

State of California—Health and Human Services Agency

Department of Health Care Services

Health Care Program for Children in Foster Care

Agency Information		County/City: Yolo	Fiscal Year: 2023-24		
Street Address:	137 N Cottonwood Street	Health Officer Name:	Aimee Sisson, M.D, MPH		
City:	Woodland	HCPFC Central Email	HHSA.CYF-FosterCare-Nurses@y		
Zip Code:	95695	Address:	137 N Cottonwood Street		
Authorized HCPFC Representative		Director of Social Services Agency			
Name, Title:	Jaime Ordonez	Name:	Tony Kildare, LCSW		
Phone:	(530)-666-8958	Phone:	(530)-908-7384		
Email:	Jaime.ordonez@yolocounty.org	Email:	Tony.kildare@yolocounty.org		
Clerk of the Board of Supervisors		Chief Probation Officer			
Name:	Julia Dachtler	Name:	Dan Fruchtenicht		
Phone:	(530)-666-8195	Phone:	(530)-406-8643		
Email:	Julie.Dachtler@yolocounty.org	Email:	Dan.fruchtenicht@yolocounty.org		
List All HCPFC Program Staff					
Name:	Title:	Support Staff	PHN	Email:	
1	Erika Hashimoto	Public Health Nurse	No	Yes	Erika.hashimoto@yolocounty.org
2	Patricia Johnson	Senior Public Health Nurse	No	Yes	Patricia.johnson@yolocounty.org
3					
4					
5					
6					
7					
8					
9					
10					
View additional rows by selecting the "+" to the left.					

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	Yolo	2023-24

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.

Jaime Ordonez		8/28/2023
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HCPCFC/County Authorized Representative

Signature

Date

Local Governing Body Chairperson Name,

Signature

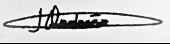
Date

Health Care Program for Children in Foster Care

Base Budget Worksheet					County/City Name:		Fiscal Year:				
					Yolo		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	Erika Hashimoto	Public Health N	No	Yes	70%	\$108,817	\$76,172	95%	\$72,363	5%	\$3,809
2	Patricia Johnson	Senior Public H	No	Yes	8.50%	\$116,731	\$9,922	100%	\$9,922	0%	\$0
3	0	0	0	0	0%	\$0	\$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							\$86,094		\$82,285		\$3,809
Staff Benefits (Specify %)			61%				\$52,633		\$50,304		\$2,329
I. Total Personnel Expenses							\$138,727		\$132,589		\$6,138
II. Total Operating Expenses (List in Narrative)							\$550		\$0		\$550
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$34,682				\$34,682
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$34,682				\$34,682
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$173,959		\$132,589		\$41,370

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.

Jaime Ordonez CHDP Deputy Director		8/28/2023
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

Base Budget Narrative		County/City Name: Yolo	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
PHN Hashimoto reduced from .73 FTE to .70 FTE. Sr. PHN Johnson reduced from .17 FTE to .085 FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel increased from \$252 to \$300. Training remains the same at \$250.			
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 Personel costs per Indirect Cost Rate formula on file.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

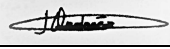
I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX 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.

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

Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name:		Fiscal Year:				
					Yolo		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	Erika Hashimoto	Public Health N	No	Yes		\$108,817	\$0	0%	\$0	100%	\$0
2	Patricia Johnson	Senior Public H	No	Yes	20.00%	\$116,731	\$23,346	95%	\$22,179	5%	\$1,167
3	0	0	0	0	0%	\$0	\$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							\$23,346		\$22,179		\$1,167
Staff Benefits (Specify %)			61.74%				\$14,414		\$13,693		\$721
I. Total Personnel Expenses							\$37,760		\$35,872		\$1,888
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 %)		25%				\$9,440				\$9,440
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$9,440				\$9,440
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$47,200		\$35,872		\$11,328

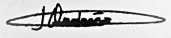
I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX 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.

