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

MICHELLE BAASS
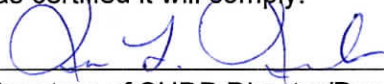*DIRECTOR*

GAVIN NEWSOM
GOVERNOR

Child Health and Disability Prevention Program
Certification Statement

County/City: Humboldt   **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.

_____   1-19-22
Signature of CHDP Director/Deputy Director   Date Signed

_____   7-20-2022
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   Date Signed