



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Date: June 22nd, 2022

CHDP PROGRAM LETTER NO.: 22-03

TO: Child Health and Disability Prevention Program Directors, Deputy Directors, Medical Consultants, Dependent and Independent County Operations Staff, and Department of Health Care Services Staff.

SUBJECT: Fiscal Year 2022-2023 Allocation for the Child Health and Disability Prevention Program

The purpose of this letter is to provide Child Health and Disability Prevention (CHDP) programs with their individual Fiscal Year (FY) 2022-2023 State General Fund (SGF) allocations. Detailed plan and budget information may be found in the Integrated Systems of Care Division (ISCD) Plan and Fiscal Guidelines (PFG).

This program letter serves as each local program's approved state CHDP administrative budget and enables each local program to use this letter to develop its budget. There will be no budget approval letters issued from ISCD. Local programs that have previously utilized budget approval letters to submit to the county's authorized personnel will be able to utilize the attached allocation notice as documentation and verification of the SGF allocated. Each local program remains responsible for overseeing and tracking its administrative budget expenditures. Each local program is authorized to spend up to the amount designated in the attached funding allocation table.

Acceptance of allocated funds constitutes an agreement that the receiving local program and its agency will comply with all federal and state requirements pertaining to the CHDP program and adhere to all applicable policies and procedures set forth by the Department of Health Care Services.

Periodically, the federal program responsible for oversight of the Medicaid program and related state administrative expenditures, will conduct programmatic audits. Finding of a federal audit exception and subsequent liability for repayment of federal Medicaid funds related to the CHDP program audit exception, are the exclusive and sole responsibility of each local program.

CHDP programs must maintain an audit file. At a minimum this audit file should include:

1. Documentation on required time studies, performed during one or more representative months of the fiscal quarter for each budgeted position claimed under Federal Financial Participation (FFD).
2. Documentation in support of training and travel costs and other claimed operational expenditures.
3. Documentation in support of claimed internal and external overhead costs.

Counties should maintain and be able to produce the audit file to State and Federal regulators within seven (7) calendar days of a request.

Reporting Procedures

PFG required plan and budget reporting must be submitted electronically to the [ISCD Budget Portal](#), no later than 60 days from July 1st, 2022. In FY 2022-2023 CHDP, California Children's Services, and Health Care Program for Children in Foster Care plan and budget reporting will be submitted individually. Local programs should submit their completed FY 2022-2023 CHDP Plan and Budget Reporting Package, utilizing the reporting templates attached to this letter, as two documents:

1. One PDF document, which includes all indicated signatures.
and
2. One Excel workbook, as provided in Attachment 2B.

Contact Information

Requests for current ISCD PFG, programmatic guidance, and clarification of reporting requirements may be directed to the central program inbox CHDPprogram@dhcs.ca.gov. Questions regarding the ISCD Budget Portal may be directed to dhcsscdadmin@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY JOSEPH BILLINGSLEY

Joseph Billingsley, Assistant Deputy Director
Integrated Systems of Care Division

Attachments:

[1. CHDP FY 2022-2023 Allocation Table](#)

[2. CHDP FY 2022-2023 Plan and Budget Reporting Package](#)

- A. CHDP FY 2022-2023 Reporting Checklist & Certification Statement
- B. CHDP FY 2022-2023 Reporting Workbook

Attachment 1

Child Health and Disability Prevention Fiscal Year 2022-2023 Allocation Table (07/01/2022 through 06/30/2023)				
No.	County/City	General Funds	Federal Funds	Total Funds
1	Alameda	356,482	638,755	995, 237
2	Alpine	22,138	34,431	56,568
3	Amador	50,133	75,058	125,192
59	Berkeley	84,043	188,852	272,895
4	Butte	160,164	268,742	428,907
5	Calaveras	46,823	64,630	111,453
6	Colusa	50,062	70,965	121,028
7	Contra Costa	224,037	586,607	810,644
8	Del Norte	48,642	93,928	142,570
9	El Dorado	105,091	155,721	260,811
10	Fresno	416,419	715,690	1,132,109
11	Glenn	68,369	107,344	175,713
12	Humboldt	144,049	282,736	426,785
13	Imperial	160,084	264,283	424,368
14	Inyo	31,061	55,528	86,589
15	Kern	402,303	671,570	1,073,873
16	Kings	143,923	240,757	384,680
17	Lake	93,497	146,113	20239,610
18	Lassen	34,771	59,560	94,331
60	Long Beach	230,963	362,929	593,893
19	Los Angeles	1,709,068	4,037,778	5,746,845
20	Madera	142,851	222,634	365,485
21	Marin	106,915	173,170	280,085
22	Mariposa	28,884	50,997	79,881
23	Mendocino	109,686	159,157	268,843
24	Merced	242,877	433,703	676,580
25	Modoc	48,313	90,997	139,310
26	Mono	28,489	42,924	71,413
27	Monterey	206,155	440,968	647,123
28	Napa	70,432	109,122	179,554
29	Nevada	69,508	104,436	173,944
30	Orange	727,925	1,219,355	1,947,280
61	Pasadena	111,163	220,282	331,446
31	Placer	127,543	185,612	313,155
32	Plumas	64,387	128,548	192,934

