BY: GREGORY P. PRIAMOS DATE

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Department of Public Health

August 3, 2015

SUBJECT: Approval of the California Children's Services and Child Health and Disability Prevention Program Certification Statements for Fiscal Year 2015/2016. District: All. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

- 1. Approve and authorize the Chairman of the Board of Supervisors to sign four (4) original copies of the California Children's Services (CCS) Certification Statement for Fiscal Year 2015/2016; and
- 2. Approve and authorize the Chairman of the Board of Supervisors to sign four (4) original copies of the Child Health and Disability Prevention (CHDP) Program Certification Statement for Fiscal Year 2015/2016.

BACKGROUND:

Summary

(continued on page 2)

SJM:se

Susan D. Harrington, Director Department of Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:		Ongoing Cost:	(per Exec. Office)
COST	\$ 0	\$ 0	\$	0	\$ (Consent D Policy
NET COUNTY COST	\$ 0	\$ 0	\$ 0	0		Consent in 1 one)
SOURCE OF FUN	DS: NA				Budget Adjust	ment: No
					For Fiscal Yea	r: 15/16
C.E.O. RECOMME	NDATION:	APPROVE				Dame of the late

APPROVE

County Executive Office Signature

Christopher M. Hans

MINUTES OF THE BOARD OF SUPERVISORS

Positions Added	Change Order
□ A-30	□ 4/5 Vote

Prev. Agn. Ref.: 9/9/14 Item 3-73

District: All

Agenda Number:

3-47

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Approval of the California Children's Services and Child Health and Disability Prevention Program Certification Statements for Fiscal Year 2015/2016. District: All. [\$0]

DATE: August 3, 2015

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

CCS:

The Riverside County CCS Program currently serves over 12,400 cases for children age birth to 21 years who have significant medical conditions (also known as physically-handicapping conditions) requiring complex medical care from approved specialists. Children eligible for the program have cancer, cerebral palsy, heart defects, hemophilia, need organ transplants, or have other catastrophic health conditions. The CCS Program receives referrals from medical facilities, health plans and providers and determines the child/family's financial, residential and medical eligibility for the program. Cases are managed by Public Health Nurses. The CCS Program also authorizes and provides payment to health care providers, medical facilities and medical suppliers for services including diagnosis and treatment.

The State requires Riverside County to certify that our community's Children's Services of California program (CCS) is compliant with all State and Federal policies and guidelines by signing the Certification Statement referred to as Attachment A of this Form11.

CHDP:

The continued services provided through the CHDP Program are:

- 1. Early Periodic Screening, Diagnosis and Treatment services to be made available to Medi-Cal beneficiaries from birth through twenty (20) years of age.
- 2. Health screening and referral for diagnosis and treatment services to be made available for children who are not Medi-Cal beneficiaries from birth through eighteen (18) years of age.

The State requires Riverside County to certify that our community's Child Health and Disability Prevention Program is compliant with all State and Federal policies and guidelines by signing the Certification Statement referred to as Attachment B of this Form11.

Impact on Citizens and Businesses

The CCS and CHDP programs promote early detection and prevention of disease and disability; and treat children with certain physical limitations and chronic health conditions or diseases, thus allowing the children of Riverside County to live healthier lives.

County/City:	Riverside	Fiscal Year: 2015-16		
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 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				
XIX of the Soci	pients of funds granted to states for medical a ial Security Act (42 U.S.C. Section 1396 et se	eq.) and recipients of funds		
	es for the Maternal and Child Health Services ocial Security Act (42 U.S.C. Section 701 et s	•		
	may be subject to all sanctions or other reme es any of the above laws, regulations and po comply.			
Susaff	Nym	Date Signed		
Susan Johnson		Date Signed		
COS Administr	Harriston	8/3/18		
	ngton, Director	Date Signed		
Department of	Public Health			
Signature and	Title of Other – Optional	Date Signed		
I certify that this plan has been approved by the local governing body.				
	ard of Supervisors	Date		
Signature of LC	ocal Governing Body Chairperson			
FORMAR BY:	R KIPNIS DATE			

