



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

ALLEN ISHIDA  
District One

PETE VANDER POEL  
District Two

PHILLIP A. COX  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** November 17, 2015

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

CONTACT PERSON: Karen Elliott    PHONE: 624-8000

**SUBJECT:** Approval of Annual Certification Statements for Children's Medical Services programs.

**REQUEST(S):**

That the Board of Supervisors:

1. Approve the annual Certification Statements for California Children's Services (CCS), Child Health and Disability Prevention (CHDP) Program and Healthcare Program for Children in Foster Care (HCPFCFC) for Fiscal Year 2015/2016, retroactive to July 1, 2015. These statements are retroactive due to inadvertent delays in obtaining authorized signatures. It was impracticable for the Board to take action before July 1, 2015 due to the time needed to process, prepare, and submit the agenda item;
2. Find that the Board had authority to approve the annual Certification Statements as of July 1, 2015 and that it was in the County's best interest to approve the statements on that date; and
3. Authorize the Chairman of the Board to sign three (3) copies each of the annual Certification Statements.

**SUMMARY:**

CCS is a State mandated program which provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible conditions. Families must meet

**SUBJECT:** Approval of Annual Certification Statements for Children's Medical Services Programs.

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financial, residential, and medical eligibility requirements. This program has an active caseload of over 4,600 clients.

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth.\* The eligible population for the CHDP program includes all Medi-Cal eligible from birth through 20 years of age and low-income non Medi-Cal eligible from birth through 18 years of age with family incomes at or below 200 percent of the federal poverty level. More than 95,000 CHDP visits were provided last year through the enrolled physicians, clinics and partners within the county.

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located within the Child Welfare Services program and probation department. The objectives of the HCPCFC are to identify, respond to, and enhance the physical, mental, dental, and developmental well-being of children and youth in foster care through close collaboration and cooperation among a multidisciplinary, interdepartmental team. The CHDP program is administratively responsible for the HCPCFC.

The Certification Statements are necessary in order to ensure that the local programs are aware that they may be subject to sanctions and other remedies if they do not comply with all applicable State and Federal laws and regulations, and the Plan and Fiscal Guidelines Manual.

**FISCAL IMPACT/FINANCING:**

The following are the combined State and Federal allocations for Fiscal Year 2015/2016: CCS allocation is \$2,836,951; CHDP allocation is \$633,845, and the Health Care Program for Children in Foster Care (HCPCFC) allocation is \$549,654. The CHDP and the Health Care Program for Children in Foster Care (HCPCFC) allocations do not require County funds. The CCS allocation requires a County Maintenance of Effort (MOE) in the amount of \$626,836. The State and Federal allocations combined with the County participation are included in the Fiscal Year 2015/2016 budget.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The CCS, CHDP and HCPCFC programs meet the County's five-year strategic plan which includes the Quality of Life Initiative that links eligible needy children to low-cost or no cost healthcare coverage.

**SUBJECT:** Approval of Annual Certification Statements for Children's Medical Services Programs.

**DATE:** November 17, 2015

**ADMINISTRATIVE SIGN-OFF:**



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Jason T. Britt  
Director of Public Health

Cc: Auditor/Controller  
County Counsel  
County Administrative Office (3)

Attachment (s) CCS Certification Statement  
CHDP Certification Statement

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVAL OF )  
ANNUAL CERTIFICATION )  
STATEMENTS FOR CHILDREN'S )  
MEDICAL SERVICES PROGRAMS. )

RESOLUTION NO. \_\_\_\_\_  
AGREEMENT NO. \_\_\_\_\_

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: MICHAEL C. SPATA  
INTERIM COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

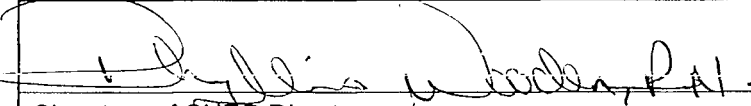
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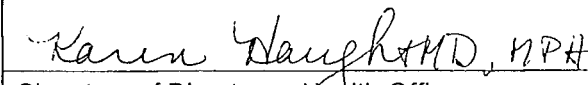
1. Approved the annual Certification Statements for California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) and Healthcare Program for Children in Foster Care (HCPFCFC) for Fiscal Year 2015/2016, retroactive to July 1, 2015. These statements are retroactive due to inadvertent delays in obtaining authorized signatures. It was impracticable for the Board to take action before July 1, 2015 due to the time needed to process, prepare, and submit the agenda item;
2. Found that the Board had authority to approve the annual Certification Statements as of July 1, 2015 and that it was in the County's best interest to approve the statements on that date; and
3. Authorized the Chairman of the Board to sign three (3) copies each of the annual Certification Statements.

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

County/City: <b>TULARE</b>	Fiscal Year: <b>2015-2016</b>
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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.

 Signature of CHDP Director	<b>10/15/15</b> Date Signed
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 Signature of Director or Health Officer	<b>10/27/15</b> Date Signed
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Signature and Title of Other – Optional	Date Signed
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I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

**Certification Statement - California Children's Services (CCS)**

<b>County/City:</b> TULARE	Fiscal Year: 2015-2016
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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>Cecilia Hernandez</i>	10/20/15
Signature of CCS Administrator	Date Signed

<i>Karen Daught MD, MPH</i>	10/27/15
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.	
Signature of Local Governing Body Chairperson	Date