



Health Care Program for Children in Foster Care

**Budget Workbook Instructions**

1. Detailed instructions for completion and submission of the Health Care Program for Children in Foster Care (HCPCFC) budget can be found within this workbook, the yearly HCPCFC Allocation Letter, and the Plan & Fiscal Guidelines.
2. Within each sheet of this reporting workbook are cells shaded in yellow. These cells will accept data. Rows may be expanded as needed.
3. Within each sheet of this reporting workbook are cells shaded in grey. These cells will automatically pull data from previously entered information.
4. Budget Submission Instructions
  - Budgets should be submitted to the ISCD Budget Portal by the due date provided in the yearly HCPCFC Allocation Letter.
  - A budget submission must consist of two documents:
    - I. Reporting Workbook in Excel Format
    - II. Reporting Workbook in Electronically Signed PDF Format
5. Documents submitted to DHCS should be signed by Adobe Acrobat Pro DC Self-signed with Digital ID function or DocuSign. If access to either of these options is not available, please contact your DHCS HCPCFC Liaison at [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).
6. Submissions need only include the information requested in the attached HCPCFC Budget Reporting Workbook. Programs should be prepared to provide ISCD with documentation to demonstrate compliance with program requirements upon request.
7. Programs that are unable to obtain all necessary signatures by Tuesday, November 5th, 2024 are asked to submit their budget in excel format by this date, and contact the program inbox to request an extension for the submission of the required signatures.
8. Questions regarding access to the ISCD Budget Portal and expenditure invoicing may be directed to: [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov). All other questions may be directed to: [HCPCFC@dhcs.ca.gov](mailto:HCPCFC@dhcs.ca.gov).



**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

**Health Care Program for Children in Foster Care**

<b>Agency Information</b>		County/City: Yolo	Fiscal Year: 2024-25		
Street Address:	137 N Cottonwood St.	Health Officer Name:	Aimee Sisson, M.D. MPH		
City:	Woodland	HPCFC Central	NURSES@YOLOCOUNTY.GOV		
Zip Code:	95695	Email Address:	137 N. Cottonwood St., Woodland, Ca. 95695		
<b>Authorized HCPCFC Representative</b>		<b>Director of Social Services Agency</b>			
Name, Title: Jaime Ordonez		Name: Tony Kildare, LCSW			
Phone: (530)-666-8958		Phone: (530)-908-7384			
Email: Jaime.ordonez@yolocounty.gov		Email: Tony.kildare@yolocounty.gov			
<b>Clerk of the Board of Supervisors</b>		<b>Chief Probation Officer</b>			
Name: Julie Dachtler		Name: Dan Fruchtenicht			
Phone: (530)-666-8195		Phone: (530)-406-8643			
Email: Julie.Dachtler@yolocounty.gov		Email: Dan.fruchtenicht@yolocounty.org			
<b>List All HCPCFC Program Staff</b>					
	<b>Name:</b>	<b>Title:</b>	<b>Support Staff</b>	<b>PHN</b>	<b>Email:</b>
1	Sandeep Shahi	Senior Public Health Nurse		Yes	Sandeep.Shahi@yolocounty.gov
2	Vanessa Enriquez	Outreach Specialist	Yes		Vanessa.Enriquez@yolocounty.gov
3	Erika Hashimoto	Public Health Nurse		Yes	Erika.Hashimoto@yolocounty.gov
4	Patricia Johnson	Senior Public Health Nurse		Yes	Patricia.Johnson@yolocounty.gov
5	Jaime Ordonez	Health Department Program Manag	Yes		Jaime.Ordonez@yolocounty.gov
6					
7					
8					
9					
10					
<i>View additional rows by selecting the "+" to the left.</i>					



Health Care Program for Children in Foster Care

<b>Certification Statement</b>	<b>County/City:</b>	<b>Fiscal Year:</b>
	Yolo	2024-25
<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 HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.</p>		

