

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

DEPT: Health Services Agency

BOARD AGENDA #: \*B-5

AGENDA DATE: November 21, 2017

**SUBJECT:**

Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2017-2018

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**BOARD ACTION AS FOLLOWS:**

No. 2017-656

On motion of Supervisor Olsen , Seconded by Supervisor DeMartini  
and approved by the following vote,

Ayes: Supervisors: Olsen, Monteith, DeMartini, and Chairman Chiesa

Noes: Supervisors: None

Excused or Absent: Supervisors: Withrow

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

ATTEST: Elizabeth A. King  
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-5  
AGENDA DATE: November 21, 2017

*in VR*

CEO  
CONCURRENCE: *phk*

4/5 Vote Required: Yes  No

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**SUBJECT:**

Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2017-2018

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**STAFF RECOMMENDATIONS:**

1. Approve the Stanislaus County California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) Plans for Fiscal Year 2017-2018.
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:**

The California Children's Services (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. Stanislaus County MTP provides services to approximately 500 physically disabled children.

The Child Health and Disability Prevention (CHDP) program 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 (EPSDT) program for Medi-Cal eligible children and youth. The local CHDP administrative units are 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 and the informing and training of providers; care coordination for eligible clients to

## Approval of the Stanislaus County California Children's Services and Child Health and Disability Prevention Plans for Fiscal Year 2017-2018

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include follow-up and referrals; outreach to local agencies and programs; and coordination with Medi-Cal Managed Care Plans.

### **POLICY ISSUE:**

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 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 and Health and Safety Code, Sections 104395, 105300, 105305, 120475, and 124025 through 124110.

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 November 22, 2016.

### **FISCAL IMPACT:**

Included within the Public Health operations are the California Children Services (CCS) program as well as the Child Health and Disability Prevention program (CHDP). Funding for these programs is provided by federal and state as well as county mandated match funds and is included in the Health Services Agency's Fiscal Year 2017-2018 approved budget; hence there is no additional impact to the County General Fund associated with approval of the CCS, MTP and CHDP program plans and related items.

The budget for the CCS and MTP programs for Fiscal Year 2017-2018 totals \$6,183,038 and has the following projected funding sources: \$1,915,686 in federal funding, \$2,712,172 from the state and \$1,555,180 from county monies, including realignment funds. While there is a potential for fiscal exposure for the county due to utilization, based on the stated level of funding as well as historical trends, the Agency does not anticipate the need for any additional funding. The sharing of fiscal exposure with the state varies by eligibility category within the CCS program, but is limited to a high of 50% county responsibility.

The CHDP program costs are included in the Agency's Fiscal Year 2017-2018 budget and are funded by \$559,861 in federal funding, \$351,354 in state funding, and \$25,883 in county dollars.



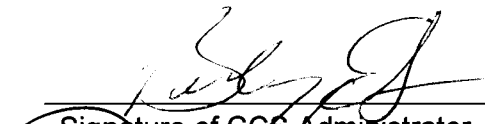
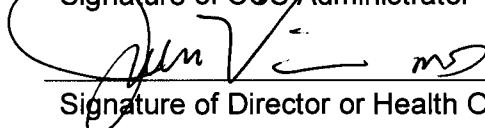
**Attachment 1**  
**California Children's Services**

Children's Medical Services Plan and Fiscal Guidelines

**Certification Statement - California Children's Services (CCS)**

County/City: Stanislaus County Fiscal Year: 2017-18

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	<u>10/30/17</u> _____ Date Signed
 _____ Signature of Director or Health Officer	<u>10/30/17</u> _____ 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	<u>11/21/17</u> _____ Date
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**Attachment 2**  
**Child Health and Disability Prevention**  
**Program**

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

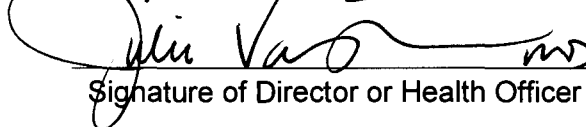
County/City: Stanislaus County

Fiscal Year: 2017-18

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

10/30/17  
\_\_\_\_\_  
Date Signed

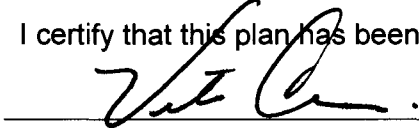
  
\_\_\_\_\_  
Signature of Director or Health Officer

10/30/17  
\_\_\_\_\_  
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

11/21/17  
\_\_\_\_\_  
Date