						
	al Net Salaries ar						\$46,834		\$39,487		\$7,347
	f Benefits (Speci		5	0%			\$23,417		\$19,744		\$3,674
	otal Personnel Ex						\$70,251		\$59,231		\$11,021
	otal Operating E						\$1,838		\$0		\$1,838
	otal Capital Exp	and the second se	and the second se	2)			\$0				\$0
	ndirect Expenses	- total and the second s									
1. Internal (Specify %) 10%				\$7,025				\$7,025			
2.	External (Specif			)%			\$0				\$0
	Total Indirect Exp						\$7,025				\$7,025
V. T	otal Other Exper	nses (List in Narr	ative)				\$0				\$0
_					Budg	et 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	Michael Cegebeurer Mit Ris Prits	Jan 29, 2	2024
Authorized HCPCFC Signor Name, Title	Signature	Date	Budget Summary tables can be found on
	8-2		the "Summany Tables" sheet of this

Michael Ungeheuer MN RN PHN Authorized HCPCFC Signor Name, Title Department of Health Care Services

Jan 29, 2024

Date

### Health Care Program for Children in Foster Care

	Base Budget Narrative	County/City Name:	Fiscal Year:
	base budget Marradive	El Dorado	2023-24
. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Person	nel Expenses	
	N with a higher step estimated for the vacant position. Additio		nts cumulative from
2020 to curre	nt FY. FTE adjustments made based on changes in base salari	es.	
I. Operating	Expenses Identify and Explain All Operating Expense Line Items	1	
	Personal vehcile mileage calculated at the current federal rate/r		auary. Training:
	ation and tuitition fees for SPMPand support staff for continuir		
II. Canital Ex	penses Identify and Explain All Capital Expense Line Items		
None	benses identify and Explain All Capital Expense Line items		
vone			
V. Indirect E	penses Identify and Explain All Indirect Expense Line Items		
	Consistent with approved A-87 plan on file.		
Internal:			
External:			
10 - 420 TATULAR DALARDA			
V. Other Expe	enses Identify and Explain All Other Expense Line Items		
	the Health Care Program for Children in Foster Care (HCPCFC)		
I CERTITY TOAT	The Health Lare Prodram for ( bildren in Foctor ( are (HC9CFC))	will comply with all applied	

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.

Techani Segakawa MM RI 1948

Signature

Department of Health Care Services

<b>Health Care Program</b>	for Children	in Foster Care
----------------------------	--------------	----------------

				County/City N	lame:	Fiscal Year:					
	Psychotro	pic Medication	Monii	toring a	t Oversight Budget Worksheet			El Dorado		2023-24	
Col	Column			1A	1B	1	2A	2	3A	3	
I. Personnel Expenses			Total Base	Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced		
#	Name	Title	DSS	PHN	FTE %	Salary	rotar suuget	FTE %	Total	FTE %	Total
1	Donna Fettig	PHN Superviso	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
Vie	w additional row	s by selecting th	e "+" t	o the le	ft.						
Tot	al Net Salaries a	nd Wages					\$26,563		\$22,048		\$4,516
Sta	ff Benefits (Spec	ify %)	5	0%	1.1.2. 1		\$13,282		\$11,024		\$2,258
I. T	otal Personnel E	xpenses					\$39,845		\$33,072		\$6,774
11. 1	fotal Operating I	Expenses (List in	Narra	tive)			\$0		\$0		\$0
Ш.	Total Capital Exp	enses (List in Na	arrativ	e)			\$0				\$0
IV.	Indirect Expense	s (List in Narrati	ve)								
1.	Internal (Specif	y %)	1	0%			\$3,985				\$3,985
2.	External (Speci	fy %)	(	0%			\$0				\$0
IV.	Total Indirect Ex	penses (List in N	larrativ	ve)			\$3,985				\$3,985
٧. '	Total Other Expe	nses (List in Nar	rative)				\$0				\$0
					Budge	Grand Total	\$43,830		\$33,072		\$10,759

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 Pith	Jan 29, 2024	
Authorized HCPCFC Signor Name, Title	Signature	Date	Budget Summary tables can be found on
			the "Summary Tables" sheet of this

Department of Health Care Services

Health Care Program for Children in Foster Care

County/City Name: El Dorado penses acant PHN position. A ised on changes in ba	
penses acant PHN position. A	Additional salary
acant PHN position.	
ised on changes in b	ase salaries.
·	
ng recipients of fede .S.C. Section 1396 et	ble state and federal ral funds granted to seq.). I further certify at all listed expenses
	ng recipients of fede S.C. Section 1396 et

other remedies if this HCPCFC violates any of the above.

