



Tulare County Health & Human Services Agency

John Davis, Agency Director

AGENDA DATE: February 27, 2007

SUBJECT: California Healthcare for Indigents Program (CHIP) for Fiscal Year 2006/07.

REQUEST: That the Board of Supervisors approves and authorizes:

1. Accept the receipt of \$175,682 in revenues provided by CHIP in the "Fiscal Year (FY) 2006-07 County Allocation" letter dated September 15, 2006.
2. Authorize the Board Chair to sign three (3) copies of the Board Certification of the Description of Proposed Expenditures of California Healthcare for Indigents Program Funds for Fiscal 2006/2007, retroactive to July 1, 2006.
3. Authorize the Board Chair to sign two (2) copies of the Standard Agreement for California Healthcare for Indigents Program for Fiscal Year 2006-07.

SUMMARY: On August 8, 2006, the Board approved Resolution #2006-0632 to participate in the California Healthcare for Indigents Program (CHIP) for FY 2006-07. CHIP is the indigent care component of the Tobacco Tax and Health Improvement Act of 1988 (Prop 99). The funds allow the Health & Human Services Agency, Health Services Branch, to continue to compensate medical providers for care which otherwise would have been provided by them at no compensation (bad debt claims). This is a request to approve the acceptance of the FY 2006/07 California Healthcare for Indigents Program (CHIP) Funds in the amount of \$175,682. This allocation will be disbursed in accordance with to Non-County Hospitals in the amount of \$149,353; Emergency Physician Services in the amount of \$8,761; and HHSA for the administration of the funding in the amount of \$17,568. There has also been a small amount of \$100 set aside for CHDP Dental Services.

In order to receive FY06/07 funds of \$175,682, the County must also submit a description of how the funds will be expended along with detail sheets for the various components of the funds. This Description of the Proposed Expenditure of California Healthcare for Indigent Program (CHIP) Funds for Fiscal Year 2006/07 is included in this package for your approval. The signed Board Certification is due to the State by December 15, 2006. The State will forward the standard agreement to the County after they have receipt of the Board Certification. This will be presented to the Board for signature at that time. *Retroactive Agreement:* This is a retroactive agreement to July 1, 2006. The agreement was not received from the state until late December 2006 and therefore was not ready to be presented to the Board until today, due to the time needed to process, prepare and submit the agenda item. Therefore, although the County had the authority and intended to enter into the agreement, the agreement paperwork had to be inadvertently delayed for a short period of time.

Board Strategic Plan Initiative Addressed: Quality of Life

FINANCING: No General Funds are involved. Monies are from the Tobacco Tax and Health Improvement Act of 1988 (Prop 99). Tulare County's FY2006/07 California Healthcare for Indigents Program (CHIP) allocation is \$175,682.

SIGNATURE REQUIREMENTS: The signature of the Chairman of the Board of Supervisors is required on three (3) originals of the Board Certification of the Description of Proposed Expenditures of California Healthcare for Indigents Program Funds for Fiscal Year 2006/2007.

ADMINISTRATIVE SIGN OFF:

Ray Bullick - Director - Health

BEFORE THE BOARD OF SUPERVISORS

COUNTY OF TULARE

IN THE MATTER OF

Approval of requests regarding the
California Healthcare for Indigents Program
(CHIP) for Fiscal Year 2006/2007

)

) **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 JANUARY 2, 2007.

BY THE FOLLOWING VOTE:

AYES:

NOES:

ABSTAIN:

ABSENT:

ATTEST:

C. BRIAN HADDIX
COUNTY ADMINISTRATIVE OFFICER
BOARD OF SUPERVISORS

BY:

Deputy Clerk

The Board of Supervisors hereby:

1. Accepted the receipt of \$175,682 in revenues provided by CHIP in the "Fiscal Year (FY) 2006-07 County Allocation" letter dated September 15, 2006.
2. Authorized the Board Chair to sign three (3) copies of the Board Certification of the Description of Proposed Expenditures of California Healthcare for Indigents Program Funds for Fiscal 2006/2007, retroactive to July 1, 2006.
3. Authorized the Board Chair to sign two (2) copies of the Standard Agreement for California Healthcare for Indigents Program for Fiscal Year 2006-07.

GUIDELINES
FOR
FISCAL YEAR 2006-07
DESCRIPTION OF PROPOSED EXPENDITURES
OF
CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM FUNDS
OR
RURAL HEALTH SERVICES PROGRAM FUNDS

Issued by
California Department of Health Services
Office of County Health Services

October 2006

**FY 2006-07 Description of Proposed Expenditures
CHIP/RHS Program Funds
Basic Instructions**

I. INTRODUCTION

Welfare and Institutions (W&I) Code Sections 16936 and 16980 require counties to submit to the Department a description of the proposed use and expenditure of California Healthcare for Indigents Program (CHIP) funds and Rural Health Services (RHS) Program funds. These Sections require the Department to review and approve this information for compliance with applicable law.

