



# Board Agenda Item 12

DATE: November 24, 2020

TO: Board of Supervisors

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

SUBJECT: Retroactive FY 2020-21 Children's Medical Services Plan Funding

RECOMMENDED ACTION(S):

1. **Approve retroactive submission of the FY 2020-21 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, 2020 through June 30, 2021 (\$10,398,017);**
2. **Adopt Budget Resolution increasing FY 2020-21 appropriations and estimated revenues for the Department of Public Health Org 5620 in the amount of \$312,967 (4/5 vote); and**
3. **Approve Amendment to the Salary Resolution adding two Public Health Nurse positions to the Public Health's Org 5620, effective November 30, 2020, as reflected in Appendix E.**

Approval of the first 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 indirect costs. The anticipated County match, estimated at \$250,252, will be funded with Health Realignment. Approval of the second recommended action will increase the Department of Public Health FY 2020-21 appropriations and estimated revenues for caseload relief efforts. Approval of the third recommended action will amend the Salary Resolution adding two Public Health Nurse (PHN) positions to the Public Health's Org 5620. 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 first recommended action, the Department would be unable to fund the programs. Should your Board not approve the second and third recommended actions, the Department would be unable to adequately staff the HCPCFC; caseloads are currently higher than the maximum recommended per PHN for youth in foster care.

RETROACTIVE AGREEMENT:

The Department received notification of the FY 2020-21 budget allocations from DHCS on October 1, 2020 and all five allocations are retroactive to July 1, 2020. The approved CMS plan submission deadline to DHCS is December 1, 2020.

### FISCAL IMPACT:

There is no Net County Cost associated with the recommended actions. DHCS approved FY 2020-21 with a total non-competitive allocation of \$10,398,017, a \$158,715 or 1.5% decrease over FY 2019-20 from State and Federal funds to the following Programs:

- \$7,207,379 - California Children's Services
- \$1,132,109 - Child Health and Disability Prevention
- \$1,306,639 - Health Care Program for Children in Foster Care
- \$532,378 - Health Care Program for Children in Foster Care - Caseload Relief
- \$219,512 - Health Care Program for Children in Foster Care - Psychotropic Medication Monitoring and Oversight

The added positions at a cost of an estimated \$312,967 will be covered 100% by the HCPCFC - CR funding.

Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2020-21 Adopted Budget.

The CMS Plan identifies the required County match for CCS at \$250,252 if the County's total allocation is expended, which will be covered by Health Realignment. The total estimated FY 2020-21 CMS Plan expenditures are \$9,633,045, representing a decrease of 1.9% over the prior fiscal year. Full recovery of indirect costs is allowed for the five programs. The Department's current indirect cost rate is 22.674%.

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 2019-20, approximately 300 medical providers delivered services at 120 sites enrolled in the CHDP program throughout the County.

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 Program and the Probation Department to provide PHN expertise in meeting the medical, dental, mental and development 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 eight 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 2019-20, there were approximately 2,200 children in foster care, 240 of which are on psychotropic medications and approximately 120 children on probation that received services from the CMS Plan programs.

Caseload Relief funding is used to hire or augment existing PHN staff to assist HCPCFC programs in reducing PHN caseloads. Currently, the County's existing program ratio for PHN to number of children in foster care is over the recommended 1:200. The addition of two (2) PHNs will allow the HCPCFC program to reduce the caseload ratio and more efficiently serve the children and youth in foster care.

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 supplies; 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 the Medical Therapy Units located in three County public schools. In FY 2019-20, the CCS case management caseload averaged approximately 7000 clients and the Medical Therapy Units provided services to approximately 770 clients. The number of active cases determines the annual allocation and the number of CCS program staff is within the recommended staffing level of 72.70 FTE as provided by DHCS.

#### REFERENCE MATERIAL:

BAI #43, November 19, 2019

#### ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - FY 2020-21 CMS Plan and Budget

On file with Clerk - Resolution 5620

Appendix E

#### CAO ANALYST:

Raul Guerra