Child Health and Disability Prevention Fiscal Year 2022-2023 Allocation Table (07/01/2022 through 06/30/2023)				
No.	County/City	General Funds	Federal Funds	Total Funds
33	Riverside	445,805	651,635	1,097,440
34	Sacramento	422,165	790,207	1,212,372
35	San Benito	87,986	132,773	220,759
36	San Bernardino	569,983	955,645	1,525,628
37	San Diego	580,606	793,034	1,373,640
38	San Francisco	256,154	444,139	700,293
39	San Joaquin	278,991	590,280	869,271
40	San Luis Obispo	126,999	201,663	328,663
41	San Mateo	198,824	386,275	585,099
42	Santa Barbara	246,860	351,415	598,275
43	Santa Clara	338,654	734,790	1,073,444
44	Santa Cruz	141,389	20237,525	378,915
45	Shasta	125,486	205,918	331,405
46	Sierra	28,146	57,296	85,441
47	Siskiyou	34,954	57,498	92,453
48	Solano	141,484	252,057	393,541
49	Sonoma	179,796	296,227	476,022
50	Stanislaus	255,699	449,962	705,660
51	Sutter	105,986	120,986	226,973
52	Tehama	89,440	117,603	207,043
53	Trinity	38,432	55,245	93,676
54	Tulare	237,940	400,022	637,961
55	Tuolumne	68,150	117,215	185,365
56	Ventura	303,401	504,683	808,085
57	Yolo	102,298	166,897	269,195
58	Yuba	42,371	71,876	114,247
Total		12,115,250	21,846,750	33,962,000



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State of California—Health and Human Services Agency
Department of Health Care Services



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**Child Health and Disability Prevention Program
Plan and Budget Reporting Checklist**

County/City: Mendocino	Fiscal Year: 2022-23	Page Number
1. CHDP Plan and Budget Reporting Checklist		1
2. CHDP Certification Statement		2
3. CHDP Organizational Chart		3
4. CHDP New or Revise Memorandum of Understanding and Inter-agency Agreements		NA
5. If Applicable:		
a. Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)		NA
b. Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)		NA
c. Property Survey Report Form (STD 152)		NA
6. CHDP Plan and Budget Reporting Spreadsheet		
a. Agency Information Sheet		4
b. CHDP Memorandum of Understanding and Inter-agency Agreement List		NA
c. CHDP Incumbent List		5
d. CHDP Budget		
i. CHDP Administrative Budget		
– Summary and Worksheet		6
– Budget Narrative		7
ii. Optional County/City - Federal Match Budget		
– Summary and Worksheet		8
– Budget Narrative		9

All items listed here should be submitted to the ISCD Budget Portal as one signed PDF document. In addition, Excel worksheet components of this reporting package should also be submitted as one document. Detailed instruction for each item listed can be found in the Integrated Systems of Care Division Plan and Fiscal Guidelines.



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Department of Health Care Services



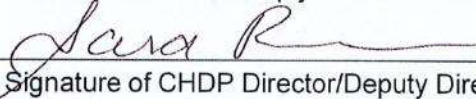
GAVIN NEWSOM
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**Child Health and Disability Prevention Program
Certification Statement**

County/City: Mendocino

Fiscal Year: 2022-23

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.


