



MICHELLE BAASS
DIRECTOR

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



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.

[Signature] 7-19-22
Signature of CHDP Director/Deputy Director Date Signed

M. Blanchard 7-20-2022
Signature and Title of Other – Optional Date Signed

I certify that this plan has been approved by the local governing body.

Wynne Bass 8/30/22
Signature of Local Governing Body Chairperson Date Signed



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 Department of Health Care Services



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**Health Care Program for Children in Foster Care
 Certification Statement**

County/City: Humboldt

Fiscal Year: 2022-23

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal 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 certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the Integrated Systems of Care Plan and Fiscal Guidelines Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

[Handwritten Signature]

7-19-22

Signature of HCPCFC Director/County Authorized Representative

Date Signed

[Handwritten Signature]

7.22.22

Signature of Director or Health Officer

Date Signed

M. Blanchard

7-20-2022

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Wynne Bass

8/30/22

Signature of Local Governing Body Chairperson

Date Signed



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Department of Health Care Services



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 GOVERNOR

**California Children's Services
 Certification Statement**

County/City: Humboldt

Fiscal Year: 2022-23

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 Integrated Systems of Care 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.

U Wolfe 7/19/22
 Signature of CCS Administrator Date Signed

[Signature] 7.22.22
 Signature of Director or Health Officer Date Signed

M. Blanchard 7-20-2022
 Signature and Title of Other – Optional Date Signed

I certify that this plan has been approved by the local governing body.

Ugnie Bars 8/30/22
 Signature of Local Governing Body Chairperson Date Signed