Jaime Ordonez Health Department Manager

9/10/2024

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		2024-25				
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	Sandeep Shahi	Senior Public Health Nurse	0	Yes	0.00%	\$132,759	\$0	0%	\$0	100%	\$0
2	Vanessa Enriquez	Outreach Specialist	Yes	0	0%	\$78,258	\$0	0%	\$0	100%	\$0
3	Erika Hashimoto	Public Health Nurse	0	Yes	94.50%	\$112,521	\$106,332	95%	\$101,016	5%	\$5,317
4	Patricia Johnson	Senior Public Health Nurse	0	Yes	0%	\$121,688	\$0	0%	\$0	100%	\$0
5	Jaime Ordonez	Health Department Program	Yes	0	0%	\$130,261	\$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 Net Salaries and Wages							\$106,332		\$101,016		\$5,317
Staff Benefits (Specify %)			60.42%				\$64,251		\$61,039		\$3,213
I. Total Personnel Expenses							\$170,583		\$162,055		\$8,530
II. Total Operating Expenses (List in Narrative)							\$41		\$0		\$41
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		7.00%				\$11,941				\$11,941
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$11,941				\$11,941
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$182,565		\$162,055		\$20,512

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 Health Department Manager

9/10/2024

Authorized HCPCFC Signor Name, Title

Signature

Date



Health Care Program for Children in Foster Care

<b>Base Budget Narrative</b>	County/City Name:	Fiscal Year:
	Yolo	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses		
Erika Hashimoto Public Health Nurse (PHN) increase from 7% FTE to 94.5% FTE.		
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
Office Supply \$0 expense to \$41.00.		
III. Capital Expenses Identify and Explain All Capital Expense Line Items		
No change, no cost \$0		
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items		
Internal:	Reflects 7% of Total Personnel costs, below approved DHCS Indirect Cost formula of 24.9%.	
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 Health Department Manager		9/10/2024
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Psychotropic Medication Monitoring & Oversight Budget Worksheet					County/City Name:		Fiscal Year:				
					Yolo		2024-25				
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	Sandeep Shahi	Senior Public Health Nurse	0	Yes	0%	\$132,759	\$0	85%	\$0	15%	\$0
2	Vanessa Enriquez	Outreach Specialist	Yes	0	0%	\$78,258	\$0	0%	\$0	100%	\$0
3	Erika Hashimoto	Public Health Nurse	0	Yes	0%	\$112,521	\$0	0%	\$0	100%	\$0
4	Patricia Johnson	Senior Public Health Nurse	0	Yes	28.00%	\$121,688	\$34,073	95%	\$32,369	5%	\$1,704
5	Jaime Ordonez	Health Department Program Manager	Yes	0	0%	\$130,261	\$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 Net Salaries and Wages							\$34,073		\$32,369		\$1,704
Staff Benefits (Specify %)			60.42%				\$20,589		\$19,559		\$1,030
I. Total Personnel Expenses							\$54,662		\$51,928		\$2,734
II. Total Operating Expenses (List in Narrative)							\$50		\$0		\$50
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		7.00%				\$3,826				\$3,826
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$3,826				\$3,826
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$58,538		\$51,928		\$6,610

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 Health Program Manager

Authorized HCPCFC Signor Name, Title

Signature

9/10/2024

Date



Health Care Program for Children in Foster Care

<b>Psychotropic Medication Monitoring &amp; Oversight Budget Narrative</b>		County/City Name: Yolo	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses Senior PHN Patricia Johnson increase form 21% FTE to 28% FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items Office expense increased from \$0 to \$50.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 7% of Total Personnel costs, below approved DHCS Indirect Cost formula of 24.9%.		
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 Health Department Manager		9/10/2024
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		2024-25				
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	Sandeep Shahi	Senior Public Health Nurse	0	Yes	47.50%	\$132,759	\$63,061	90%	\$56,754	10%	\$6,306
2	Vanessa Enriquez	Outreach Specialist	Yes	0	0%	\$78,258	\$0	0%	\$0	100%	\$0
3	Erika Hashimoto	Public Health Nurse	0	Yes	0%	\$112,521	\$0	0%	\$0	100%	\$0
4	Patricia Johnson	Senior Public Health Nurse	0	Yes	0%	\$121,688	\$0	0%	\$0	100%	\$0
5	Jaime Ordonez	Health Department Program Manager	Yes	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 %					48%			90%			
Total Direct Support Staff FTE %					0%			0%			
Total Net Salaries and Wages							\$63,061		\$56,754		\$6,306
Staff Benefits (Specify %)			60.42%				\$38,104		\$34,293		\$3,810
I. Total Personnel Expenses							\$101,165		\$91,047		\$10,116
II. Total Operating Expenses (List in Narrative)							\$616		\$0		\$616
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		7.00%				\$7,082				\$7,082
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$7,082				\$7,082
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$108,863		\$91,047		\$17,814

