



Tulare County Health & Human Services Agency

John Davis, Agency Director

AGENDA DATE: February 27, 2007

Item No. _____

SUBJECT: Approve and sign the annual Certification Statements for California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) respectively.

REQUEST(S): That the Board of Supervisors:

1. Approve and sign the annual Certification Statement for CCS.
2. Approve and sign the annual Certification Statement for CHDP.

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 medical conditions. Families must meet financial, residential, and medical eligibility requirements.

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 eligibles from birth through 20 years of age and low-income non-Medi-Cal eligibles from birth through 18 years of age with family incomes at or below 200 percent of the federal poverty level.

The certification statements are necessary in order to ensure that local program 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.

HHSA received State approval of the FY 2006-2007 Joint CCS/CHDP Plan and Budget on January 23, 2007. The certification statements are retroactive to July 1, 2006.

Board Strategic Plan Initiative Addressed: Quality of Life

FINANCING: The CCS allocation is \$3,162,659, the CHDP allocation is \$630,083, and the HCPCFC allocation is \$222,206. The allocations are already included in the Tulare County FY 2006-2007 Budget.

SIGNATURE REQUIREMENTS: The Chairman of the Board of Supervisor's signature is required on one (2) originals of the agreement. (Please return one (1) original copy for distribution).

ADMINISTRATIVE SIGN-OFF:



Ray Bullock - Director Health

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF TULARE, STATE OF CALIFORNIA

IN THE MATTER OF

Approve and sign the annual Certification Statements for
California Children's Services (CCS) and Child Health and
Disability Prevention (CHDP) respectively.)
) **RESOLUTION 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: C. BRIAN HADDIX
COUNTY ADMINISTRATIVE OFFICER
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *


1. Approved and signed the annual Certification Statement for CCS.
2. Approved and signed the annual Certification Statement for CHDP

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

County/City: Tulare County

Fiscal Year: 2006-07

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 DHS 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

10-10/06

Date Signed

Karen Haugh

Signature of Director or Health Officer

10/9/06

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 - California Children's Services (CCS)

County/City: Tulare County

Fiscal Year: 2006-07

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 DHS pursuant to this article and these Chapters. I further certify that this CCS 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 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.

Kathleen M. Fullil
Signature of CCS Administrator

9/25/06
Date Signed

Karen Haught
Signature of Director or Health Officer

10/9/06
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