Jaime Ordonez CHDP Deputy Director		8/28/2023	
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:	Fiscal Year:
	Yolo	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses		
Sr. PHN Johnson reduced from .21 FTE to .20 FTE.		
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
No change--remains at \$0.		
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 er Indirect Cost Rate formula on file.	
External:		
V. Other Expenses Identify and Explain All Other Expense Line Items		

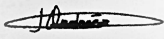
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Jaime Ordonez CHDP Deputy Director		8/28/2023
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Caseload Relief Budget Worksheet					County/City Name:		Fiscal Year:				
					Yolo		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	Erika Hashimoto	Public Health N	No	Yes	25%	\$108,817	\$27,204	100%	\$27,204	0%	\$0
2	Patricia Johnson	Senior Public H	No	Yes	14%	\$116,731	\$16,342	90%	\$14,708	10%	\$1,634
3	0	0	0	0	0%	\$0	\$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 PHN FTE %					39%			190%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$43,547		\$41,912		\$1,634
Staff Benefits (Specify %)			62%			\$26,995		\$25,981		\$1,013	
I. Total Personnel Expenses							\$70,542		\$67,893		\$2,647
II. Total Operating Expenses (List in Narrative)							\$200		\$0		\$200
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%			\$17,636					\$17,636
2.	External (Specify %)		0%			\$0					\$0
IV. Total Indirect Expenses (List in Narrative)							\$17,636				\$17,636
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$88,378		\$67,893		\$20,483

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.

Jaime Ordonez CHDP Deputy Director		8/28/2023
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: Yolo	Fiscal Year: 2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
PHN Hashimoto decreased from .27 FTE to .25 FTE. Sr. PHN Johnson remains at .14 FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel: No change. Remains at \$100. Training: No change. Remains at \$100.			
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 Indirect Cost Rate formula on file.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

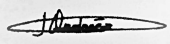
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Jaime Ordonez CHDP Deputy Director		8/28/2023
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

City or County Match (Optional) Budget Worksheet					County/City Name:		Fiscal Year:				
					Yolo		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	Erika Hashimoto	Public Health Nur	No	Yes	5%	\$108,817	\$5,441	80%	\$4,353	20%	\$1,088
2	Patricia Johnson	Senior Public Hea	No	Yes	7.50%	\$116,731	\$8,755	90%	\$7,879	10%	\$875
3	0	0	0	0	0%	\$0	\$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							\$14,196		\$12,232		\$1,964
Staff Benefits (Specify %)			61.62%				\$8,747		\$7,537		\$1,210
I. Total Personnel Expenses							\$22,943		\$19,769		\$3,174
II. Total Operating Expenses (List in Narrative)							\$500		\$0		\$500
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		25%				\$5,736				\$5,736
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$5,736				\$5,736
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$29,179		\$19,769		\$9,410

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.

Jaime Ordonez CHDP Deputy Director		8/28/2023	
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

City or County Match (Optional) Budget Narrative		County/City Name:	Fiscal Year:
		Yolo	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
PHN Erika Hashimoto increased from 0% to .05 FTE. Sr. PHN Patricia Johnson increased from 0% FTE to .075 FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Travel increased from \$0 to \$250. Training increased from \$0 to \$250.			
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 Indirect cost Rate formula on file.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

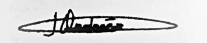
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Jaime Ordonez CHDP Deputy Director		8/28/2023
Authorized HCPCFC Signor Name, Title	Signature	Date

Health Care Program for Children in Foster Care

Budget Summary							County/City:			Fiscal Year:		
							Yolo			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	\$138,727	\$132,589	\$6,138	\$37,762	\$35,873	\$1,889	\$70,542	\$67,893	\$2,647	\$22,943	\$19,769	\$3,174
II. Total Operating Expenses	\$550	\$0	\$550	\$0	\$0	\$0	\$200	\$0	\$200	\$500	\$0	\$500
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$34,682		\$34,682	\$9,440		\$9,440	\$17,636		\$17,636	\$5,736		\$5,736
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$173,959	\$132,589	\$41,370	\$47,202	\$35,873	\$11,329	\$88,378	\$67,893	\$20,483	\$29,179	\$19,769	\$9,410
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	\$53,832	\$33,148	\$20,684	\$14,634	\$8,969	\$5,665	\$27,216	\$16,973	\$10,242	\$9,648	\$4,943	\$4,705
Federal Funds (Title XIX)	\$120,127	\$99,443	\$20,684	\$32,569	\$26,905	\$5,664	\$61,163	\$50,922	\$10,242	\$19,533	\$14,828	\$4,705
Budget Grand Total	\$173,959	\$132,591	\$41,368	\$47,203	\$35,874	\$11,329	\$88,379	\$67,895	\$20,484	\$29,181	\$19,771	\$9,410

Jaime Ordonez CHDP Deputy Director
 Authorized HCPCFC Signor Name, Title


 Signature

8/28/2023
 Date