

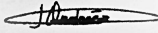
State of California—Health and Human Services Agency

Department of Health Care Services

Child Health and Disability Prevention Program

Agency Information		County/City: Yolo	Fiscal Year: 2023-2024
Street Address:	137 N Cottonwood Street	CHDP Central Email Address:	Jaime.ordonez@yolocounty.org
City:	Woodland		
Zip Code:	95695		
CHDP Director		CHDP Deputy Director	
Name, Title:	Aimee Sisson, M.D, MPH	Name:	Jaime Ordonez
Phone:	(530)-666-8765	Phone:	(530)-666-8958
Email:	Aimee.Sisson@yolocounty.org	Email:	Jaime.ordonez@yolocounty.org
Clerk of the Board of Supervisors		Health Officer	
Name:	Julia Dachtler	Name:	Aimee Sisson, M.D, MPH
Phone:	(530)-666-8195	Phone:	(530)-666-8765
Email:	Julie.Dachtler@yolocounty.org	Email:	Aimee.Sisson@yolocounty.org
List All CHDP Program Staff			
Name:		Title:	Email:
1	Jaime Ordonez	Deputy Director	Jaime.ordonez@yolocounty.org
2	Sandeep Shahi	Senior Public Health Nurse	Saandeep.shahi@yolocounty.org
3	Vanessa Enriquez	Outreach Specialist II	Vanessa.enriquez@yolocounty.org
4			
5			
6			
7			
8			
9			
10			
<i>View additional rows by selecting the "+" to the left. Additional rows may be added above this line.</i>			

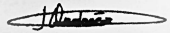
State of California—Health and Human Services Department of Health Care Services
Child Health and Disability Prevention Program

Certification Statement	County/City: Yolo	Fiscal Year: 2023-2024
<p>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.</p>		
=Jaime Ordonez CHDP Deputy Director		08/28/2023
CHDP/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name,	Signature	Date

Child Health and Disability Prevention Program

Base Budget Worksheet										County/City Name: Yolo		Fiscal Year: 2023-2024									
Column	1A	1B	1	4A	4	5A	5	2A	2	3A	3										
I. Personnel Expenses										Total FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced Total	Non-Enhanced FTE %	Non-Enhanced Total	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget	
#	Name	Title																			
1	Jaime Ordonez	Deputy Director		20%	\$125,241	\$25,048	0%	\$0	100%	\$25,048	0%	\$25,048	100%	\$25,048	0%	\$0	0%	\$0	0%	\$0	
2	Sandeep Shahi	Senior Public Health Nurse		41.00%	\$128,400	\$52,644	85%	\$44,747	15%	\$7,897	0%	\$52,644	100%	\$52,644	0%	\$0	0%	\$0	0%	\$0	
3	Vanessa Enriquez	Outreach Specialist II		51%	\$74,720	\$38,107	0%	\$0	100%	\$38,107	0%	\$38,107	100%	\$38,107	0%	\$0	0%	\$0	0%	\$0	
4	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
5	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
6	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
7	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
8	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
9	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
10	0	0			\$0	\$0	0%	\$0	100%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	0%	\$0	
View additional rows by selecting the "+" to the left.																					
Total Net Salaries and Wages					\$115,799			\$44,747		\$71,052		\$115,799		\$115,799						\$115,799	
Staff Benefits (Specify %)		65.7540%			\$76,142			\$29,423		\$46,720		\$76,143		\$76,143						\$76,143	
I. Total Personnel Expenses					\$191,941			\$74,170		\$117,772		\$191,942		\$191,942						\$191,942	
II. Total Operating Expenses (List in Narrative)					\$1,753			\$0		\$1,753		\$1,753		\$1,753						\$1,753	
III. Total Capital Expenses (List in Narrative)					\$0					\$0		\$0		\$0						\$0	
IV. Indirect Expenses (List in Narrative)																					
1.	Internal (Specify %)	25%			\$47,985					\$47,985		\$47,985		\$47,985						\$47,985	
2.	External (Specify %)	0%			\$0					\$0		\$0		\$0						\$0	
IV. Total Indirect Expenses (List in Narrative)					\$47,985					\$47,985		\$47,985		\$47,985						\$47,985	
V. Total Other Expenses (List in Narrative)					\$0					\$0		\$0		\$0						\$0	
Budget Grand Total					\$241,679			\$74,170		\$167,510		\$241,680		\$241,680						\$241,680	

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.

Jaime Ordonez, CHDP Deputy Director		here 8/28/2023	
Authorized CHDP Signor Name, Title	Signature	Date	<i>Budget Summary tables can be found on the "Summary Tables" sheet of this</i>

Child Health and Disability Prevention Program

Base Budget Narrative		County/City Name: Yolo	Fiscal Year: 2023-2024
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
CHDP Deputy Director remains at .20 FTE. Sr. PHN increased from .40 FTE to .41 FTE. Outreach Specialist II (OS) increased from 50 FTE to .51 FTE. These changes were made to reconcile to allocation amounts. Benefits are calculated pro rata.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel increased from \$200 to \$450. Training decreased from \$800 to \$600. Office expense increased from \$0 to \$503. Information Technology remains at \$200.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 25% of Total Personnel costs per approved DHCS Indirect Cost formula.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

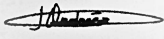
I certify that the Child Health & Disability Prevention Program (CHDP) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the CHDP 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 CHDP may be subject to sanctions or other remedies if this CHDP violates any of the above.

