



MARIPOSA COUNTY

Health · (209) 966-3689



RESOLUTION - ACTION REQUESTED 2016-621

MEETING: December 6, 2016
TO: The Board of Supervisors
FROM: Eric Sergienko, Health Officer
RE: CMS Plan and Budget for Fiscal Year 2016-2017

RECOMMENDATION AND JUSTIFICATION:

Approve the Children's Medical Services (CMS) Plan and Budget Justification for Fiscal Year 2016-2017 in the Amount of \$226,357; and Authorize the Board of Supervisors Chair to Sign the Child Health and Disability Prevention (CHDP) and California Children's Services (CCS) Certification Statements.

This Plan and Budget Encompasses \$128,753 for the CCS program, \$85,559 for CHDP program, and \$12,045 for the Health Care Program for Children in Foster Care (HCPCFC) Program.

The CCS Program provides payment for services for children with medically eligible conditions, including diagnosis, treatment and services for physically handicapped children. State and County must by law, share in the administrative costs (H&S Code 268[a]) and Diagnosis Therapy and Treatment (DTT) Services 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 costs of the non-Medi-Cal County case-load (County \$14,970, State \$14,970), and 50% of the DTT (County \$18,977, State \$18,977).

The County works 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 of children. State Law (H&S 321.2) requires each County to have a CHDP Program.

The Health Care Program for HCPCFC provides for a Foster Care Public Health Nurse (PHN) under Section 16501.3(b) of the Welfare and Institutions Code. Our Foster Care Nurse works at Human Services two days a week.

These on-going programs, [CCS, CHDP, and HCPCFC], are State-mandated. The State has combined these three programs into CMS.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously approved and signed last Fiscal Year 2015-2016 Plan and Budget and

signed the Certification Statement on December 8, 2015 with Resolution Number 2015-575.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Direct staff to modify program budget request.
2. Elimination of these mandated programs may be a violation of State Law.

FINANCIAL IMPACT:

Amount included in the Fiscal Year 2016-2017 budget is \$226,357

ATTACHMENTS:

Mariposa County Children's Medical Services Plan and Budget Fiscal Year 2016-2017 (PDF)

CAO RECOMMENDATION

Requested Action Recommended



Mary Hodson, CAO

11/28/2016

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]

MOVER: Marshall Long, District III Supervisor


SECONDER: Merlin Jones, District II Supervisor

AYES: Smallcombe, Jones, Long, Cann, Carrier

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


County/City: Mariposa County	Fiscal Year: 2016-2017
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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.

	11/9/16
Signature of CHDP Deputy Director	Date Signed

	11/10/16
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.	
	12-9-16
Signature of Local Governing Body Chairperson	Date


APPROVED AS TO FORM:



STEVEN W. DAHLEM
 COUNTY COUNSEL

Certification Statement - California Children's Services (CCS)


County/City: Mariposa County	Fiscal Year: 2016-2017
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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.

	11/8/16
Signature of CCS Administrator	Date Signed

	11/10/16
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.	
	12-9-16
Signature of Local Governing Body Chairperson	Date

APPROVED AS TO FORM:


STEVEN W. DAHLEM
COUNTY COUNSEL