

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



ITEM
3.14
(ID # 5203)

MEETING DATE:

Tuesday, September 19, 2017

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH: Approve and execute the California Children’s Services (CCS) and Child Health and Disabilities Prevention (CHDP) Program Certification Statements for Fiscal Year 2017/2018. Districts – All [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and execute four (4) copies of the attached CCS Certification Statement. (*Attachment A - California Children’s Services Program Certification for Fiscal Year 2017/2018*); and
2. Approve and execute four (4) copies of the attached CHDP Certification Statement. (*Attachment B - Child Health and Disability Prevention for Fiscal Year 2017/2018*).

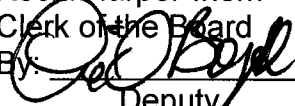
ACTION: Policy


Sarah S Mack, Director of Public Health 8/21/2017

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: September 19, 2017
xc: RUHS-Public Health

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 17/18	

C.E.O. RECOMMENDATION: [CEO use]

BACKGROUND:

Summary (continued)

CCS:

The Riverside County CCS Program currently serves over 14,100 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 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 diagnoses and treatment.

The State requires Riverside County to certify that our community's California Children's Services program is compliant with all State and Federal policies and guidelines by signing the CCS Certification Statement as referenced in this Form 11 as Attachment A.

CHDP:

The CHDP program is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments and community clinics to children with Medi-Cal from birth through age 20 and for children without Medi-Cal, who meet financial requirements, from birth through age 18.

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 CHDP Certification Statement as referenced in this Form 11 as Attachment B.

Impact on Citizens and Businesses

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

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.



Gregory V. Priamos, Director County Counsel 9/5/2017



FINANCE AND BUSINESS OPERATIONS PROCUREMENT AND LOGISTICS

Date: September 14, 2017

To: Karen Barton – Clerk of the Board of Supervisors Office

From: Teresa Diez – Public Health
tdiez@rivcocha.org
Telephone: (951) 358-5616
FAX: (951) 358-5292

**Re: California Children's Services (CCS) and California Health
Disability Health (CHDP) Certifications Statements for FY 17/18**

Please, process for Board of Supervisor's signature.

MinuteTraq	#5203
Agenda Date:	September 19, 2017
Agenda ITEM	<i>3.14</i>
# of Copies:	4 originals Attachment A (CCS)
	4 originals Attachment B (CHDP)

Thank you so much and have a great day. ☺

Certification Statement - California Children's Services (CCS)

County/City: Riverside

Fiscal Year: 2017-18

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 Lennan

Susan Lennan
CCS Administrator

7/13/17

Date Signed

Sarah L Mack

Sarah Mack, Director
Department of Public Health

8/7/17

Date Signed

Signature and Title of Other – Optional

Date Signed

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

[Signature]
Chairman, Board of Supervisors
Signature of Local Governing Body Chairperson

9/19/17

Date

FORM APPROVED COUNTY COUNSEL

BY: *[Signature]* DATE 8/11/17
NEAL R. KIPNIS

ATTEST:

KECIA HARPER-IHEM, Clerk

BY: *[Signature]*
DEPUTY

Attachment B

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

County/City: Riverside

Fiscal Year: 2017-18

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 Lennan
Susan Lennan
CMS Director

7/13/17
Date Signed

Christopher Dael
Christopher Dael
CHDP Director

7/13/17
Date Signed

Sarah Mack
Sarah Mack, Director
Department of Public Health

8/13/17
Date Signed

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

[Signature]
Chairman, Board of Supervisors
Signature of Local Governing Body Chairperson

9/19/17
Date

FORM APPROVED COUNTY COUNSEL
BY: [Signature]
NEAL R. KIPNIS DATE

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