The following contains instructions and forms for the preparation of the Description of Proposed Expenditures of CHIP and RHS Program funds. If you have questions or need assistance, contact your County Health Services analyst at (916) 552-8016.

II. COVER

Include a cover with your county's name, fiscal year, and the words: DESCRIPTION OF PROPOSED EXPENDITURES OF CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM FUNDS OR RURAL HEALTH SERVICES PROGRAM FUNDS, as appropriate.

III. BOARD CERTIFICATION

Have the Chairperson or duly authorized representative of your County Board of Supervisors sign the certification. If the certification is signed by a duly authorized representative other than the Clerk of the Board, include a copy of the official document approved by the Board of Supervisors which gives the individual authorization to sign for the Chairperson.

IV. CHILDREN'S HEALTH AND DISABILITY PREVENTION (CHDP) TREATMENT

If your county is receiving RHS Program funds and is contracting back with the Department for the payment of CHDP Treatment, indicate how your county facilitates the provision of these services and ensures that children with identified treatment needs are provided the necessary care. If your county is not contracting back, describe how your county provides or arranges and pays for treatment. Include a description of the case management activities or other methods used to ensure that children with identified treatment needs are provided the necessary care.

V. **DENTAL SERVICES**

Describe all dental care provided and paid for by your county, including CHDP. Include the populations served, services provided, facilities and providers used, and an estimate of total expenditures, for the fiscal year. (W&I Code Sections 16936 (a) (2) and 16980 (b) (2))

VI. **DETAIL SHEETS**

Complete the detail sheets for Hospital, Physician, and Other Health Services funds. Indicate the budget units associated with the expenditure of funds. If your county is receiving RHS Program funds and is contracting back with the Department for Noncounty Hospital funds, complete only the County Hospital portion of the Hospital Services Detail Sheet. If your county is contracting back for Physician Services funds, you need not complete the Physician Services Detail Sheets. If there is insufficient space on the Detail Sheets provided, you may prepare your own using the same format.

Complete the detail sheet for CHDP Treatment. If your county is receiving RHS Program funds and is contracting back with the Department for the payment of CHDP Treatment, skip this item.

VII. **FINANCIAL MAINTENANCE OF EFFORT**

Counties are required to budget and expend a specified amount of county funds on allowable county health services in order to qualify for receipt of CHIP and RHS Program funds. This requirement was documented in the County Health Services Plans and Budgets required in prior years. Now that plans and budgets are no longer required, you must calculate your county's allowable expenditures, revenues, and net county costs for both public health and inpatient and outpatient services, and document the results of your calculation on the form provided (Schedule 1).

VIII. **SUBMISSION OF DOCUMENT**

Submit an ORIGINAL and ONE (1) COPY by December 15, 2006, to:

California Department of Health Services
Office of County Health Services
Attention: County Health Services Unit
MS 5202
P.O. Box 997413
Sacramento, CA 95899-7413

COUNTY OF TULARE (54)

BOARD CERTIFICATION

I, _____, hereby certify that, to the best of my
(Please type or print name)

knowledge, the information provided in the attached Description of Proposed Expenditures

of: (please check one)

☐ California Healthcare for Indigents Program funds

or

☐ Rural Health Services Program funds

is correct and is drawn from the officially adopted county budget for fiscal year 2006-2007.

Original Signature: _____ Date: _____

(Chairperson, Board of Supervisors,
or duly authorized representative)

COUNTY OF TULARE (54)
FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
OF CHIP/RHS PROGRAM FUNDS
HOSPITAL SERVICES FUND DETAIL SHEET

COUNTY HOSPITAL FUNDS

Revenue	Amounts
County Hospital Allocation	\$0.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2006-07	\$0.00
Total	\$0.00

Proposed Expenditures for Services

Budget Unit #	Title	Amounts

Proposed Expenditures for Administrative Costs

Budget Unit #	Title	Amounts

Proposed Expenditures for CHDP Treatment Services

(Expenditures should be reported on CHDP Detail Sheet)

Budget Unit #	Title	Amounts

Total - Proposed Expenditures for Services, Admin and CHDP	
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NONCOUNTY HOSPITAL FORMULA FUNDS

Revenue	Amounts
Noncounty Hospital Formula Allocation	\$82,974.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2006-07	\$0.00
Total	\$82,974.00

Proposed Expenditures for Services

[illegible]

Total - Proposed Expenditures for Services	\$82,974.00
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COUNTY OF TULARE (54)
FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
OF CHIP/RHS PROGRAM FUNDS
HOSPITAL SERVICES FUND DETAIL SHEET

NONCOUNTY HOSPITAL DISCRETIONARY FUNDS

Revenue	Amounts
Noncounty Hospital Discretionary Allocation	\$82,974.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2006-07	\$2,000.00
Total	\$84,974.00