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 Health Program Manager  
 Authorized HCPCFC Signor Name, Title

  
 Signature

9/10/2024  
 Date



Health Care Program for Children in Foster Care

<b>Caseload Relief Budget Narrative</b>		County/City Name:	Fiscal Year:
		Yolo	2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Shift Senior PHN Patricia Johnson and PHN Erika Hashimoto to another HCPCFC budget, and include Senior PHN Sandeep Shahi at 47.5% FTE.			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
Office expenses increase from \$0 to \$616 for program office supplies.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 7% of Total Personnel costs, below approved DHCS Indirect Cost formula of 24.9%.		
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 Health Department Manager		9/10/2024
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

County-City Match Budget Worksheet						County/City Name:		Fiscal Year:			
						Yolo		2024-25			
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	Sandeep Shahi	Senior Public Health Nurse	0	Yes	5%	\$132,759	\$6,638			5%	\$332
2	Vanessa Enriquez	Outreach Specialist	Yes	0	0%	\$78,258	\$0			0%	\$0
3	Erika Hashimoto	Public Health Nurse	0	Yes	0%	\$112,521	\$0			0%	\$0
4	Patricia Johnson	Senior Public Health Nurse	0	Yes	5%	\$121,688	\$6,084			5%	\$304
5	Jaime Ordonez	Health Department Program Manager	Yes	0	0%	\$130,261	\$0			0%	\$0
6	0	0	0	0	0%	\$0	\$0			0%	\$0
7	0	0	0	0	0%	\$0	\$0			0%	\$0
8	0	0	0	0	0%	\$0	\$0			0%	\$0
9	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
<i>View additional rows by selecting the "+" to the left.</i>											
Total Net Salaries and Wages							\$12,722				\$636
Staff Benefits (Specify %)			60.42%				\$7,687				\$384
I. Total Personnel Expenses							\$20,409				\$1,020
II. Total Operating Expenses (List in Narrative)							\$0				\$0
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		7%				\$1,429				\$1,429
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$1,429				\$1,429
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$21,838				\$2,449

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 Health Department Program Manager  
 Authorized HCPCFC Signor Name, Title

  
 Signature

9/10/2024  
 Date



Health Care Program for Children in Foster Care

<b>Administrative Budget Narrative</b>	County/City Name:	Fiscal Year:
	Yolo	2024-25
<b>I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses</b>		
Shift PHN Erika Hashimoto to another HCPCFC budget and reduce Senior PHN Patricia Johnson's FTE from 7.5% to 5% FTE , and include Senior PHN Sandeep Shahi at 5% FTE.		
<b>II. Operating Expenses Identify and Explain All Operating Expense Line Items</b>		
<b>III. Capital Expenses Identify and Explain All Capital Expense Line Items</b>		
<b>IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items</b>		
Internal:	Reflects 7% of Total Personnel costs, below approved DHCS Indirect Cost formula of 24.9%.	
External:		
<b>V. Other Expenses Identify and Explain All Other Expense Line Items</b>		

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 Health Department program Manager		9/10/2024
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