Attachment A

County/City:	Riverside	Fiscal Year: 2015-16		
		•		
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Susan W	non	6/25/15		
Susan Johnson	n Mora	Date Signed		
COS Administr	ator Ham also	2/2/15		
Susan D. Harrington, Director		Date Signed		
Department of				
Signature and	Title of Other – Optional	Date Signed		
I certify that this plan has been approved by the local governing body.				
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ard of Supervisors ocal Governing Body Chairperson	Date		
FORM BY:	APPROVED COUNTY COUNSED CO			

Attachment A

County/City:	Riverside	Fiscal Year: 2015-16		
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Sugar	Mson	6/25/15		
Susan Johnson	n Mora	Date Signed		
CS Administr	atori	8/2/1		
Busand	Navingo	0/3//5		
Susan D. Harri Department of	ngton, Director	Date Signed		
Department of	Public riealti			
Signature and	Title of Other – Optional	Date Signed		
I certify that thi	s plan has been approved by the local goverr	ning body.		
, · · ·	ord of Supervisors ocal Governing Body Chairperson	Date		
FORM APPR BY: NEAL R.	KIPNIS DATE			

County/City:	Riverside	Fiscal Year: 2015-16	
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Sasm X.	Men	Date Signed	
Susan Johnson	n Mora	Date Signed	
CCS Administr	rator	2/.1.2	
susan W.	Harrington	8/3/15	
Department of	ington, Director	Date Signed	
Department of	rubiic i lealiti		
Signature and	Title of Other - Optional	Date Signed	
I certify that this plan has been approved by the local governing body.			
,	ard of Supervisors ocal Governing Body Chairperson	Date	
FORM AFTEROVED COUNTY COUNSELL (S BY: NEAL R. KIPNIS DATE			

County/City:	Riverside	Fiscal Year: 2015-16		
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.				
Susan X	Mon	6/25/15		
Susan Johnso	n Mora	Date Signed		
CMS Director		6/25/15		
Christopher Da		Date Signed		
CHOP Director		0/2/12		
	ington, Director	Date Signed		
Department of		Date digned		
I certify that this plan has been approved by the local governing body.				
	ard of Supervisors	Date		
Signature of Lo	ocal Governing Body Chairperson			
FORM APPROV	PNIS DATE			

County/City:	Riverside	Fiscal Year: 2015-16		
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including but no	ot limited to, Section 9 Federal Financial Part gram will comply with all federal laws and reg	icipation. I further certify that		
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CHDP Program certified it will of	n violates any of the above laws, regulations comply.	and policies with which it has		
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Suson	Mou	6/25/15		
Susan Johnson CMS Director	n Mora	Date Signed		
(+	De .	Date Signed		
Christopher Da CHDP Director		Date Signed		
Jusan a		8/3/15		
	ngton, Director	Date Signed		
Department of	Public Health			
I certify that this	s plan has been approved by the local govern	ning body.		
	ord of Supervisors ocal Governing Body Chairperson	Date		
Signature of Lo	ocal Governing Body Chairperson			
FORMAR	PROVED COUNTY COUNSES			
BY: NEAL	KIPNIS DATE			

Fiscal Year: 2015-16

County/City:

Riverside

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l. m.	1/25/15
Susan Johnson Mora	Date Signed
CMS Director	_
Le le	6/25/15
Christopher Dael	Date Signed
ClfDP Director 1/	2/2/
Grand. Hangton	8/3//5
Susan D. Harrington, Director	Date Signed
Department of Public Health	
I certify that this plan has been approved by the local govern	ning body.
Chairman, Board of Supervisors	Date
Signature of Local Governing Body Chairperson	
FORM APPROVED COUNTY COUNSELLY STATE	-25

County/City:	Riverside	Fiscal Year: 2015-16
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certified it will	comply.	
Sura XX	New	6/25/15
Susan Johnso	n Mora	b/25/15 Date Signed
CMS Director		6/25/15
Christopher Da	ael	Date Signed
OHDP Director	110. 4	8/1/10
, TO I WI	ington, Director	Date Signed
Department of		Date digited
I certify that thi	s plan has been approved by the local gover	rning body.
· ·	ard of Supervisors	Date
Signature of Lo	ocal Governing Body Chairperson	
FORMATPRO	EIPNIS DATE	