Signature of CHDP Director/Deputy Director

1/18/23
Date Signed

Signature and Title of Other – Optional

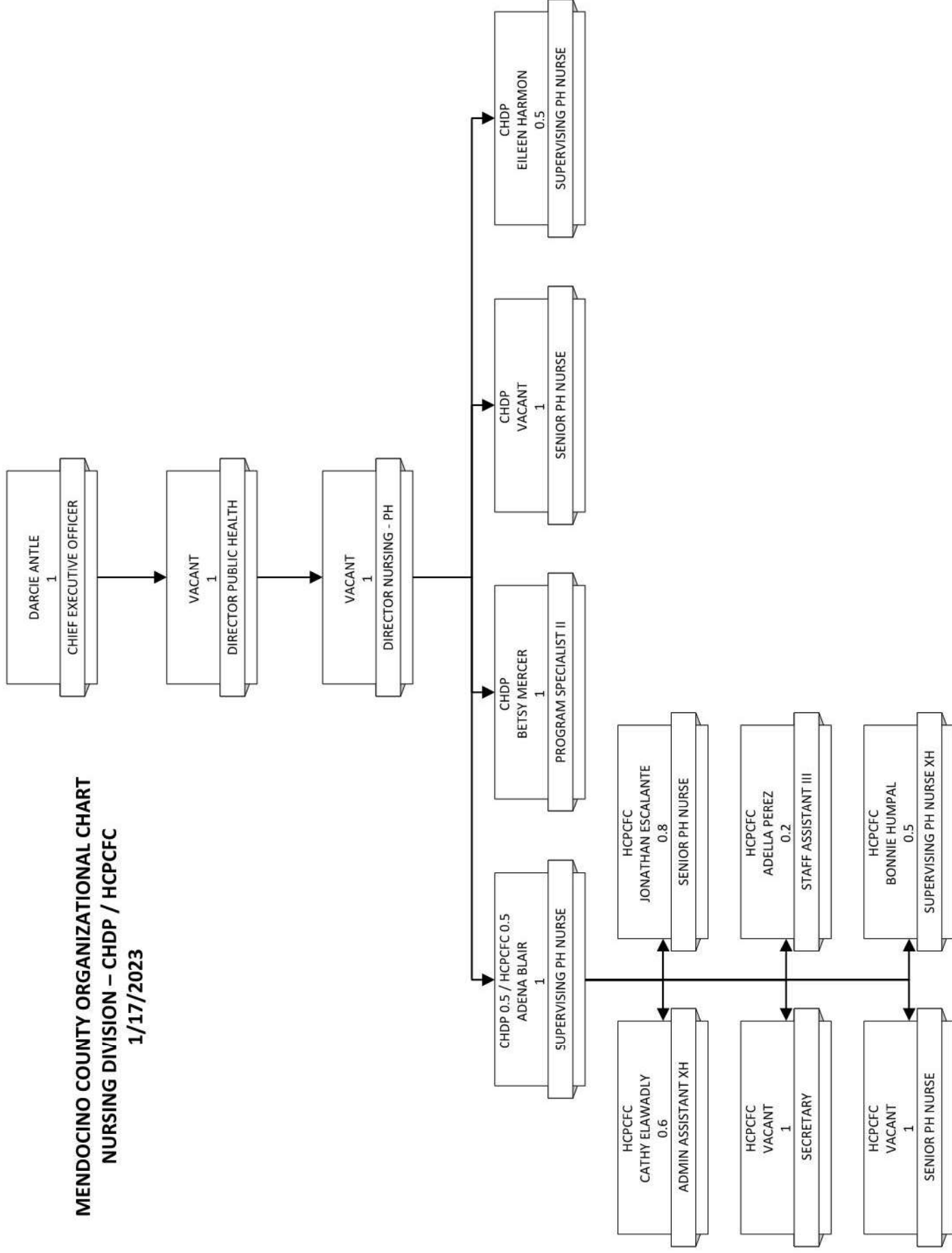
Date Signed

I certify that this plan has been approved by the local governing body.


Signature of Local Governing Body Chairperson

06/20/2023
Date Signed

MENDOCINO COUNTY ORGANIZATIONAL CHART
NURSING DIVISION – CHDP / HPCFC
1/17/2023





State of California—Health and Human Services Agency
Department of Health Care Services

**Child Health and Disability Prevention
 Agency Information**



County/City:	Mendocino	Fiscal Year:	2022-23
Official Agency			
Street Address:	1120 S. Dora Street	Health Officer:	Dr. Andy Coren
City:	Ukiah	Local CHDP	
Zip Code:	95482	Central Inbox:	
CMS Director (if applicable)			
Name:		Street Address:	
Phone:		City:	
Email:		Zip Code:	
CHDP Director			
Name:	Darcie Antle	Street Address:	501 Low Gap Road, Room 1010
Phone:	707-463-4441	City:	Ukiah
Email:	ceo@mendocinocounty.org	Zip Code:	95482
CHDP Deputy Director			
Name:		Street Address:	
Phone:		City:	
Email:		Zip Code:	
Clerk of the Board of Supervisors or City Council			
Name:	Darcie Antle	Street Address:	501 Low Gap Rd. Room 1010
Phone:	707-463-4441	City:	Ukiah
Email:	ceo@mendocinocounty.org	Zip Code:	95482