Administrative Budget Worksheet					County/City Name:		Fiscal Year:				
					Yolo		2024-25				
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	Sandeep Shahi	Senior Public Health Nurse	0	Yes	52.50%	\$132,759	\$69,698			53%	\$36,592
2	Vanessa Enriquez	Outreach Specialist	Yes	0	100%	\$78,258	\$78,258			100%	\$78,258
3	Erika Hashimoto	Public Health Nurse	0	Yes	5.50%	\$112,521	\$6,189			6%	\$340
4	Patricia Johnson	Senior Public Health Nurse	0	Yes	22%	\$121,688	\$26,771			22%	\$5,890
5	Jaime Ordonez	Health Department Program Manager	Yes	0	25%	\$130,261	\$32,565			25%	\$8,141
6	0	0	0	0	0%	\$0	\$0			0%	\$0
7	0	0	0	0	0%	\$0	\$0			0%	\$0
8	0	0	0	0	0%	\$0	\$0			0%	\$0
9	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
View additional rows by selecting the "+" to the left.											
Total Net Salaries and Wages							\$213,482				\$129,221
Staff Benefits (Specify %)			60.42%				\$128,996				\$78,082
I. Total Personnel Expenses							\$342,478				\$207,303
II. Total Operating Expenses (List in Narrative)							\$5,008				\$5,008
III. Total Capital Expenses (List in Narrative)							\$0				\$0
IV. Indirect Expenses (List in Narrative)											
1.	Internal (Specify %)		7.0%				\$23,973				\$23,973
2.	External (Specify %)		0%				\$0				\$0
IV. Total Indirect Expenses (List in Narrative)							\$23,973				\$23,973
V. Total Other Expenses (List in Narrative)							\$0				\$0
Budget Grand Total							\$371,459		\$0		\$236,284

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 a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Jaime Ordonez Health Department Manager  
 Authorized HCPCFC Signor Name, Title

  
 Signature

9/10/2024  
 Date



Health Care Program for Children in Foster Care

<b>Administrative Budget Narrative</b>		County/City Name: Yolo	Fiscal Year: 2024-25
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
The Program Administrator will dedicate 25% FTE to developing and creating new policies and procedures for the standalone HCPCFC program. Responsibilities include preparing program reports, representing the program in regional, statewide, and local agency meetings, managing program budgets, and overseeing the daily operations of the program. The Outreach Specialist (100 % FTE) will provide logistical and administrative support to the program's Public Health Nurses (PHNs). Key responsibilities include:			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
\$5008.00 This amount includes funds for staff training, travel, and office supplies.			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	Reflects 7% of Total Personnel costs, below approved DHCS Indirect Cost formula of 24.9%.		
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 Health Department Program Manager		9/10/2024
Authorized HCPCFC Signor Name, Title	Signature	Date



Health Care Program for Children in Foster Care

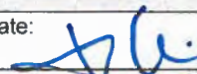
Budget Summary							County/City: Yolo			Fiscal Year: 2024-25					
Funding Source:	Base			PMM&O			Caseload Relief			County/City-Federal			Administrative		
A	B	C	D	B	C	D	B	C	D	B	C	D	B	C	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$170,583	\$162,055	\$8,530	\$54,662	\$51,928	\$2,734	\$101,165	\$91,047	\$10,116	\$0		\$0	\$342,478		\$207,303
II. Total Operating Expenses	\$41	\$0	\$41	\$50	\$0	\$50	\$616	\$0	\$616	\$0		\$0	\$5,008		\$5,008
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$11,941		\$11,941	\$3,826		\$3,826	\$7,082		\$7,082	\$0		\$0	\$23,973		\$23,973
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$182,565	\$162,055	\$20,512	\$58,538	\$51,928	\$6,610	\$108,863	\$91,047	\$17,814	\$0		\$0	\$371,459		\$236,284
E	F	G	H	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	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$50,770	\$40,514	\$10,256	\$16,287	\$12,982	\$3,305	\$31,669	\$22,762	\$8,907	\$0		\$0	\$118,142		\$118,142
Federal Funds (Title XIX)	\$131,797	\$121,541	\$10,256	\$42,251	\$38,946	\$3,305	\$77,192	\$68,285	\$8,907	\$0		\$0	\$118,142		\$118,142
Budget Grand Total	\$182,567	\$162,055	\$20,512	\$58,538	\$51,928	\$6,610	\$108,861	\$91,047	\$17,814	\$0		\$0	\$236,284		\$236,284

Jaime Ordonez Health Department Manager  9/10/2024

Authorized HCPCFC Signor Name, Title Signature Date

**Health Care Program for Children in Foster Care (HCPCFC) Administrative Budget  
One-Time Flexibilities  
Agency Information**