Proposed Expenditures for Services

Budget Unit #	Title	Amounts
004-142-7024-2150	Professional & Specialized Services	\$76,477.00

Proposed Expenditures for Administrative Costs

Budget Unit #	Title	Amounts
004-142-7024-2140	Office Expense	\$100.00
004-142-7024-2200	Spec. Dept. Expense	\$8,297.00

Proposed Expenditures for CHDP Treatment Services

(Expenditures should be reported on CHDP Detail Sheet)

Budget Unit #	Title	Amounts
004-142-7024-2150	Dental-Professional & Specialized Services	\$100.00

Total - Proposed Expenditures for Services, Admin and CHDP	\$84,974.00
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**FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
CHIP/RHS PROGRAM FUNDS
HOSPITAL SERVICES
COUNTY AND NONCOUNTY HOSPITAL SERVICES FUNDS**

I. County Hospital Services Funds

Describe how your county intends to use County Hospital Services funds. If your county will provide some or all of these funds to noncounty hospitals, provide the information requested in the item below covering Noncounty Hospital Discretionary funds. If they will be used to pay for treatment for children screened under the Child Health and Disability Prevention (CHDP) Program, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement fiscal year (FY) 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that County Hospital Services funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

II. Noncounty Hospital Discretionary Funds

If your county is receiving RHS Program funds and will be contracting back with the Department for distribution of these funds, skip this item. If your county intends to allocate all of its Noncounty Hospital Discretionary funds to hospitals in the same manner as Noncounty Hospital Formula funds, indicate this and skip this item. If your county will allocate funds to hospitals in any other manner, indicate how much Noncounty Hospital Discretionary funds will be provided to each hospital and describe exactly what services the county is purchasing with the funds from that hospital. If the funds will be used to pay for treatment for children screened under the CHDP, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

**FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
CHIP/RHS PROGRAM FUNDS
HOSPITAL SERVICES
COUNTY AND NONCOUNTY HOSPITAL SERVICES FUNDS**

II. Noncounty Hospital Discretionary Funds - Continued

Describe how your county will determine that Noncounty Hospital Discretionary funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

COUNTY OF TULARE (54)
FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
OF CHIP/RHS PROGRAM FUNDS
PHYSICIAN SERVICES FUND DETAIL SHEET
EMERGENCY MEDICAL SERVICES (EMS) FUNDS

Revenue	Amounts
PSA - EMS Allocation	\$9,734.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2006-07	\$50.00
Total	\$9,784.00

Proposed Expenditures for Services

Budget Unit #	Title	Amounts
004-7025-2150	Professional Special Services	\$8,810.60

Proposed Expenditures for Administrative Costs

(Administrative Costs must be based on actual costs not to exceed 10% of PSA)

Budget Unit #	Title	Amounts
004-7024-2200	Spec. Dept. Expense	\$973.40

Total - Proposed Expenditures for Services and Admin. Costs	\$9,784.00
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COUNTY OF TULARE (54)
FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
OF CHIP/RHS PROGRAM FUNDS
PHYSICIAN SERVICES FUND DETAIL SHEET

NEW CONTRACT FUNDS

Revenue	Amounts
PSA - New Contract Allocation (Not to exceed 50% of the total PSA. For CHIP counties only.)	
Interest Carryover from Prior Year	
Projected Interest for FY 2006-07	
Total	

Proposed Expenditures for Obstetric Services

Budget Unit #	Title	Amounts

Proposed Expenditures for Pediatric Services

Budget Unit #	Title	Amounts

Proposed Expenditures for Emergency Services

Budget Unit #	Title	Amounts

Proposed Expenditures for Administrative Costs

(Administrative Costs must be based on actual costs not to exceed 10% of PSA)

Budget Unit #	Title	Amounts

Proposed Expenditures for CHDP Treatment Services

(Expenditures should be reported on CHDP Detail Sheet)

Budget Unit #	Title	Amounts

Total - Proposed Expenditures for Services, Admin., and CHDP	
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**FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
CHIP/RHS PROGRAM FUNDS
PHYSICIAN SERVICES
EMERGENCY MEDICAL SERVICES (EMS) AND NEW CONTRACT FUNDS**

I. Emergency Medical Services (EMS) Funds

Identify the agency or organization that will administer these funds. If the agency or organization is not a county government entity, describe the agency or organization and its relationship with the county. Describe the manner in which your county will ensure that the funds are accounted for and administered in accordance with applicable statutes.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that Physician Services - EMS funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

II. New Contract Funds

If your county is receiving RHS Program funds and is contracting back with the Department for the administration of these funds, skip this item. If your county is not contracting back, describe how your county will allocate its New Contract funds and describe exactly what services the county is purchasing with the funds. Indicate the total number of physicians involved. If your county is contracting the activity through physician groups, indicate the number of physicians in the group. If the funds will be used to pay for treatment for children screened under the CHDP, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that New Contract funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

