

MARIPOSA COUNTY

HHS/Public Health · (209) 966-2000



RESOLUTION - ACTION REQUESTED 2019-65

MEETING: February 5, 2019
TO: The Board of Supervisors
FROM: Chevon Kothari, Health and Human Services Director
RE: CMS Plan and Budget for Fiscal Year 2018-2019

RECOMMENDATION AND JUSTIFICATION:

Approve the Children's Medical Services (CMS) Plan and Budget Justification for Fiscal Year 2018-2019 in the Amount of \$196,406; 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 \$92,326 for the CCS Program, \$70,755 for CHDP Program, \$14,029 for the Health Care Program for Children in Foster Care (HCPCFC) Program, \$12,706 for Health Care Program for Children in Foster Care Psychotropic Medication Monitoring and Oversight (HCPCFC-PMM&O) Program and \$6,590 for the new Health Care Program for Children in Foster Care (HCPCFC) Caseload Relief 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 \$4,821, State \$4,821), 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.

The HCPCFC-PMM&O program include the collaboration between HCPCFC Public Health Nurse and Child Welfare Services and Probation in following the health management of Foster Children regarding psychotropic medications use following the parameters described in the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care.

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The HCPCFC-Caseload Relief Program is new this Fiscal Year to CMS and assist local HCPCFC programs in reducing PHN caseloads.

These on-going programs, [CCS, CHDP, HCPCFC, HCPCFC-PMM&O and HCPCFC Caseload Relief], are State-mandated. The State has combined these five programs into CMS.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board previously approved and signed Fiscal Year 2017-2018 Plan & Budget on November 14, 2017 with Board Resolution Number 2017-772. On December 6, 2016 the Board of Supervisors approved and signed Fiscal Year 2016-2017 with Resolution Number 2016-621.

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 2018-2019 budget is \$196,406.

ATTACHMENTS:

CMS CCS Plan and Budget FY 2018-2019 (PDF)

CMS CHDP Plan and Budget Fiscal Year 2018-2019 (PDF)

HCPCFC, PMM&O and Caseload Relief Plan & Budget Fiscal Year 2018-2019 (PDF)

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]

MOVER: Marshall Long, District III Supervisor

SECONDER: Rosemarie Smallcombe, District I Supervisor


AYES: Rosemarie Smallcombe, Marshall Long, Kevin Cann, Miles Menetrey


EXCUSED: Merlin Jones

Certification Statement - California Children's Services (CCS)

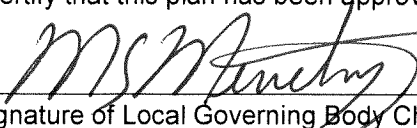
County/City: Mariposa County	Fiscal Year: 2018-2019
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I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 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.

	<i>5 OCT 2018</i>
Signature of CCS Administrator	Date Signed

	<i>5 OCT 2018</i>
Signature of Director or Health Officer	Date Signed

<i>NA</i>	
Signature and Title of Other – Optional	Date Signed

I certify that this plan has been approved by the local governing body.	
	<i>FEB 7 2019</i>
Signature of Local Governing Body Chairperson	Date


APPROVED AS TO FORM:



 STEVEN W. DAHLEM
 COUNTY COUNSEL

Certification Statement - California Children's Services (CCS)

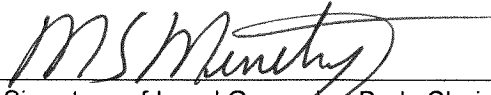
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	JULY 2019
Signature of CCS Administrator	Date Signed

	JULY 2019
Signature of Director or Health Officer	Date Signed

NA	
Signature and Title of Other – Optional	Date Signed

I certify that this plan has been approved by the local governing body.	
	FEB 7, 2019
Signature of Local Governing Body Chairperson	Date

APPROVED AS TO FORM:


 STEVEN W. DAHLEM
 COUNTY COUNSEL