		County/City: Yolo	Fiscal Year: 2024-25
Street Address: 137 N. Cottonwood St. City: Woodland Zip Code: 95695		Central Email Address:	Aimee Sisson, M.D., MPH - Email: HHS.A.CYF-FOSTERCARE-NURSES@YOLOCOUNTY.GOV
Director			
Name, Title: Tony Kildare Phone: 530-908-7384 Email: Tony.Kildare@yolocounty.gov		Deputy Director Name: Julie Dachtler Phone: 530-666-8195 Email: Julie.Dachtler@yolocounty.gov	
List All Program Staff (HCPCFC Admin)			
Name:	Position/Classification:	Email:	
Sandeep Shahi	Senior Public Health Nurse	Sandeep.Shahi@yolocounty.gov	
Vanessa Enriquez	Outreach Specialist	Vanessa.Enriquez@yolocounty.gov	
Erika Hashimoto	Public Health Nurse	Erika.Hashimoto@yolocounty.gov	
Patricia Johnson	Senior Public Health Nurse	Patricia.Johnson@yolocounty.gov	
Jaime Ordonez	Health Department Program Manager	Jaime.Ordonez@yolocounty.gov	
<i>Additional rows may be added above this line.</i>			

Tony Kildare, LCSW      Branch Director Health and Human Services Authorized Director: Tony Kildare, LCSW, Branch Director Health and Human Services	Signature and Date:  9/10/24
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**Health Care Program for Children in Foster Care (HCPCFC) Administrative Budget  
One-Time Flexibilities  
Budget Worksheet**

			County/City Name:	Fiscal Year:	
			Yolo	2024-25	
I. Personnel Expenses			Total FTE %	Annual Salary	Total Budget
#	Name	Position Classification			
1	Sandeep Shahi	Senior Public Health Nurse	53%	\$132,759	\$69,698
2	Vanessa Enriquez	Outreach Specialist	100%	\$78,258	\$78,258
3	Erika Hashimoto	Public Health Nurse	6%	\$112,521	\$6,189
4	Patricia Johnson	Senior Public Health Nurse	22%	\$121,688	\$26,771
5	Jaime Ordonez	Health Department Program Ma	25%	\$130,261	\$32,565
6	0	0	0%	\$0	\$0
7	0	0	0%	\$0	\$0
8	0	0	0%	\$0	\$0
9	0	0	0%	\$0	\$0
10	0	0	0%	\$0	\$0
<i>(insert additional rows above this line as needed)</i>					
Total Support Staff FTE %			125.00%		
Total Net Salaries and Wages					\$213,482
Staff Benefits (Specify %)		60.42%			\$128,996
<b>I. Total Personnel Expenses</b>					<b>\$342,478</b>
<b>II. Total Operating Expenses</b> <i>(Provide Details in Narrative)</i>					<b>\$5,008</b>
<b>III. Total Capital Expenses</b> <i>(Provide Details in Narrative)</i>					<b>\$0</b>
<b>IV. Indirect Expenses</b> <i>(Provide Details in Narrative)</i>					
1.	Internal (Specify %)	7.00%			\$23,973
2.	External (Specify %)	0%			\$0
<b>IV. Total Indirect Expenses</b> <i>(Provide Details in Narrative)</i>					<b>\$23,973</b>
<b>V. Total Other Expenses</b> <i>(Provide Details in Narrative)</i>					<b>\$0</b>
<b>Budget Grand Total</b>					<b>\$371,459</b>