Jaime Ordonez, CHDP Deputy Director		8/28/2023
Authorized CHDP Signor Name, Title	Signature	Date

Child Health and Disability Prevention Program

County/City Federal Match (Optional) Budget Worksheet				County/City Name:		Fiscal Year:			
				Yolo		2023-2024			
Column	1A	1B	1	2A	2	3A	3		
I. Personnel Expenses			Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced	Non-Enhanced FTE %	Non-Enhanced
#	Name	Title							
1	Jaime Ordonez	Deputy Director	30%	\$125,241	\$37,572	0%	\$0	100%	\$37,572
2	Sandeep Shahi	Senior Public Health Nurse	56%	\$128,400	\$72,443	85%	\$61,577	15%	\$10,866
3	Vanessa Enriquez	Outreach Specialist II	49%	\$74,720	\$36,613	0%	\$0	100%	\$36,613
4	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
5	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	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					\$146,628		\$61,577		\$85,052
Staff Benefits (Specify %)		64.2850%			\$94,261		\$39,585		\$54,676
I. Total Personnel Expenses					\$240,889		\$101,162		\$139,728
II. Total Operating Expenses (List in Narrative)					\$1,850				\$1,850
III. Total Capital Expenses (List in Narrative)					\$0				\$0
IV. Indirect Expenses (List in Narrative)									
1.	Internal (Specify %)	25%			\$60,222				\$60,222
2.	External (Specify %)	0%			\$0				\$0
IV. Total Indirect Expenses (List in Narrative)					\$60,222				\$60,222
V. Total Other Expenses (List in Narrative)					\$0				\$0
Budget Grand Total					\$302,961		\$101,162		\$201,800

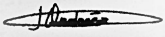
I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and 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.

Jaime Ordonez, CHDP Deputy Director		8/28/2023	
Authorized CHDP Signor Name, Title	Signature	Date	Budget Summary tables can be found on the "Summary Tables" sheet of this

Child Health and Disability Prevention Program

County/City Federal Match (Optional) Budget Budget Narrative		County/City Name: Yolo	Fiscal Year: 2023-2024
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
CHDP Deputy Director decreased from .30 FTE to .20 FTE. Sr. PHN decreased from .41 FTE to .59 FTE. OS II decreased from 50.62 FTE to .49 FTE. These changes were made to reconcile to allocation amounts. Benefits are calculated pro rata.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel: No change--remains at \$250. Training: No change--remains at \$100. Office expense remains at \$1,000. Information Technology remains at \$500.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 25% of Total Personnel costs per approved DHCS Indirect Cost formula.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

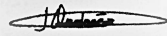
I certify that the Child Health & Disability Prevention Program (CHDP) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the CHDP 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 CHDP may be subject to sanctions or other remedies if this

Jaime Ordonez, CHDP Deputy Director		8/28/2023
Authorized CHDP Signor Name, Title	Signature	Date

Child Health and Disability Prevention Program

Budget Summary					County/City: Yolo		Fiscal Year: 2023-2024	
Funding Source:	Base					County/City-Federal		
	1	4	5	2	3	1	2	3
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$191,941	\$74,170	\$117,772	\$191,942	\$191,942	\$240,889	\$101,162	\$139,728
II. Total Operating Expenses	\$1,753	\$0	\$1,753	\$1,753	\$1,753	\$1,850	\$0	\$1,850
III. Total Capital Expenses	\$0		\$0	\$0	\$0	\$0		\$0
IV. Total Indirect Expenses	\$47,985		\$47,985	\$47,985	\$47,985	\$60,222		\$60,222
V. Total Other Expenses	\$0		\$0	\$0	\$0	\$0		\$0
Budget Grand Total	\$241,679	\$74,170	\$167,510	\$241,680	\$241,680	\$302,961	\$101,162	\$201,800
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total CHDP Budget	Total Medi-Cal Budget	Total Funds	Enhanced	Non-Enhanced
State General Funds	\$0			\$0				
Medi-Cal Funds:	\$241,679				\$241,680			
State/County Funds	\$102,298	\$18,543	\$83,755	\$102,298	\$102,298	\$176,772	\$75,872	\$100,900
Federal Funds (Title XIX)	\$139,382	\$55,628	\$83,755	\$139,382	\$139,382	\$126,191	\$25,291	\$100,900
Budget Grand Total	\$241,680	\$74,171	\$167,510	\$241,680	\$241,680	\$302,962	\$101,162	\$201,800

Jaime Ordonez CHDP Deputy Director
Authorized CHDP Signor Name, Title


Signature

8/28/2023
Date