

STAFF REPORT

BOARD MEETING DATE: January 9, 2024

CATEGORY: Consent Calendar 6

SUBJECT: Approve acceptance of a retroactive allocation with the Department of Health Care Services for the California Children's Services Program and designate authority for processing amendments and other required documents to accept funding.

DEPARTMENT: Health and Human Services Agency-Public Health

SUPERVISORIAL DISTRICT #: All

DEPARTMENT CONTACT: Robin Schurig, MPH, CPH, Public Health Branch Director (530) 245-6869

STAFF REPORT APPROVED BY: Robin Schurig, HHSA Branch Director

<u>Vote Required?</u>	<u>General Fund Impact?</u>
Simple Majority Vote	No Additional General Fund Impact

RECOMMENDATION

Approve acceptance of a retroactive allocation with the Department of Health Care Services for the California Children's Services Program and authorize the HHSA Agency Director, or their designee, to sign amendments and other required documents to accept funding, including retroactive, so long as they otherwise comply with Administrative Policy 6-101, *Shasta County Contracts Manual*.

DISCUSSION

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children up to 21 years old with certain diseases and health problems. This program, along with other HHSA programs, supports health care for children through preventive screening, diagnostic treatment, rehabilitation, and follow-up services at the local level. The CCS program collaborates with other HHSA programs, local medical providers, and other agencies.

CCS Senate Bill (SB) 586 authorized the Department of Health Care Services (DHCS) to establish the Whole Child Model (WCM) program in designated County Organized Health System or Regional Health Authority counties to incorporate CCS program covered services for Medi-Cal eligible CCS children and youth up to the age of 21 into a Medi-Cal managed care plan contract. Shasta County became part of the WCM on January 1, 2019. The county has contracted with Partnership HealthPlan of California. Shasta County remains responsible for determining residential, financial, and medical eligibility for the CCS Program. Once eligibility has been established for the child with Medi-Cal, Partnership HealthPlan assumes responsibility for all case management and treatment services.

For children without Medi-Cal the County CCS program continues to provide case management, diagnostic and treatment services in partnership with DHCS. The CCS Medical Therapy Program continues to provide occupational and physical therapy services to children with CCS eligible medical conditions.

This grant is retroactive due to ongoing discussions with State, as well as the recent separation of multiple, similar grant programs into individual agreements. The department coordinated with the State to ensure services continued, and funding would be available, ultimately leading to this renewal. Funds received through this renewal are retroactive reimbursement for services provided through fiscal year (FY) 2022-23.

ALTERNATIVES

The Board could choose not to accept the allocation, if the Board doesn't approve the recommendation, County will not receive reimbursement from the state for services that have already been provided and expenses that were already incurred. The board could also choose not to designate signature authority or defer consideration of either action in the recommendation to a future date or provide alternate direction to staff.

OTHER AGENCY INVOLVEMENT

County Counsel has approved the agreement as to form. Risk Management has approved the agreement. The recommendation has been reviewed by the County Administrative Office.

FISCAL IMPACT

Local match funding for the administration of the CCS program is derived mainly from Public Health Realignment funds. The whole CCS program (Administration and Medical Therapy Unit) receives \$17,577 from the County General Fund, the majority which is for therapy and treatment services. State funds, Medi-Cal reimbursement, and enhancement with federal financial participation make up the remainder of the funding for this program. Revenue and appropriation authority for program administration in the CMS programs were included in Public Health's FY 22/23 Adopted Budgets (BU 411 & 417). Due to the retroactivity of this agreement, the services were provided in FY 22/23 and all expenses have already been incurred. This agreement is necessary to receive reimbursement from DHCS for these prior year expenses. There is no additional General Fund impact associated with this recommendation.

ATTACHMENTS:

1: Public Health CCS Program Grant FY22-23