

DEPARTMENT: Public Health BY: Charles B. Mosher, MD, Health Officer PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No_x__)

Recommend resolution approving Children's Medical Services (CMS) Plan and Budget Justification for Fiscal Year 1999 - 2000 in the amount of \$21,595 for California Children Services (CCS) and \$47,289 for Child Health and Disability Program (CHDP) and authorizing Chairperson and Health Officer to sign State certification.

The CCS Program provides payment for services for children with medically eligible conditions, including diagnosis, treatment and school-based therapy services for physically handicapped children. State and County are to share in the administrative costs (H&S Code 268[a]) and Diagnosis Therapy and Treatment (DTT) of the CCS Program at the local level (H&S Code 265[a][b][d]). The County of Mariposa is responsible for 50% of administrative cost of the non-Medi-Cal County caseload (County \$2,618; State \$2,619; Medi-Cal \$16,367) and 50% of the DTT up to \$37,953 (County \$18,977; State \$18,976). County is required to submit the Administrative Budget Request (H&S Code 268[e][2]).

The County contracts directly with the State CHDP Office for administration of the CHDP Program which provides health assessment for the early detection and prevention of disease and disabilities in children. State Law (H&S 321.2) requires each County to have a CHDP Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

These ongoing programs, CCS and CHDP, are State-mandated. The State combined these two programs into Childrens Medical Services (CMS).

Board approved CMS Program Grant Application for Fiscal Year 1998-1999 on November 17, 1998, Resolution No. 98-416.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

- 1. Fund entire program from General Fund.
2. Direct staff to modify program budget request.
3. Elimination of these mandated programs may be a violation of H&S Codes.

COSTS: () Not Applicable
A. Budgeted current FY \$ 68,884
B. Total anticipated costs \$ 68,884
C. Required additional funding \$ 0
D. Internal transfers \$

SOURCE: () 4/5ths Vote Required
A. Unanticipated revenues \$
B. Reserve for contingencies \$
C. Source description:
Balance in Reserve for Contingencies, if approved: \$

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:
Res. No.: 99-340 Ord. No.
Vote - Ayes: 4 Noes:
Absent: 1 Abstained:
Approved: 3 Denied:
Minute Order Attached () No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

- This item on agenda as:
Recommended
Not Recommended
For Policy Determination
Submitted with Comment
Returned for Further Action


The foregoing instrument is a correct copy of the original on file in this office.
Date:
ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: Deputy

Comment:
A.O. Initials:

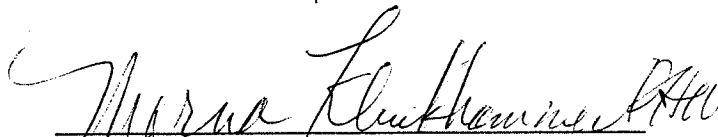
County/City: Mariposa
CMS Plan Fiscal Year: 1999/2000

III. CERTIFICATION STATEMENT


The undersigned certify that (1) the statements herein are true and complete to the best of their knowledge; (2) this community's CHDP and CCS programs will comply with all federal and state policies and legal requirements pertaining to the CHDP and CCS programs; (3) the undersigned agree to provide the California Department of Health Services the required program reports, reports of budgets, program and personnel changes, and access to all fiscal and program records for purposes of audit and review by state and federal staff and, (4) this plan and justification become a public document as prescribed by the California Public Records Act of 1968.


Signature of CHDP Director

11-1-99
Date


Signature of CCS Administrator

11-1-99
Date

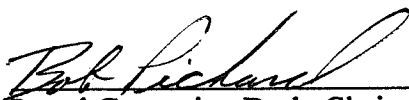

Signature of Director/Health Officer

11-1-99
Date

Signature & Title of Other (Optional)

Date

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


Local Governing Body Chairperson

11-30-99
Date