COUNTY OF TULARE (54)
FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
OF CHIP/RHS PROGRAM FUNDS
OTHER HEALTH SERVICES (OHS) FUND DETAIL SHEET

Revenue	Amounts
OHS Allocation	\$0.00
Interest Carryover from Prior Year	\$0.00
Projected Interest for FY 2006-07	\$0.00
Total	\$0.00

Proposed Expenditures for Services

Budget Unit #	Title	Amounts
	n/a	

Proposed Expenditures for Administrative Costs

Budget Unit #	Title	Amounts

Proposed Expenditures for Equipment

(Up to 5% or \$50,000 of funds received. No single purchase may exceed \$10,000.)

Budget Unit #	Title	Amounts

Proposed Expenditures for CHDP Treatment Services

(Expenditures should be reported on CHDP Detail Sheet)

Budget Unit #	Title	Amounts

Total - Proposed Expenditures for Services, Admin., Equipment, and CHDP	
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**FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
CHIP/RHS PROGRAM FUNDS
OTHER HEALTH SERVICES FUNDS**

I. Other Health Services (OHS) Funds

Describe how your county will use its Other Health Services funds. If the funds will be used in hospitals, list the facilities involved and the services to be provided by each facility. If the funds will be used to reimburse physicians, provide the information requested in the item above covering Physician Services - New Contract funds. If your county intends to use these funds for the purchase of equipment, please describe your county's plans and include the total amount of funds to be used on the Other Health Services Detail Sheet. If the funds will be used to pay for treatment for children screened under the CHDP, indicate how this will be accomplished.

Describe how your county is utilizing these funds to supplement FY 1988-89 levels of services rather than funding existing levels of services. The description should indicate: (a) an increase in benefits or scope of services; (b) increase in eligibility; and/or (c) increased utilization, expanded access, or service capacity.

Describe how your county will determine that Other Health Services funds will be used for persons who are unable to pay for treatment, who do not have health insurance coverage for emergency services and care, and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

COUNTY OF TULARE (54)

FY 2006-07 Description of Proposed Expenditures of CHIP/RHS Program Funds

Schedule 1 – CHIP/RHS Financial Maintenance of Effort

	Expenditures	Revenues	Net County Costs
Public Health	\$24,606,206	\$20,552,257	\$4,053,949
Inpatient and Outpatient	\$33,353,530	\$16,409,288	\$16,944,242
Total	\$57,959,736	\$36,961,545	\$20,998,191

(Figures per Kevin Mikesell, Accountant III)

**FY 2006-07 DESCRIPTION OF PROPOSED EXPENDITURES
CHIP/RHS PROGRAM FUNDS
MAINTENANCE OF EFFORT**

I. MAINTENANCE OF EFFORT

The amounts reported on Schedule 1 must be calculated in the same manner as the amounts calculated and reported in the FY 1991-92 County Health Services Plan and Budget submitted by your jurisdiction. As always, the net county cost calculation must include your FY 1977-78 net county costs (as originally reported, or as amended pursuant to County Health Services Bulletin No. 2-1979) and may include any new health programs or program which was not previously available or offered by the jurisdiction. Expansion, decentralization, centralization, consolidation, reorganization, or other changes in methods or locations of pre-existing services are not considered new programs. Any other health programs and associated costs which existed during FY 1977-78 and which are not part of your FY 1977-78 net county costs must be excluded from your calculation. Expenditures and revenues attributable to mental health and alcohol and drug abuse services must also be excluded as well as expenditures for fixtures, structures, or improvements (capital expenditures).

Welfare and Institutions (W&I) Code, Section 16990, specifies the financial Maintenance of Effort amount each county must expend to be eligible for CHIP/RHS Program funds. Financial maintenance of effort WILL be measured after the close of the fiscal year through a report of actual expenditures. Failure to meet financial Maintenance of Effort will result in recoupment of all or a portion of CHIP or RHS funds. If you need assistance in determining your county's allowable expenditures, revenues, and net county costs, contact your County Health Services analyst at (916) 552-8016.

County of TULARE (54)

Fiscal Year 2006-07 Description of Proposed Expenditure of CHIP/RHS Program Funds

DETAIL SHEET FOR CHILD HEALTH DISABILITY PREVENTION TREATMENT FUNDING

Category	Budget Unit No.	Amount Expended	Funding Source:				
			HSA	PSA	OHS	GF	OTHER
Case Management							
Inpatient Care							
Outpatient Care							
Pharmacy Services							
Dental Services	004-142- 7024- 2150	100	100				
Vision Services							
Hearing Services							
Mental Health Services							
Other (please specify) _____ _____ _____ _____							
Total		100	100				