



AGENDA ITEM NO.

C-5

COUNTY OF HUMBOLDT

For the meeting of: November 10, 2015

Date: October 21, 2015

To: Board of Supervisors

From: Phillip R. Crandall, Director *Spuchley*
Department of Health and Human Services – Public Health

Subject: Certification of Compliance for the Child Health Disability Prevention and California Children's Services Programs for Fiscal Year 2015-16

RECOMMENDATION(S):

That the Board of Supervisors:

1. Authorize the Chair of the Board to sign the Certification Statements for the Child Health and Disability Prevention and California Children's Services Programs.
2. Direct the Clerk of the Board to return the two signed original Certification Statements to Public Health for submission to the State Department of Health Care Services.

SOURCE OF FUNDING:

Public Health Fund

DISCUSSION:

The Department of Health and Human Services – Public Health – Maternal, Child and Adolescent Health Division (MCAH) has been administering the Child Health and Disability Prevention (CHDP) and California Children's Services (CCS) programs locally since 1980.

CHDP is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. In Humboldt County, health assessments are provided by enrolled private physicians, community clinics, managed care

Prepared by Anne Davis-Gervan, AA II *ASW* CAO Approval *E. G. H. D. S.*

REVIEW:	Auditor <i>AL</i>	County Counsel _____	Personnel _____	Risk Manager <i>KW</i>	Other _____
---------	-------------------	----------------------	-----------------	------------------------	-------------

TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other _____

PREVIOUS ACTION/REFERRAL:

Board Order No. C-11; C-8

Meeting of: 11/12/13; 11/4/14

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Lovelace* Seconded by Supervisor *Sundberg*

Ayes *Sundberg, Lovelace, Fennell, Bohn*

Nays _____

Abstain _____

Absent *Bass*

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Nov. 10, 2015
By: *John Hartwell*
Kathy Hayes, Clerk of the Board

plans, and American Indian health services.

CCS is a statewide program that authorizes diagnosis and treatment for financially eligible children with certain physical limitations and chronic health conditions or diseases. In addition, CCS authorizes the purchase of specific medical services and equipment, and provides physical and occupational therapy through the Medical Therapy Program. These services are provided at the Medical Therapy Unit located at the Glen Paul School site in Eureka.

The State Department of Health Care Services – Children’s Medical Services Branch (CMS) requires an annual application process for the provision of CHDP and CCS services to Humboldt County with certification by the County Board of Supervisors. By signing these two Certification Statements, Humboldt County certifies that the CHDP and CCS programs will comply with the CMS Plan and Fiscal Guidelines for Fiscal Year 2015-16. The recommendations before your Board today will allow CCS and CHDP to continue to provide these services to the community and receive quarterly reimbursement.

FINANCIAL IMPACT:

The CHDP and CCS programs are funded by CMS each year through a combination of Federal and State Funds. The approved county budget for the CCS Program residing in fund 1175, budget unit 493 has sufficient appropriations to cover the total allocation of \$826,980 for Fiscal Year 2015-16. The approved county budget for the CHDP program residing in fund 1175, budget unit 418 also has sufficient appropriations to cover the total allocation of \$424,931 for Fiscal Year 2015-16. Approval of the certification statements and submission of the CMS packet will enable reimbursement for CCS and CHDP services.

The recommendation before your Board supports the County’s strategic framework by providing services to vulnerable populations.

OTHER AGENCY INVOLVEMENT:

The CMS Branch of the State Department of Health Care Services funds the CCS and CHDP programs.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose not to sign the certification statements. However, this would result in program elimination as Board certification is required to complete the CMS annual services plan and receive quarterly reimbursement for services provided.

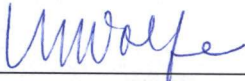
ATTACHMENTS:

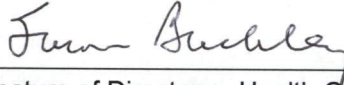
1. CHDP Certification Statement
2. CCS Certification Statement

Certification Statement - California Children's Services (CCS)

County/City: Humboldt/Eureka	Fiscal Year: 2015-16
-------------------------------------	-----------------------------

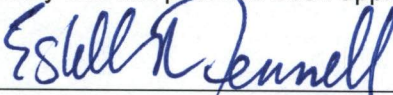
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules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

	10/14/15
Signature of CCS Administrator	Date Signed

	10.22.15
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.

	11-10-2015
Signature of Local Governing Body Chairperson	Date