I certify that the HCPCFC Program will comply with all applicable provisions of Welfare Institution Codes (WIC); WIC 5328.04, WIC 369, WIC 16010, 16501, 358.1, 361.5, 366.1, 366.22(b) or 366.22(d)59, 60, 61, 62, 63, 64, Child Welfare Services Program Standards: MPPs 31- 002(10), 31-075 (I 1-2), 31-205 (h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362,31-335 .1, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(j), 31-405.1(k, l,l1), and 31-420.1(.7)65, WIC 16001.9(a), WIC 16501.1(g)(4), WIC 739, WIC 1771077, WIC 1772078, WIC 17730-1773879, I further certify that the HCPCFC Program will comply will all applicable Medi-Cal Regulations; California Code of Regulations (CCR), Title 22, 50031; 50157(a), (d), (e), and (f) and 50184(b)80, Health and Safety Code (HSC) 10092581, HSC 10092581, Medi-Cal Foster Care Strategies 88, CCR 5118496, HSC 10095083, WIC 739 - Medical Care for Probation 76, Title 42, Code of Federal Regulations (CFR), 440.40 and Part 441, Subpart B84, 85, 86, 87. I further certify that this HCPCFC Program will comply with regulations and statue; Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services, Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services, Title IV, 473 (a)(1)(B) Adoption and Guardianship Assistance Program 89, Social Security Act (42 U.S.C 1396(d) 1902(a), 1905(a)(4)(B), and 1905(r)91, 92, 93, 94, Health Care Program for Children in Foster Care – Revised 2024 16, and Provision 21 of the SB 108, and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this HCPCFC Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further agree that this HCPCFC Program may be subject to all sanctions or other remedies applicable if this HCPCFC Program violates any of the above laws, regulations, and policies with which it has certified it will comply.

Authorized Director: Tony Kildare, LCSW, Branch Director Health and Human Services	Signature and Date:  9/10/24
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**Health Care Program for Children in Foster Care (HCPCFC) Administrative Budget  
One-Time Flexibilities  
Budget Narrative**

	County/City Name:	Fiscal Year:
	Yolo	2024-25

**I. Personnel Expenses:** *Identify Personnel Expenses, specifying roles, time allocations, and costs supporting costs supporting HCPCFC activities.*

The Program Administrator will dedicate 25% FTE to developing and creating new policies and procedures for the standalone HCPCFC program. Responsibilities include preparing program reports, representing the program in regional, statewide, and local agency meetings, managing program budgets, and overseeing the daily operations of the program. The Outreach Specialist (100% FTE) will provide logistical and administrative support to the program's Public Health Nurses (PHNs). Key responsibilities include:

- Checking the foster care nurses' inbox daily for any YC117 initial placements or placement changes.
- Creating or updating the Health & Education Passport (HEP) with new information.
- Mailing the HEP to new foster care parents, including county resources, medical/dental contact forms, and immunization reports.
- Entering immunization data into the CWS database.
- Monitoring Safe Measures daily to identify which children's HEPs are due.
- Scanning and importing documents into the CWS system (Child's case).
- Printing health education flyers.
- Assembling HEP packets, including the cover letter, forms, flyers, and provider lists.
- Reviewing CWS for minute orders and requesting medical records from providers as needed.
- Maintaining a tracking spreadsheet for sent HEPs and conducting follow-ups.

Senior PHN Sandeep Shahi (52.5% FTE), Senior PHN Patricia Johnson (22% FTE), and PHN Erika Hashimoto (5.5% FTE) will also represent the Yolo HCPCFC program in various committees and work with the Program Administrator to develop local program policies and procedures as HCPCFC becomes a standalone program.

**II. Operating Expenses:** *Identify and Explain All Expenses Included in the "Operating Expenses" Line Item of the Budget Worksheet.*

\$5008.00 This amount includes funds for staff training, travel, and office supplies.

**III. Capital Expenses:** *Identify and Explain All Expenses Included in the "Capital Expenses" Line Item of the Budget Worksheet.*

N/A = \$0

**IV. Indirect Expenses:** *Identify and Explain All Expenses Included in the "Indirect Expenses" Line Items (Internal and External) of the Budget Worksheet.*

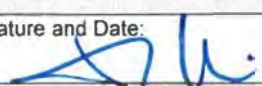
Internal:	Reflects 7% of Total Personnel costs, below approved DHCS Indirect Cost formula of 24.9%.
External:	N/A = \$0

**V. Other Expenses:** *Identify and Explain All Expenses Included in the "Other Expenses" Line Item of the Budget Worksheet.*

