

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

120



**FROM:** Community Health Agency, Department of Public Health

**SUBMITTAL DATE:**  
December 8, 2010

**SUBJECT:** Authorize the Chairman of the Board of Supervisors to sign one (1) copy of each of the attached California Children's Services (CCS) and Child Health and Disability Prevention (CHDP) Program Certification Statements.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Authorize the Chairman of the Board of Supervisors to sign the attached CCS Certification Statement. (*Attachment A – California Children Services Program Certification for Fiscal Year 2010/2011*).

**Continued...**

**Attachments**

SJM:se/ys

*Susan D. Harrington*  
\_\_\_\_\_  
Susan Harrington, Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	-0-	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	-0-	Budget Adjustment:	No
	Annual Net County Cost:	-0-	For Fiscal Year:	10/11

<b>SOURCE OF FUNDS:</b>	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE  
BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Buster, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: January 11, 2011  
xc: CHA-Public Health

Kecia Harper-Ihem  
Clerk of the Board  
By: *Kecia Harper-Ihem*  
Deputy

**Prev. Agn. Ref.:** 06/02/09 #3.26 | **District:** All | **Agenda Number:**

**3.20**

FORM APPROVED COUNTY COUNSEL  
BY: *Neal R. Kipnis* DATE: 12/15/10  
Departmental Concurrence

Policy  
 Policy  
 Consent  
 Consent  
 Dep't Recomm.:  
 Per Exec. Ofc.:

**Subject:** Authorize the Chairman of the Board of Supervisors to sign one (1) copy of each of the attached Certification Statements

**RECOMMENDED MOTION: (CONTINUED)**

- 2) Authorize the Chairman of the Board of Supervisors to sign the attached CHDP Certification Statement. (*Attachment B – Child Health and Disability Prevention (CHDP) Program for Fiscal Year 2010/2011*).

**BACKGROUND:**

**CCS:**

The Riverside County CCS Program currently serves over 11,250 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 Form 11.

**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 Program is compliant with all State and Federal policies and guidelines by signing the Certification Statement referred to as Attachment B of this Form 11.

**Subject:** Authorize the Chairman of the Board of Supervisors to sign one (1) copy of each of the attached Certification Statements

**FINANCIAL INFORMATION:**

Financial responsibility for operating the CCS program is shared between the County of Riverside, Department of Public Health, California Children's Services and the State of California. The administrative costs are supported by Medi-Cal funding at a percentage equal to the percentage of Medi-Cal clients being served in the program's caseload. The remaining costs are funded equally by State and County General Funds.

Financial responsibility for operating the CHDP program is shared between the County of Riverside, Department of Public Health, Child Health and Disability Prevention Program and the State of California.

*(Attachment A)*

*(CCS Program Certification for Fiscal Year 2010/2011);*

*(Attachment B)*

*(CHDP Program Certification for Fiscal Year 2010/2011);*

**Certification Statement - California Children's Services (CCS)**

County/City: Riverside

Fiscal Year: 2010/2011

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 G. Moran  
Signature of CCS Administrator

12/6/10  
Date Signed

Susan D. Harrington  
Signature of Director or Health Officer

12/8/10  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

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

Bob Buster  
Signature of Local Governing Body Chairperson

JAN 11 2011  
Date

BOB BUSTER

ATTEST:  
KECIA HARPER-IHEM, Clerk  
By: [Signature]  
DEPUTY

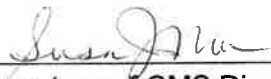
FORM APPROVED COUNTY COUNSEL  
BY: [Signature] 12/15/10  
NEAL R. KIPNIS DATE

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

County/City: Riverside

Fiscal Year: 2010-2011


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.

  
Signature of CMS Director

11/23/10  
Date Signed


  
Signature of CHDP Director

11/29/10  
Date Signed

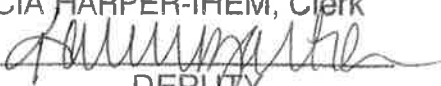
  
Signature of Director of Public Health


12/8/10  
Date Signed

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

  
Signature of Local Governing Body Chairperson  
BOB BUSTER

JAN 11 2011  
Date

ATTES I:  
KECIA HARPER-IHEM, Clerk  
By   
DEPUTY

FORM APPROVED COUNTY COUNSEL  
BY:  1/15/10  
NEAL R. KIPNIS DATE