



County of Fresno

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Legislation Text

File #: 17-1157, **Version:** 1

DATE: October 31, 2017

TO: Board of Supervisors

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

SUBJECT: Retroactive FY 2017-18 Children's Medical Services Plan Funding

RECOMMENDED ACTION(S):

Approve retroactive submission of the FY 2017-18 Children's Medical Services Plan for child health services and authorize the Chairman to execute Certification Statements as required by the State Department of Health Care Services, effective July 1, 2017 to June 30, 2018 (\$9,866,036).

Approval of the recommended action will allow the County to continue to receive non-competitive funding from the State Department of Health Care Services (DHCS) for four 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), and Psychotropic Medication Monitoring and Oversight (PMM&O), with no Net County Cost. The allocation covers the administrative costs of the four programs and includes full recovery of all indirect costs. The anticipated County match, estimated at \$216,939, will be funded with Health Realignment.

ALTERNATIVE ACTION(S):

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

RETROACTIVE AGREEMENT:

The Department received FY 2017-18's approved budget allocations from DHCS for all components of the Children's Medical Services (CMS) Plan on July 7, 2017 and is retroactive to July 1, 2017. The approved CMS Plan submission deadline is November 7, 2017.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. DHCS capped and approved FY 2017-18 a total non-competitive allocation of \$9,866,036 from State and Federal funds to the following programs:

- \$7,409,933 - CCS
- \$1,132,109 - CHDP
- \$1,118,661 - HCPCFC
- \$205,333 - PMM&O

Sufficient appropriations and estimated revenues are included in the Department of Public Health Org 5620 FY

2017-18 Adopted Budget. The total allocation represents an increase from the previous fiscal year of \$435,166 or 4.6%.

The CMS Plan identifies the required County match for CCS at \$417,895 if the County's total allocation is expended. However, based on estimated program expenditures, the required match for CCS will be approximately \$216,939, which will be covered by Health Realignment.

The total estimated FY 2017-18 CMS Plan expenditures are \$9,039,024, representing a decrease of 0.3% from the previous fiscal year. Full recovery of indirect costs is allowed for the four programs. The Department's current indirect cost rate is 26.19%.

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 2016-17, approximately 200 medical providers delivered services at 130 sites enrolled in the CHDP program throughout the County and provided health care assessments for approximately 84,000 children. This a preliminary amount of confirmed health care assessments as the State disbanded its manual submission process and implemented an electronic alternative, which resulted in provider confusion and a delay in claim submission. The State reported approximately 130,000 health care assessments in the previous fiscal year.

The CHDP program also encompasses the HCPCFC program whereby Public Health Nurses (PHN) consult and collaborate with the Department of Social Services (DSS), Child Welfare Service Programs and Probation Department to provide PHN expertise in meeting the medical, dental, mental, and developmental needs of children and youth in foster care and/or 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 4 of the HCPCFC program's 7 FTE 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 2016-17, there were approximately 2,000 children in foster care and approximately 90 children on probation that received services from the CMS Plan programs.

The CCS program provides medical case management, diagnostic, and treatment services to infants and children under the age of 21 with CCS-eligible medical conditions such as congenital heart disease, cancers,

cystic fibrosis, chronic lung disease, serious birth defects, hearing loss, and cerebral palsy. The CCS 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 and children 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 Fresno County public schools.

In FY 2016-17, the CCS case management caseload averaged approximately 7,700 clients and the Medical Therapy Units provided services to approximately 730 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 the State.

To finalize the allocation process, the State requires your Board to certify approval of the recommended CMS Plan and certify 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, 2017 and serves in lieu of an agreement. Once approved by your Board, no additional executed documents are required to receive funding.

REFERENCE MATERIAL:

BAI #29, November 1, 2016

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - FY 2017-18 Children's Medical Services Plan

CAO ANALYST:

Sonia De La Rosa