

Legislation Text

File #: 12-0352, Version: 1

Health and Human Services Agency, Public Health Division, recommending the Board authorize the Chair to sign the Certification Statements approving the Children's Medical Services Programs Budget and Work Plan, comprised of Child Health and Disability Prevention Program in the amount of \$414,613, and California Children's Services in the amount of \$522,335 for a combined total of \$936,948 to provide medical services to children from birth to twenty-one (21) years of age who are afflicted with life threatening and/or severe life altering chronic medical conditions.

FUNDING: Annual Federal and State Children's Medical Services allocation, Public Health Realignment Fund match, Social Services Realignment Fund match, and County General Fund match.

BUDGET SUMMARY:		
Total Estimated Cost		\$934,624
Funding		
CHDP	\$369,108	Federal and State allocation
	\$ 41,079	PH Realignment (Vehicle License Fees) match
CCS	\$462,509	Federal and State allocation
	\$ 29,913	Social Services Realignment (sales tax) match
	\$ 29,913	General Fund match
Change To Net County Cost		\$0

Fiscal Impact/Change to Net County Cost: There is no increase in Net County Cost; there are sufficient appropriations for these programs included in Public Health Division's Fiscal Year (FY) 2011 -2012 Budget. The Division Budget estimated higher appropriations than the final Children's Medical Services (CMS) Plan budget due to late receipt of information from the State; however, the programs will be managed within the allocated funding.

Background: A Children's Medical Services (CMS) Plan is required to be presented annually to the Board of Supervisors outlining the service components and budgets of both the Child Health and Disability Prevention (CHDP) and California Children's Services (CCS) programs. Together, CHDP and CCS are programs designed to facilitate access to, and continuity of care, for the pediatric population.

The mandate for CHDP, as outlined in statute, is to maximize the use of existing health care resources to promote access, coordination, and maintenance of acute and preventative health care to all children from birth through twenty-one (21) years of age with special emphasis on low

income/disenfranchised children. Included in this services population are children in foster care who are case managed through the Health Care Program for Children in Foster Care (HCPCFC).

The mandate for CCS, as outlined in statute, is to provide diagnostic, treatment, medical case management, physical and occupational therapy services to children from birth to twenty-one (21) years of age afflicted with acute catastrophic life threatening and/or severe life altering chronic medical conditions. All services are provided in partnership with multiple specialty health care delivery systems including, but not limited to, tertiary care centers, trauma centers, special education local planning area (SELPA), local and regional medical specialists, Federally qualified health centers, etc.

Retroactive Term: Pursuant to Health and Safety Code Section 124060, the governing body of each county shall develop and submit to the State a Children's Medical Services (CMS) plan and budget upon the release of all State CMS allocations and plan/fiscal guidelines (PFG). The plan and budget are effective July 1st through June 30th of each fiscal year. Although Section 124060 (a) specifies that this plan shall be submitted by September 15th for the subsequent fiscal year, allocation data from the State was not received until November 29, 2011. HHSA - Public Health immediately began developing the associated workplan and budget within the sixty (60) day response period as required by the State. Upon completion, staff processed the workplan and budget for the next available Board date.

Reason for Recommendation: CHDP and CCS are mandated safety net programs that target high risk and medically fragile children to ensure access to preventative and specialty medical care and are essential programs for preserving optimal health and wellness while minimizing morbidity and mortality in the County's pediatric population.

Action to be taken following Board approval:

1. Chair to sign three (3) original Certification Statements for the CHDP Program and three (3) original Certification Statements for the CCS Program.

- 2. Board Clerk's office to return four (4) signed originals to Public Health.
- 3. Public Health to submit signed original Certification Statements and budget plans to the State.

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Concurrences: None. In prior years, County Counsel indicated that these documents did not require their review.