

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

DEPT: Health Services Agency

BOARD AGENDA #: *B-7

AGENDA DATE: November 22, 2016

SUBJECT:

Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2016-2017

BOARD ACTION AS FOLLOWS:

No. 2016-575

On motion of Supervisor Withrow, Seconded by Supervisor O'Brien
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:

ATTEST:


ELIZABETH A. KING, Clerk of the Board of Supervisors

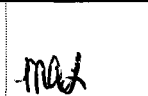
File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM**

DEPT Health Services Agency
Urgent Routine

BOARD AGENDA #: *B-7

AGENDA DATE: November 22, 2016



CEO
CONCURRENCE: *pht*

4/5 Vote Required: Yes No

SUBJECT:

Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2016-2017

STAFF RECOMMENDATIONS:

1. Approve the Stanislaus County California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) Plans for Fiscal Year 2016-2017.
2. Authorize the Chairman of the Board of Supervisors to sign the Certification Statements for the California Children's Services and Child Health and Disability Prevention programs.

DISCUSSION:

California Children's Services (CCS) is a statewide program and is administered by local counties as mandated by the California Health and Safety Code 123800 et seq., the Welfare and Institutions Code, and the Code of Regulations (Title 22, Section 51013). Assembly Bill (AB) 948, the realignment legislation passed in 1992, mandated that the state and counties share the cost of providing specialized medical care and rehabilitation to physically handicapped children through allocations of State General Fund and county monies. The cost sharing split for these services as well as the cost sharing for the administration of the program varies based on eligible patient mix and service type.

The CCS program is a state-mandated program providing medical case management to children under the age of 21 with chronic and life-threatening medical conditions. The CCS program staff determines medical, residential, and financial eligibility for clients in order to authorize diagnostic, treatment, and therapy services to eligible clients. CCS program staff also assists providers with claim issues, and maintains data as required by the state. Annually the Stanislaus County CCS program provides services to approximately 3,200 children.

The Medical Therapy Program (MTP) is the component of CCS through which MTP physical and occupational therapists provide direct medically necessary therapy services to eligible clients. Medical Therapy Units are located in public schools under an agreement with the Special Education Local Planning Agency. The Health Services Public Health MTP provides services to approximately 500 physically disabled children.

Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2016-2017

The CHDP provides health assessments to Medi-Cal covered children under age 21, and to children from low-income families. State statutes established that each county will have an administrative unit which will oversee the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment program for Medi-Cal eligible children and youth. The local CHDP administrative units are also mandated to provide program administration, technical assistance, site reviews, provider performance improvement, interagency collaboration, outreach to the community, budget development, data collection, and resource development to include recruitment, informing and training providers; care coordination for eligible clients to include follow-up and referrals; outreach to local agencies and programs; coordination with Medi-Cal Managed Care Plans.

In order to continue to receive state and federal funds for the CCS, MTP, and CHDP programs, 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 Title V and XIX of the Social Security Act. This must be done on an annual basis as the certification is valid for one year. The last certification was signed following Board of Supervisors approval on February 2, 2016.

POLICY ISSUE:

The CHDP program is state mandated and legislative guidelines include: California Code of Regulations (CCR), Title 17, Section 6800 through 6874; CCR Title 22, Section 51340 and 51532; Health and Safety Code, Sections 104395, 105300, 105305, 120475, and 124025 through 124110. Approval of this recommendation enables the County to remain in compliance with these mandates.

FISCAL IMPACT:

The Health Services Agency (Agency) Public Health division has an approved budget of \$26 million for Fiscal Year 2016-2017. The CCS (including MTP) and the CHDP programs are funded by Federal, State, Public Health Realignment and mandated County Match dollars totaling \$6,765,440, all of which was included in the approved Fiscal Year 2016-2017 budget. The CCS program presents the potential for fiscal exposure for the County due to actual utilization of services. The sharing of fiscal exposure with the State varies by eligibility category within the CCS program, but is limited to a high of 50% of County responsibility. Based on the expected level of funding and historical utilization trends, the Agency does not anticipate the need for additional funding. If in the unforeseen event that occurred, the Public Health division fund balance could be a source of funding rather than the County General Fund.

Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2016-2017

Cost of recommended action:	\$ 6,765,440
Source(s) of Funding:	
County Match	\$ 53,759
PH Realignment	\$ 1,983,349
State and Federal	\$ 4,728,332
Funding Total:	<u>\$ 6,765,440</u>
Net Cost to County General Fund	<u><u>\$ -</u></u>

Fiscal Year:	2016/2017
Budget Adjustment/Appropriations needed:	No

Fund Balance as of September 30, 2016 \$ 8,187,016

BOARD OF SUPERVISORS' PRIORITY:

This recommended action supports the Board of Supervisors' priority of a Healthy Community through the provision of healthcare and case management services for eligible children in Stanislaus County.

STAFFING IMPACT:

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

CONTACT PERSON:

Rebecca Nanyonjo-Kemp, Dr.PH (209) 558-8045

ATTACHMENT(S):

1. Certification Statement – CA Children's Services Program
2. Certification Statement – Child Health & Disability Prevention Program

Attachment 1

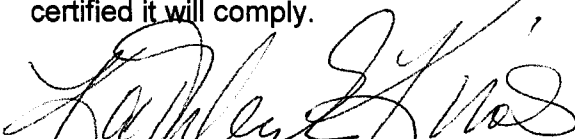
Children's Medical Services Plan and Fiscal Guidelines

Certification Statement - California Children's Services (CCS)

County/City: Stanislaus County

Fiscal Year: 2016-17

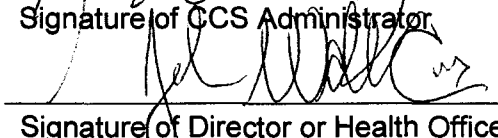
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations 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 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.) and recipients of funds allotted to states for the Maternal 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.



Signature of CCS Administrator

9/29/16

Date Signed



Signature of Director or Health Officer

9/29/16

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

11/22/2016

Date

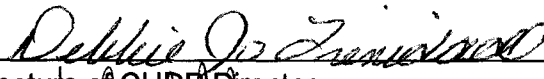
Attachment 2

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


County/City: Stanislaus County

Fiscal Year: 2016-17

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 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.


Signature of CHDP Director

9/30/16
Date Signed


Signature of Director or Health Officer

9/29/16
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

11/22/2016
Date