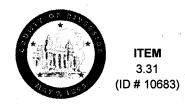
## SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



#### **MEETING DATE:**

Tuesday, September 10, 2019

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 2019/2020; All Districts. [\$0]

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

 Authorize the Department of Public Health to participate in and administer 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 2019/2020; and

2. Authorize the Chairman of the Board to sign the attached Certification Statements for the CCS and the CHDP Programs for Fiscal Year 2019/2020, 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** 

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes:

Jeffries, Spiegel, Perez and Hewitt

Nays:

None

Absent:

Washington

Date:

September 10, 2019

XC:

**RUHS-Public Health** 

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Kecia R. Harper

Clerk/of the Board

## 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	Budget Adju	stment: No		
			For Fiscal Ye	ear: 2019/2020

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

fianna Lontajo, Management Analyst 8/29/2019 Gregory

Gregory V. Priantos, Director County Counsel

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## Attachment A

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

County/City: Riverside

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I certify that the CCS Program will comply with all applicable Safety Code, Division 106, Part 2, Chapter 3, Article 5, (con 123800) and Chapters 7 and 8 of the Welfare and Institution Sections 14000-14200), and any applicable rules or regular pursuant to this article and these Chapters. I further certify comply with the Children's Medical Services Plan and Fiscon including but not limited to, Section 9 Federal Financial Parthis CCS Program will comply with all federal laws and regulating recipients of funds granted to states for medical XIX of the Social Security Act (42 U.S.C. Section 1396 et sallotted to states for the Maternal and Child Health Service Title V of the Social Security Act (42 U.S.C. Section 701 et CCS Program may be subject to all sanctions or other rem Program violates any of the above laws, regulations and procertified it will comply.	mmencing with Section ons Code (commencing with tions promulgated by DHCS that this CCS Program will al Guidelines Manual, rticipation. I further certify that ulations governing and assistance pursuant to Title eq.) and recipients of funds s Block Grant pursuant to seq.). I further agree that this edies applicable if this CCS			
0 //				
R.ollin	7/2/2019			
Robert Ibrahim	Date Signed			
CCS Administrator	2000 0.9.100			
Kim Saruwatari, Director Department of Public Health	08/07/2019 Date Signed			
Signature and Title of Other – Optional	Date Signed			
I certify that this plan has been approved by the local governing body.				
- Harris	9/10/19			
Chairman, Board of Supervisors KEVIN JEFFRIES	Date			
Cianatura of Local Coversion Dade Ole in the Coversion of				
	ATTEST:			
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FORM APPROVED COUNTY COUNSEL	By A WWW.			
BY DATE	DEPO!			
O, AMONT P DHILLON				

SEP 1 0 2019 3.31

Fiscal Year: 2019-20

## Attachment B

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

County/City: Riverside

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.				
P./Li	7/2/2019 Date Signed			
Robert Ibrahim	Date Signed			
CMS Director				
	7/15/14 Date Signed			
Christopher Dael	Date Signed			
CHDP Director	24			
Kimsariwatari	08/07/19			
Kim Saruwatari, Director	Date Signed			
Department of Public Health				
I certify that this plan has been approved by the local governing body.				
- The contract of the contract	9/10/19			
Chairman, Board of Supervisors KEVIN JEFFRIES	Date			
Signature of Local Governing Body Chairperson	ATTECT:			
	ATTEST: KECIA R. HARRER, Clerk			
	V_AADADAAAAAA			
FORM APPROVED COUNTY COUNSEL	DEPUTY			
S/23/2319				
AMRIT P. DHILLON DATE				

Fiscal Year: 2019-20