



# County of Fresno

Hall of Records, Rm. 301  
2281 Tulare Street  
Fresno, California  
93721-2198

## Legislation Details (With Text)

**File #:** 21-1015 **Name:** Retroactive submission of the FY 2021-22 Children's Medical Services Plan

**In control:** Public Health

**On agenda:** 11/16/2021 **Final action:** 11/16/2021

**Enactment date:** **Enactment #:**

**Title:** Approve plan submission for the FY 2021-22 Children's Medical Services Allocation for child health services and authorize the Chairman to execute Certification Statements as required by the California Department of Health Care Services, retroactive to July 1, 2021 through June 30, 2022 (\$10,527,134)

**Sponsors:** Public Health

**Indexes:**

**Code sections:**

**Attachments:** 1. Agenda Item, 2. FY 2021-22 CMS Plan and Budget

Date	Ver.	Action By	Action	Result
11/16/2021	1	Board of Supervisors	Consent Agenda be approved	Pass

**DATE:** November 16, 2021

**TO:** Board of Supervisors

**SUBMITTED BY:** David Luchini, Director, Department of Public Health

**SUBJECT:** Retroactive FY 2021-22 Children's Medical Services Plan Funding

### RECOMMENDED ACTION(S):

**Approve plan submission for the FY 2021-22 Children's Medical Services Allocation for child health services and authorize the Chairman to execute Certification Statements as required by the California Department of Health Care Services, retroactive to July 1, 2021 through June 30, 2022 (\$10,527,134)**

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 (HCPFC), Health Care Program for Children in Foster Care - Caseload Relief (HCPFC-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 \$196,149, 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 would not have sufficient funds to offset mandated program service costs.

### RETROACTIVE AGREEMENT:

The Department received notification of the FY 2021-22 budget allocations from DHCS on September 24, 2021 and all five allocations are retroactive to July 1, 2021. This item is brought to your Board in accordance with the agenda item processing timelines. The approved CMS Plan submission deadline to DHCS is November 21, 2021.

#### FISCAL IMPACT:

There is no Net County Cost associated with the recommended action. DHCS approved FY 2021-22 with a total non-competitive allocation of \$10,527,134, a \$129,117 or 1.2% increase over FY 2020-21 from State and Federal funds broken down to the programs as followed:

- \$7,217,675 - California Children's Services
- \$1,132,109 - Child Health and Disability Prevention
- \$1,425,460 - 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

Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2021-22 Adopted Budget.

The CMS Plan identifies the required County match for CCS at \$196,149 if the County's total allocation is expended, which will be covered by Health Realignment. The total estimated FY 2021-22 CMS Plan expenditures are \$9,615,506, representing a decrease of 0.2% over the prior fiscal year. Full recovery of indirect costs is allowed for the five programs. The Department's current indirect cost rate is 22.579%.

CCS costs are allocated within Federal and State funding sources based on the County's CCS client caseload and staff time studies.

#### 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 2020-21, approximately 300 medical providers delivered services at 117 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 Services 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 10.0 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 2020-21, there were approximately 2,400 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.

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 2020-21, the CCS case management caseload averaged 7,387 clients and the Medical Therapy Units provided services to approximately 740 clients. The number of active cases determines the annual allocation and the number of CCS program staff is within the recommended staffing level of 73.90 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, HCPCFC and CCS programs. The recommended CMS Plan is retroactive to July 1, 2021 and serves in lieu of an agreement. Once approved by your Board, no additional executed documents are required to receive funding.

REFERENCE MATERIAL:

BAI #12, November 24, 2020

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - FY 2021-22 CMS Plan and Budget

CAO ANALYST:

Ron Alexander