State of California—Health and Human Services Agency
Department of Health Care Services
Child Health and Disability Prevention
Incumbent List



County/City:	Mendocino	Fiscal Year:	2022-23
List all Child Health and Disability Prevention staff. <small>Please include applicable vacant positions, including AAs.</small>			
Name	Title	Email Address	Other Programs (with FTE % each)
1. Eileen Harmon	Supervising Public Health Nurse	eharmon@mendocinocounty.org	Public Health Nursing Admin 50%
2. Adena Blair	Supervising Public Health Nurse	ablair@mendocinocounty.org	HCPDFC Program 50%
3. Becky Mercer	Program Specialist II	merbeck@mendocinocounty.org	
4. Vacant - Senior Public Health Nurse	Senior Public Health Nurse		
5.			
6.			
7.			
8.			
9.			
10.			
(Insert additional area as needed)			



State of California—Health and Human Services Agency
Department of Health Care Services
Child Health and Disability Prevention
Budget Worksheet



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GOVERNOR

State/Federal Funding Source:		Base										
County/City Name:		Mendocino		Fiscal Year:		2022-23						
Category/Line Item		1A	1B	1	4A	4	5A	5	2A	2	3A	3
		Total Base FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)	CHDP %	Total CHDP Budget	Medi-Cal %	Total Medi-Cal Budget
I. Personnel Expenses												
#	Name											
1	Eileen Harmon	40%	\$106,050	\$42,420	30%	\$12,726	70%	\$29,694				
2	Adena Blair	50%	\$106,050	\$53,025	75%	\$39,769	25%	\$13,256				
3	Betsy Mercer	25%	\$44,203	\$11,051	0%	\$0	100%	\$11,051				
4	Senior Public Health Nurse - Vacant	25%	\$91,270	\$22,818	75%	\$17,113	25%	\$5,704				
5			\$0	\$0		\$0	100%	\$0				
6			\$0	\$0		\$0	100%	\$0				
7			\$0	\$0		\$0	100%	\$0				
8			\$0	\$0		\$0	100%	\$0				
9			\$0	\$0		\$0	100%	\$0				
10			\$0	\$0		\$0	100%	\$0				
(Insert additional rows as needed)												
Total Salaries and Wages				\$129,313		\$89,608		\$59,705		\$0		\$0
Less Salary Savings				\$0		\$0		\$0		\$0		\$0
Net Salaries and Wages				\$129,313		\$89,608		\$59,705		\$0		\$0
Staff Benefits (Specify %)		57%		\$73,708		\$39,677		\$34,032		\$0		\$0
I. Total Personnel Expenses				\$203,021		\$109,285		\$93,737		\$0		\$0
II. Operating Expenses (List in Narrative)												
II. Total Operating Expenses				\$15,067		\$0		\$15,067		\$0		\$0
III. Capital Expenses (List in Narrative)												
III. Total Capital Expenses				\$0				\$0		\$0		\$0
IV. Indirect Expenses												
1. Internal (Specify %)		25%		\$50,755				\$50,755		\$0		\$0
2. External (Specify %)		0%		\$0				\$0		\$0		\$0
IV. Total Indirect Expenses				\$50,755				\$50,755		\$0		\$0
V. Other Expenses												
V. Total Other Expenses				\$0				\$0		\$0		\$0
Budget Grand Total				\$268,843		\$109,285		\$159,559		\$0		\$0
Prepared By		Sign	Print	Department Analyst I	Date	1/18/2023		vargass@mendocinocounty.org				
Authorized CHDP		Sign	Print	Acting Deputy CEO	Date	1/18/2023		perces@mendocinocounty.org				
Program Representative:												

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



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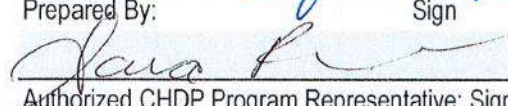
State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Budget Narrative



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State/Federal Funding Source:		Base	
County/City Name: Mendocino		Fiscal Year: 2022-23	
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Utilize nursing staffing for increased Enhanced %			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:	Staff travel for necessary program related duties.		
Training:	Training for necessary program related items for new onboarding staff.		
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:	ICR of 25% in line with approval from State		
External:			
V. Other Expenses			
Identify and Explain All Other Expense Line Items			
	Misc Office Expenses required for program		

Prepared By:		Sofia Vargas	1/18/2023	@mendocinocou
	Sign	Print	Title	Email
		Sara Pierce	1/18/2023	@mendocinocount
	Authorized CHDP Program Representative: Sign	Print	Title	Email



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State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Budget Worksheet



