THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS ACTION AGENDA SUMMARY

BOARD AGENDA # *B-8 AGENDA DATE October 20, 2009 4/5 Vote Required YES NO
4/5 Vote Required YES NO
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ces (CCS) and Child Health and Disability
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n the Certification Statements for California ntion programs.
2,058,814 in State and Federal funding and od Disability Prevention program is funded by unty match of \$159,911. Appropriations and 2010 budget. There is no additional impact to
N. 2000 000
No. 2009-698
ded by SupervisorQ'Brien nairman DeMartini

Mostare Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval of the Stanislaus County California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) Plans for 2009-2010

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DISCUSSION:

The California Children's Services (CCS) and the Child Health and Disability Prevention (CHDP) programs are State mandated and operated under State and Federal guidelines. Every county in the State of California is required to have CCS and CHDP programs.

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with certain physical limitations and chronic health conditions or diseases. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, cancer, traumatic injuries and infectious diseases. CCS also provides medical therapy services that are delivered at public schools.

Children eligible for CCS must be residents of California, have CCS eligible conditions, and have family adjusted gross income of \$40,000 or less in the most recent tax year. Children in families with higher incomes may still be eligible for CCS if the estimated cost of care to the family in one year is expected to exceed 20 percent of the family's adjusted gross income. In addition, the CCS program is responsible for authorization of medically necessary services and medical case management of Medi-Cal beneficiaries with no share of cost who meet CCS medical and age criteria.

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment. The CHDP program also oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The eligible population for the CHDP Program includes all Medi-Cal eligible children/youth under age 21 and low-income non-Medi-Cal eligible children/youth under age 19 with family incomes below 200 percent of the federal income guidelines.

The CHDP Program is responsible for resource and provider development to ensure that high quality services are delivered and available to eligible children/youth. In addition, the program informs the target populations to increase their participation, and community agencies and residents to increase the knowledge and acceptance of preventive services.

Local CHDP programs are also responsible for carrying out community activities which include planning, evaluation and monitoring, case management, providing health education materials, provider recruitment, quality assurance, and client support services

Approval of the Stanislaus County California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) Plans for 2009-2010

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such as assistance with transportation and medical, dental, and mental health appointment scheduling and encouraging the completion of an application for ongoing health care coverage. Local CHDP Programs are also responsible for oversight of the Health Care Program for Children in Foster Care (HCPCFC).

State and local CHDP programs maximize the use of federal funds and use state and/or county/city funds to match funds claimable under Title XIX of the Social Security Act. Services and administrative support costs claimable under federal law may include but are not limited to outreach, health education, case management, resource development, training at state and local levels. Any federal funds received are used to augment, not replace funds appropriated from State General Fund (Health and Safety Code, Section 124075).

In order to receive State and Federal funds for the CCS and CHDP program, the Chairman of the Board of Supervisors is required to certify program compliance with Federal and State laws and regulations related to the Health and Safety Code, Welfare and Institutions Code, Children's Medical Services Plan and Fiscal Guidelines Manual, and Titles V and XIX of the Social Security Act. This must be done on an annual basis as the certification is valid for one year.

POLICY ISSUES:

Approval of this item supports the Board of Supervisors' priority of a healthy community through the provision of healthcare and case management services for children in Stanislaus County.

STAFFING IMPACT:

Existing staff of the Health Services Agency will perform services associated with this item.

Certification Statement - California Children's Services (CCS)

County/City:	Stanis laus	Fiscal Year: 2009-10	
I certify that the CCS Program will comply with all applicable provisions of Health and S afety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or r egulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and re gulating recipients of funds granted to st ates for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the M aternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.			
Za Mali	Jan Hills	9/16/2	
Signature of CC	S Administrator	Date Signed	
Elwa	rethin II (m	9/21/09	
Signature of Dir	ector or Health Officer	Date Signed	
Signature and T	itle of Other – Optional	Date Signed	
_			
I certify that this plan has been approved by the local governing body.			
fin .	De Porta	10-20-09	
Signature of Loc	cal Governing Body Chairperson	Date	

Certification Statement - Child Health and Disability Prevention (CHDP) Program

County/City: 5 Laws (aws)	Fiscal Year: 2009-10		
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 S ection 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 Children's Medical Services 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.			
Migmen Lain	9-15-2009		
Signature of CHDP Director	Date Signed		
Colernath Il (ne)	9/21/09		
Signature of Director or Health Officer	Date Signed		
Signature and Title of Other – Optional	Date Signed		
I certify that this plan has been approved by	the local governing body.		
07	10-20-01		
Signature of Local Governing Body Chairpers			
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