N/A = \$0

I certify that the HCPCFC Program will comply with all applicable provisions of Welfare Institution Codes (WIC); WIC 5328.04, WIC 369, WIC 16010, 16501, 358.1, 361.5, 366.1, 366.22(b) or 366.22(d)59, 60, 61, 62, 63, 64» Child Welfare Services Program Standards: MPPs 31-002(10), 31-075 (l 1-2), 31-205 (h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362,31-335 .1, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(j), 31-405.1(k, l,11), and 31-420.1(.7)65, WIC 16001.9(a), WIC 16501.1(g)(4), WIC 739, WIC 1771077, WIC 1772078, WIC 17730-1773879, I further certify that the HCPCFC Program will comply will all applicable Medi-Cal Regulations; California Code of Regulations (CCR), Title 22, 50031; 50157(a), (d), (e), and (f) and 50184(b)80, Health and Safety Code (HSC) 10092581, HSC 10092581, Medi-Cal Foster Care Strategies 88, CCR 5118496, HSC 10095083, WIC 739 - Medical Care for Probation76, Title 42, Code of Federal Regulations (CFR), 440.40and Part 441, Subpart B84, 85, 86, 87. I further certify that this HCPCFC Program will comply with regulations and statute; Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services, Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services, Title IV, 473 (a)(1)(B) Adoption and Guardianship Assistance Program89, Social Security Act (42 U.S.C 1396(d) 1902(a), 1905(a)(4)(B), and 1905(r)91, 92, 93, 94, Health Care Program for Children in Foster Care – Revised 2024 16, and Provision 21 of the SB 108, and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this HCPCFC Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further agree that this HCPCFC Program may be subject to all sanctions or other remedies applicable if this HCPCFC Program violates any of the above laws, regulations, and policies with which it has certified it will comply.


Tony Kildare, Branch Director Health and Human Services

Authorized Director: Tony Kildare, LCSW, Branch Director Health and Human Services	Signature and Date:  9/10/24
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**Health Care Program for Children in Foster Care (HCPCFC) Administrative Budget  
One-Time Flexibilities  
Budget Summary**

	County/City Name	Fiscal Year
	Yolo	2024-25
<b>Category/Line Item</b>	<b>Total Budget</b>	
I. Total Personnel Expenses	\$342,478	
II. Total Operating Expenses	\$5,008	
III. Total Capital Expenses	\$0	
IV. Total Indirect Expenses	\$23,973	
V. Total Other Expenses	\$0	
<b>Budget Grand Total</b>	<b>\$371,459</b>	

I certify that the HCPCFC Program will comply with all applicable provisions of Welfare Institution Codes (WIC); WIC 5328.04, WIC 369, WIC 16010, 16501, 358.1, 361.5, 366.1, 366.22(b) or 366.22(d)59, 60, 61, 62, 63, 64» Child Welfare Services Program Standards: MPPs 31- 002(10), 31-075 (I 1-2), 31-205 (h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362,31-335 .1, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(j), 31-405.1(k, l,1), and 31-420.1(.7)65, WIC 16001.9(a), WIC 16501.1(g)(4), WIC 739, WIC 1771077, WIC 1772078, WIC 17730-1773879, I further certify that the HCPCFC Program will comply will all applicable Medi-Cal Regulations; California Code of Regulations (CCR), Title 22, 50031; 50157(a), (d), (e), and (f) and 50184(b)80, Health and Safety Code (HSC) 10092581, HSC 10092581, Medi-Cal Foster Care Strategies 88, CCR 5118496, HSC 10095083, WIC 739 - Medical Care for Probation76, Title 42, Code of Federal Regulations (CFR), 440.40and Part 441, Subpart B84, 85, 86, 87. I further certify that this HCPCFC Program will comply with regulations and statue; Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services, Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services, Title IV, 473 (a)(1)(B) Adoption and Guardianship Assistance Program89, Social Security Act (42 U.S.C 1396(d) 1902(a), 1905(a)(4)(B), and 1905(r)91, 92, 93, 94, Health Care Program for Children in Foster Care – Revised 2024 16, and Provision 21 of the SB 108, and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this HCPCFC Program will comply with the Children's Medical Services (CMS) Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further agree that this HCPCFC Program may be subject to all sanctions or other remedies applicable if this HCPCFC Program violates any of the above laws, regulations, and policies with which it has certified it will comply.

Authorized Director: Tony Kildare, LCSW, Branch Director Health and Human Services	Signature and Date:  9/10/24
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