

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

801



FORM APPROVED COUNTY COUNSEL 8/4/15
BY: GREGORY P. PRIAMOS
DATE
Departmental Concurrence

FROM: Department of Public Health

SUBMITTAL DATE:
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)

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

SJM:se

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: NA **Budget Adjustment:** No
For Fiscal Year: 15/16

C.E.O. RECOMMENDATION: APPROVE
BY: *Christopher M. Hans*

County Executive Office Signature Christopher M. Hans

MINUTES OF THE BOARD OF SUPERVISORS

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

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.

Certification Statement - California Children's Services (CCS)

County/City: Riverside

Fiscal Year: 2015-16

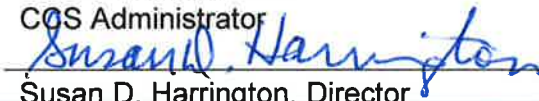
I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules 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 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.



Susan Johnson Mora
CCS Administrator

6/25/15

Date Signed



Susan D. Harrington, Director
Department of Public Health

8/3/18

Date Signed

Signature and Title of Other – Optional

Date Signed

I certify that this plan has been approved by the local governing body.

Chairman, Board of Supervisors
Signature of Local Governing Body Chairperson

Date

FORM APPROVED COUNTY COUNSEL

BY: 
NEAL R. KIPNIS

DATE

Certification Statement - California Children's Services (CCS)

County/City: Riverside

Fiscal Year: 2015-16

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Susan Johnson Mora

Susan Johnson Mora
CCS Administrator

6/25/15

Date Signed

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

8/3/15

Date Signed

Signature and Title of Other – Optional

Date Signed

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Chairman, Board of Supervisors
Signature of Local Governing Body Chairperson

Date

FORM APPROVED COUNTY COUNSEL

BY:

Michael R. Kipnis
MICHAEL R. KIPNIS

6/4/15
DATE

Certification Statement - California Children's Services (CCS)

County/City: Riverside

Fiscal Year: 2015-16

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Susan Johnson Mora
CCS Administrator

6/25/15
Date Signed

Susan D. Harrington
Susan D. Harrington, Director
Department of Public Health

8/3/15
Date Signed

Signature and Title of Other – Optional

Date Signed

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Signature of Local Governing Body Chairperson

Date

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS DATE: 9/4/15

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County/City: Riverside

Fiscal Year: 2015-16

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Department of Public Health

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FORM APPROVED COUNTY COUNSEL
BY: 
NEAL R. KIPNIS DATE

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

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 Johnson Mora

Susan Johnson Mora
CMS Director

6/25/15

Date Signed

Christopher Dael

Christopher Dael
CHDP Director

6/25/15

Date Signed

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

8/3/15

Date Signed

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Signature of Local Governing Body Chairperson

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FORM APPROVED COUNTY COUNSEL

BY: *Neal R. Kipnis*
NEAL R. KIPNIS DATE

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County/City: Riverside

Fiscal Year: 2015-16

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CMS Director

6/25/15

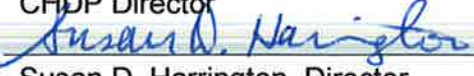
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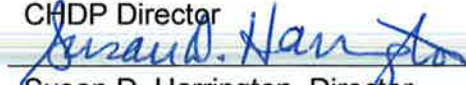
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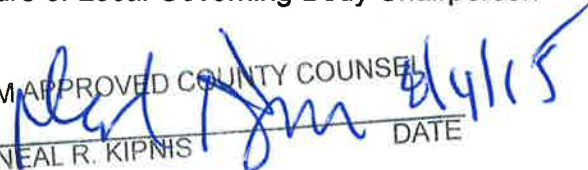
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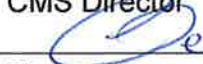
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NEAL R. KIPNIS DATE 8/11/15