



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

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: January 8, 2019

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 checked="" type="checkbox"/>	N/A	<input 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 checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

CONTACT PERSON: Staci Chastain PHONE: 624-8480

SUBJECT: Approve the Annual Certification Statements for California Children’s Services and Child Health and Disability Prevention

REQUEST(S):
That the Board of Supervisors:

1. Approve the annual Certification Statements for California Children’s Services and Child Health and Disability Prevention programs to receive funding in the amount not to exceed \$7,070,102 retroactive from July 1, 2018 through June 30, 2019. These Certification Statements are retroactive due to the state delays in issuing County allocation amounts. It was impracticable for the Board to take action prior to July 1, 2018 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, 2018 and that it was in the County’s best interest to approve the statements on that date;
3. Authorize the Chairman of the Board to sign one (1) copies each of the annual Certification Statements; and
4. Approve the necessary budget adjustments for the Child Health and Disability Prevention Program per the attached AUD 308 (4/5th vote required).

SUMMARY:
California Children’s Services (CCS) is a State mandated program which provides diagnostic and treatment services, medical case management, and physical and

SUBJECT: Approve the Annual Certification Statements for California Children's Services and Child Health and Disability Prevention

DATE: January 8, 2019

diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age of 21 with CCS-eligible conditions. Families must meet financial, residential, and medical eligibility requirements. This program has an active caseload of over 5,158 clients.

The Child Health and Disability Prevention (CHDP) program, which is also a State mandated 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 children and youth from birth through 20 years of age and low-income non Medi-Cal eligible children or youth from birth through 18 years of age with family incomes at or below 200 percent of the federal poverty level. More than 9,000 CHDP visits were provided in Fiscal Year 2017-2018.

The Certification Statements are necessary in order to ensure that the local programs are aware of changes and compliance requirements with applicable State and Federal laws and regulations, the Plan, and the Fiscal Guidelines Manual.

FISCAL IMPACT/FINANCING:

Funding is provided through State and Federal allocations for Fiscal Year 2018-2019. The amount of \$7,070,102 allocated for the Children's Medical Service programs is included in the Fiscal Year 2018-2019 budget. The amount of \$5,502,675 is allocated for CCS and \$1,567,427 is allocated for CHDP/Health Care Program for Children in Foster Care/Psychotropic Medication Management Oversight Caseload Relief. The CCS allocation requires a County participation, Maintenance of Effort in the amount of \$571,155. CHDP does not require County General Funds. The State and Federal allocations combined with the County's participation are included in the Fiscal Year 2018-2019 budget. There is no additional net cost to the County General Fund.

Based on the CCS and CHDP Fiscal Guidelines, all Information Technology and administrative costs associated with CHDP staff must be covered by the Child Welfare Services Department. The purpose of the attached AUD 308 is to transfer cost from the Child Health and Disability Prevention Program into the Child Welfare Services Department.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

CCS and CHDP 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. This agreement will benefit the children of Tulare County by providing Health Care Services at no cost to clients. These services promote health and well-being to the residents of Tulare County.

SUBJECT: Approve the Annual Certification Statements for California Children's Services and Child Health and Disability Prevention

DATE: January 8, 2019

ADMINISTRATIVE SIGN-OFF:



Karen M. Elliott
Director of Public Health

cc: County Administrative Office

Attachment(s) AUD 308
CCS Certification Statement
CHDP Certification Statement

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

IN THE MATTER OF APPROVE OF THE) Resolution No. _____
ANNUAL CERTIFICATION STATEMENTS) Agreement No. _____
FOR CALIFORNIA CHILDREN’S SERVICES)
AND CHILD HEALTH AND DISABILITY)
PREVENTION)

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: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Approved the annual Certification Statements for California Children’s Services and Child Health and Disability Prevention programs to receive funding in the amount not to exceed \$7,070,102 retroactive from July 1, 2018 through June 30, 2019. These Certification Statements are retroactive due to the state delays in issuing County allocation amounts. It was impracticable for the Board to take action prior to July 1, 2018 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, 2018 and that it was in the County’s best interest to approve the statements on that date;
3. Authorized the Chairman of the Board to sign one (1) copies each of the annual Certification Statements; and
4. Approved the necessary budget adjustments for the Child Health and Disability

Prevention Program per the attached AUD 308 (4/5th vote required).

AUD-308 - Budget Adjustment Form

7:52 AM


12/06/18				07/19		2019	
Date		Document ID Number		Accounting Period		Budget Fiscal Year	
		Health and Human Services Agency		Robert Hernandez		624-7454	
		Agency Name		Contact Person		Phone	
						Extension	

Action** A,C,D	Fund	Dept	Appr #	LEVEL 1 Finish Here			Current Amount	Revised Amount	Inc / Dec Amt
C	001	142	142SSUP				140,569,208	140,569,208	-
C	001	142	142INTRA				57,055,629	57,055,629	-
									-
									-
									-
									-
									-
									-
									-
									-
									-
									-
Appropriations Total				<i>Need Not Equal Zero</i>			197,624,837	197,624,837	-

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	LEVEL 2 Start Here			
A	001	142	142INTRA	6025	9800			(22,000)	(22,000)	
C	001	142	142INTRA	4020	9700		1,477,722	1,499,722	22,000	
C	001	142	142SSUP	4020	7066		1,468,557	1,446,557	(22,000)	
C	001	142	142SSUP	6025	7066		1,500	23,500	22,000	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
									-	
Line Total							<i>Must Equal Zero</i>	\$ 2,947,779	\$ 2,947,779	\$ -

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

To establish the intra-agency transfer line so that administrative costs can be transferred between the Child Health and Disability Prevention Program and Children Welfare Services Department. These administrative costs are the responsibility of the Children Welfare Services Department.



 Affected Dept Head Signature

 Other Affected Dept Head Signature

Checked By: _____ County Executive Office Action: No. _____ Date: _____ () Approved () Disapproved By: _____ Board of Supervisors Action: No. _____ Date: _____	Entered By: _____ Date: _____ Distribution: 1: BOS/CAO/Auditor
---	--

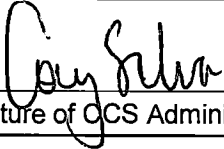
**** Action Codes: A=Add, C=Change, D=Deactivate**
 * Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs
 * Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa
 * Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa

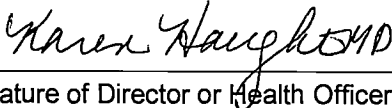


Certification Statement - California Children's Services (CCS)

County/City: TULARE	Fiscal Year: 2018-2019
----------------------------	-------------------------------

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.

 Signature of CCS Administrator	9/25/19 Date Signed
--	------------------------

 Signature of Director or Health Officer	9/25/18 Date Signed
--	------------------------

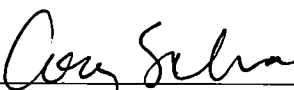
Signature and Title of Other – Optional	Date Signed
---	-------------

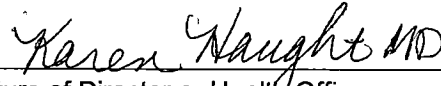
I certify that this plan has been approved by the local governing body.	
Signature of Local Governing Body Chairperson	Date

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

County/City: TULARE	Fiscal Year: 2018-2019
----------------------------	------------------------

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.

	9/26/18
Signature of CHDP Director	Date Signed

	9/25/18
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