



Board Agenda Item 46

DATE: November 6, 2018

TO: Board of Supervisors

SUBMITTED BY: David Pomaville, Director, Department of Public Health

SUBJECT: Retroactive FY 2018-19 Children's Medical Services Plan Funding

RECOMMENDED ACTION(S):

Approve retroactive submission of the FY 2018-19 Children's Medical Services Plan for child health services and authorize the Chairman to execute Certification Statements as required by the California Department of Health Care Services, effective July 1, 2018 to June 30, 2019 (\$9,970,707).

Approval of the recommended action will allow the County to continue to receive non-competitive funding from the California Department of Health Care Services (DHCS) for five mandated child health services programs: California Children's Services (CCS), Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPCFC), Health Care Program for Children in Foster Care - Caseload Relief (HCPCFC-CR), and Psychotropic Medication Monitoring and Oversight (PMM&O), with no Net County Cost. The allocation covers the administrative costs of the five programs and includes full recovery of all indirect costs. The anticipated County match, estimated at \$219,620, will be funded with Health Realignment. This item is countywide.

ALTERNATIVE ACTION(S):

There are no viable alternative actions as the County is mandated by DHCS to administer all five programs. Should your Board not approve the recommended action the Department of Public Health would be unable to fund the programs.

RETROACTIVE AGREEMENT:

The Department received FY 2018-19's approved budget allocations from DHCS for the CCS component on August 6, 2018, and for CHDP, HCPCFC, and PMM&O components on September 25, 2018. All five allocations are retroactive to July 1, 2018. The approved CMS Plan submission deadline is November 23, 2018.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. DHCS capped and approved FY 2018-19 a total non-competitive allocation of \$9,970,707, a \$104,671 or 1% change from FY 2017-18, from State and Federal funds to the following programs:

- \$6,956,367 - CCS
- \$1,132,109 - CHDP
- \$1,130,341 - HCPCFC
- \$532,378 - HCPCFC-CR

- \$219,512 - PMM&O

Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2018-19 Adopted Budget.

The CMS Plan identifies the required County match for CCS at \$219,620 if the County's total allocation is expended, which will be covered by Health Realignment. The total estimated FY 2018-19 CMS Plan expenditures are \$9,300,262, representing an increase of 2.9% from the previous fiscal year. Full recovery of indirect costs is allowed for the five programs. The Department's current indirect cost rate is 26.50%.

CCS costs are allocated within Federal and State funding sources based on the County's CCS client caseload and staff time studies. In the event the County spends above the State funding allocation, any additional State program related costs beyond the cap may be claimed to the following fiscal year's allocation.

DISCUSSION:

The State began the CCS and CHDP programs in 1927 and 1972, respectively. Your Board's approval of the recommended CMS Plan will allow the County to continue receiving funds to administer these mandated programs, pursuant to California Code of Regulations Title 22, Division 2, Subdivision 7.

The recommended CMS Plan requires the County to provide CHDP case management health care services for eligible children. The CHDP program oversees the provision of complete health assessments for the early detection and prevention of disease and disability for eligible children. In FY 2017-18, approximately 250 medical providers delivered services at 124 sites enrolled in the CHDP program throughout the County. The number of CHDP health care assessments provided to children in the County in FY 2017-18 was not available from DHCS before the submission of the recommended plan and budget.

The CHDP program also encompasses the HCPCFC program whereby Public Health Nurses (PHN) consult and collaborate with the County's Department of Social Services (DSS) - Child Welfare Service Programs and the Probation Department to provide PHN expertise in meeting the medical, dental, mental, and developmental needs of children and youth in foster care and/or on probation. The HCPCFC program coordinates health care services for these children by:

- Collaborating with social workers, probation officers, and case managers;
- Assessing the health care status of children and promoting access to comprehensive preventive health and specialty services;
- Attending multi-disciplinary Team Decision Meetings to explain the health needs of the child; and,
- Acting as a liaison between Child Welfare Services and health care providers.

DSS funds four of the HCPCFC program's seven FTE (full-time equivalent) PHNs.

PMM&O funding, which started in FY 2016-17, is used exclusively to hire or augment existing PHN staff to permit PHN monitoring and oversight of foster children and youth treated with psychotropic medications. In FY 2017-18, there were approximately 2,200 children in foster care and approximately 75 children on probation that received services from the CMS Plan programs.

The CCS program provides medical case management, diagnostic, and treatment services to infants, children, and youth under the age of 21 with CCS-eligible medical conditions such as congenital heart disease, cancer, cystic fibrosis, chronic lung disease, serious birth defects, hearing loss, and cerebral palsy. The program is administered as a partnership between county health departments and DHCS. Administrative activities include:

- Reviewing, authorizing, and purchasing medical services; and,
- Providing medical case management to ensure eligible infants, children, and youth receive appropriate diagnostic services, specialized medical care, and related services.

Additional CCS mandated services include physical therapy, occupational therapy, and medical therapy conference services. These services are provided at Medical Therapy Units located in three County public schools. In FY 2017-18, the CCS case management caseload averaged approximately 7,500 clients and the Medical Therapy Units provided services to approximately 780 clients. The number of active cases determines the annual allocation and the number of CCS program staff is within the recommended staffing level of 90.45 FTE as provided by DHCS.

To finalize the allocation process, DHCS requires your Board to certify approval of the recommended CMS Plan and that the County will comply with applicable laws, regulations, and policies related to the CHDP and CCS programs. The recommended CMS Plan is retroactive to July 1, 2018 and serves in lieu of an agreement. Once approved by your Board, no additional executed documents are required to receive funding.

REFERENCE MATERIAL:

BAI #41, October 31, 2017

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - FY 2018-19 Children's Medical Services Plan

CAO ANALYST:

Sonia M. De La Rosa