Michael Ungeheuer MN RN PHN	Michael Logaianate (Be Rie Fritz	Jan 29, 2024
Authorized HCPCFC Signor Name, Title	Signature	Date

#### Department of Health Care Services

#### Health Care Program for Children in Foster Care

		Constant	n.k.				County/City Name:		Fiscal Year.		
Caseload Relief Budget Worksheet								El Dorado		2023-24	
Colu	umn				1A	1B	1	2A	2	3A	3
I. Personnel Expenses				Total Base	Annual	Total	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced	
#	Name	Title	DSS	PHN	FTE %	Salary	Budget	FTE %	Total	FTE %	Total
1	Donna Fettig	PHN Superviso	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	w additional rows	by selecting the	e "+" to	the le	ft.						
Tot	al PHN FTE %				34%			174%			
Tot	al Direct Support	Staff FTE %			30%			78%			
Tot	al Net Salaries ar	nd Wages					\$45,597		\$38,094		\$7,504
Stat	ff Benefits (Specif	fy %)	5	0%			\$22,799		\$19,047		\$3,752
	otal Personnel Ex						\$68,396		\$57,141		\$11,256
II. T	otal Operating E	xpenses (List in	Narrat	ive)			\$700		\$0		\$700
111, 1	Total Capital Expe	enses (List in Na	rrative	)			\$0				\$0
IV.I	Indirect Expenses	(List in Narrativ	ve)								
1. Internal (Specify %) 10%					\$6,840				\$6,840		
2.	External (Specif	y %)	(	)%			\$0				\$0
IV.	Total Indirect Exp	enses (List in N	arrativ	e)			\$6,840				\$6,840
۷. ٦	otal Other Exper	ises (List in Narr	rative)				\$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	Mishaal (sepainteer 164 RN)	Prik	Jan 29, 2024		
Authorized HCPCFC Signor Name, Title	Signature	Date	Budget Summary tables can be found		
	ten.		on the "Summary Tables" sheet of this		

Department of Health Care Services

### Health Care Program for Children in Foster Care

	Caseload Relief Budget Narrative	County/City Name:	Fiscal Year:	
	Caseload Keller budget Narrative	El Dorado	2023-24	
Personnel E	xpenses Identify and Explain Any Changes in Personnel/Person	nel Expenses		
alary equity	adjustments continued, cumulative from 2020 to current FY all	positions in PH. FTE adjust	ments made based	
on changes in	base salaries and to balance reductions in other budget fundi	ng amounts. Adjustments	are necessary to	
etain the inte	grity of the program acitivities.			
¥	Expenses Identify and Explain All Operating Expense Line Items			
fravel: \$350 in	ncludes per diem, private vehicle mileage, commerical auto ren	tal, air travel, etc. Mileage	reimbursement @	
	nile as published each Janauary. Training: \$350 registration/tui	tion fees for SPMP and sup	oport staff for	
ontinuing ed	lucation that is program specific.			
II. Conital Evr	penses Identify and Explain All Capital Expense Line Items			
N/A	senses identity and explain All Capital expense line items			
N/A				
V. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items			
	Capped by the State.			
Internal:				
0.0 B 6.0				
External:				
V. Others France	and the tife and Euclide All Other Euclidea Line Iterat			
	enses Identify and Explain All Other Expense Line Items			
None				
1	the Marth Case Descrete for Children in Faster Case (HCDCEC)	All an english the Barris Barris Pres		
	the Health Care Program for Children in Foster Care (HCPCFC) ws and regulations, including all federal laws and regulations g			

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	Michael Longdonous 1491 Rds Pithe	Jan 29, 2024		
Authorized HCPCFC Signor Name, Title	Signature	Date		

#### Department of Health Care Services

Bud at Summer						County/City: El Dorado			Fiscal Year.			
Budget Summary									2023-24			
Funding Source: A	Base			PMM&O			Caseload Relief			County/City-Federal		
	B	с	D	В	c	D	В	c	D	В	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
. Total Personnel Expenses	\$70,251	\$59,231	\$11,021	\$39,845	\$33,072	\$6,774	\$68,396	\$57,141	\$11,256	\$0	\$0	\$0
I. Total Operating Expenses	\$1,838	\$500	\$200	\$0	\$0	\$0	\$700	\$0	\$700	\$0	\$0	\$0
II. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0	-	\$0	\$0		\$0
V. Total Indirect Expenses	\$7,025	3.000	\$7,025	\$3,985			\$6,840		\$5,840	\$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	н	F	G	н	F	G	н	F	G	н
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 Authorized HCPCFC Signor Name, Title

Signature Date