

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



ITEM  
3.16  
(ID # 8050)

MEETING DATE:

Tuesday, October 2, 2018

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH: Authorization for Participation and Administration of the California Children's Services (CCS) Program and Child Health and Disability Prevention (CHDP) Program on behalf of the County of Riverside for Fiscal Year 2018/2019. Districts – All [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Authorize the Department of Public Health to participate in and administer the California Children's Services (CCS) Program and Child Health and Disability Prevention (CDHP) Program on behalf of the County of Riverside for Fiscal Year 2018/2019.
2. Authorize the Chairman of the Board to sign the attached Certification Statements for the California Children's Services (CCS) Program and the Child Health and Disability Prevention (CHDP) Program for Fiscal Year 2018/2019 certifying that the County's administration of the programs will comply with all applicable federal and state statutes, rules, regulations, policies, and/or guidelines.

ACTION: Policy

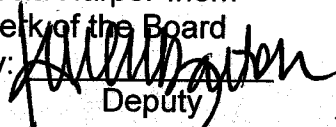
  
Kim Saruwatari, Director of Public Health 9/17/2018

---

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Ashley 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: October 2, 2018  
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**

| <b>FINANCIAL DATA</b>       | <b>Current Fiscal Year:</b> | <b>Next Fiscal Year:</b> | <b>Total Cost:</b>            | <b>Ongoing Cost</b> |
|-----------------------------|-----------------------------|--------------------------|-------------------------------|---------------------|
| <b>COST</b>                 | \$ 0                        | \$ 0                     | \$ 0                          | \$ 0                |
| <b>NET COUNTY COST</b>      | \$ 0                        | \$ 0                     | \$ 0                          | \$ 0                |
| <b>SOURCE OF FUNDS: N/A</b> |                             |                          | <b>Budget Adjustment: No</b>  |                     |
|                             |                             |                          | <b>For Fiscal Year: 18/19</b> |                     |

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

**BACKGROUND:**

**Summary**

The Department of Public Health has been participating in and administering the California Children's Services (CCS) Program and Child Health and Disability Prevention (CHDP) Program on behalf of the County of Riverside for several decades.

**CCS Program:**

The CCS Program currently serves over 14,500 children age birth to 21 years in Riverside County 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.

Every fiscal year, the state requires the County to certify that it will administer the CCS Program in compliance with all state and federal statutes, rules, regulations, policies and/or guidelines by signing the CCS Program Certification Statement as referenced in this Form 11 as Attachment A.

**CHDP Program:**

The CHDP Program is a preventive program that delivers periodic health assessments and services to low income children and youth in California. The CHDP Program 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.

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

Every fiscal year, the state requires the County to certify that it will administer the CHDP Program in compliance with all state and federal statutes, rules, regulations, policies and/or guidelines by signing the CHDP Program Certification Statement as referenced in this Form 11 as Attachment B.

**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.

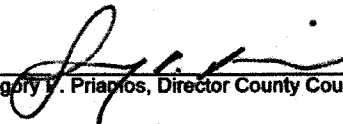
**ATTACHMENTS:**

Attachment A: Certification Statement - California Children's Services (CCS) Program.

Attachment B: Certification Statement - Child Health and Disabilities Prevention (CHDP) Program.

  
Melissa Noone, Associate Management Analyst

9/26/2018

  
Gregory V. Priamos, Director County Counsel

9/25/2018

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

County/City: Riverside

Fiscal Year: 2018-19

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*

*8/1/18*

Susan Lennan  
CCS Administrator

Date Signed

*Kim Saruwatari*

*08/07/2018*

Kim Saruwatari, Director  
Department of Public Health

Date Signed

Signature and Title of Other – Optional

Date Signed

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

*Chuck Wolf*

*OCT 02 2018*

Chairman, Board of Supervisors  
Signature of Local Governing Body Chairperson

Date

FORM APPROVED COUNTY COUNSEL  
BY: *D.M.* *9/2/18*  
DANIELLE D. MALAND DATE

ATTEST:  
KECIA HARPER-JHEM, Clerk  
By: *K. Harper-Jhem*  
DEPUTY

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

County/City: Riverside

Fiscal Year: 2018-19

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

*8/1/18*

Date Signed

*Christopher Dael*

Christopher Dael  
CHDP Director

*8/2/18*

Date Signed

*Kim Saruwatari*

Kim Saruwatari, Director  
Department of Public Health

*08/07/2018*

Date Signed

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

*Chuck Wolf*

Chairman, Board of Supervisors  
Signature of Local Governing Body Chairperson

*OCT 02 2018*

Date

FORM APPROVED COUNTY COUNSEL

BY: *Danielle D. Maland* 9/2/18  
DANIELLE D. MALAND DATE

ATTEST:

KECIA HARPER-IHEM, Clerk

By: *Jessica*  
DEPUTY

OCT 02 2018 *3.16*