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County/City - Federal Funding Source: County/City-Federal

County/City Name: Mendocino Fiscal Year: 2022-23

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	Total Co-Fed FTE %	Annual Salary	Total Budget	Enhanced FTE %	Enhanced (25/75)	Non-Enhanced FTE %	Non-Enhanced (50/50)
I. Personnel Expenses							
# Name							
1 Eileen Harmon	15%	\$121,762	\$18,264	30%	\$5,479	70%	\$12,785
2 Adena Blair	0%	\$106,050	\$0	0%	\$0	100%	\$0
3 Betsy Mercer	25%	\$44,203	\$11,051	0%	\$0	100%	\$11,051
4 Vacant	25%	\$91,270	\$22,818	75%	\$17,113	25%	\$5,704
5			\$0		\$0	100%	\$0
6			\$0		\$0	100%	\$0
7			\$0		\$0	100%	\$0
8			\$0		\$0	100%	\$0
9			\$0		\$0	100%	\$0
10			\$0		\$0	100%	\$0
(insert additional lines as needed)			\$0		\$0	100%	\$0
Total Salaries and Wages			\$52,133		\$22,592		\$29,540
Less Salary Savings			\$0		\$0		\$0
Net Salaries and Wages			\$52,133		\$22,592		\$29,540
Staff Benefits (Specify %) 57%			\$29,716		\$12,877		\$16,838
I. Total Personnel Expenses			\$81,849		\$35,469		\$46,378
II. Operating Expenses (List in Narrative)							
II. Total Operating Expenses			\$0		\$0		\$0
III. Capital Expenses							
III. Total Capital Expenses			\$0				\$0
IV. Indirect Expenses							
1. Internal (Specify %) 25%			\$20,462				\$20,462
2. External (Specify %) 0%			\$0				\$0
IV. Total Indirect Expenses			\$20,462				\$20,462
V. Other Expenses							
V. Total Other Expenses			\$0				\$0
Budget Grand Total			\$102,311		\$35,469		\$66,840

Prepared By: Sofia Vargas Department Analyst I 1/18/2023 vargass@mendocinocounty.org
 Sign Print Title Date Email
 Authorized CHDP Program Representative: Sara Pierce Acting Deputy CEO 1/18/2023 pierces@mendocinocounty.org
 Sign Print Title Date Email

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



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State of California—Health and Human Services Agency
Department of Health Care Services

Child Health and Disability Prevention
Budget Narrative



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State/Federal Funding Source:		County/City-Federal Match	
County/City Name: Mendocino		Fiscal Year: 2022-23	
I. Personnel Expenses			
Identify and Explain Any Changes in Personnel/Personnel Expenses			
Manager and staff exceed allocaiton.			
II. Operating Expenses			
Identify and Explain All Operating Expense Line Items			
Travel:			
Training:			
III. Capital Expenses			
Identify and Explain All Capital Expense Line Items			
IV. Indirect Expenses			
Identify and Explain All Indirect Expense Line Items			
Internal:			
External:			
V. Other Expenses			
Identify and Explain All Other Expense Line Items			

	Sofia Vargas	0	1/18/2023	ass@mendocinocount
Prepared By:	Sign	Print	Title	Date
	Sara Pierce	Acting Deputy CEC	1/18/2023	es@mendocinocount
Authorized CHDP Program Representative:	Sign	Print	Title	Date
				Email



GAVIN NEWSOM
GOVERNOR

2022-23

1

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
DEPARTMENT HEAD

Date: Mar 8, 2023

Budgeted: ☒ Yes ☐ No

Budget Unit: 4080

Line Item: 82-5490

Org/Object Code: CHDPADM

Grant: ☐ Yes ☒ No

Grant No.: Allocation


COUNTY OF MENDOCINO

By: 
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 06/20/2023

ATTEST:

DARCIE ANTLE, Clerk of said Board

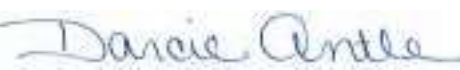
By: 
Deputy 06/20/2023

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 06/20/2023

INSURANCE REVIEW:

By: 
Risk Management

Date: 03/03/2023

CONTRACTOR/COMPANY NAME

By: N/A - Allocation
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Department of Health Care Services,
Integrated Systems of Care Division
1515 K Street, Suite 400
Sacramento, CA 95814;
P.O. Box 997413, MS 4502
Sacramento, CA 95899-7413
(916) 552-9105
CHDPprogram@dhcs.ca.gov

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:


APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: 
Deputy

Date: 03/03/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 03/03/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐ N/A

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: N/A State Allocation _____