

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS  
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Health Agency/Public Health Department		(2) MEETING DATE May 16, 2006		(3) CONTACT/PHONE Nancy Rosen (805) 781-5518	
(4) SUBJECT Request to approve: 1) The Child Health and Disability Prevention Program (CHDP)/California Children's Services (CCS) Plan for FY 2005-06; and 2) direct the Chairperson to sign the Certification Statement (Clerk's File).					
(5) SUMMARY OF REQUEST Annually, the San Luis Obispo County Public Health Department's Child Health and Disability Prevention Program (CHDP) and California Children's Services (CCS) program are required to submit a fiscal plan and budget to the State Department of Health Services' (DHS) Children's Medical Services (CMS) Branch. The Plan outlines the responsibilities of the County, State and Federal governments in order to meet the mandates of the Children's Medical Branch.					
(6) RECOMMENDED ACTION It is recommended that the Board approve the annual Child Health and Disability Prevention Program (CHDP)/California Children's Services (CCS) Plan for FY 2005-06 as required by the State; and direct the Chairperson to sign the Certification Statement (Clerk's File) of the Joint CHDP/CCS Plan.					
(7) FUNDING SOURCE(S) Federal/State/Realignme nt/General Fund		(8) CURRENT YEAR COST \$1,959,137		(9) ANNUAL COST \$1,959,137	
(10) BUDGETED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A					
(11) OTHER AGENCY/ADVISORY GROUP INVOLVEMENT (LIST): The County Auditor Controller signed the State Certificate of County Appropriation for the California Children Services Administrative, Diagnosis, Treatment and Therapy budgets for FY 2005/06 as required by the State. The Department Social Services (DSS) has an informing and referral requirement with regard to CHDP.					
(12) WILL REQUEST REQUIRE ADDITIONAL STAFF? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, How Many? _____ <input type="checkbox"/> Permanent _____ <input type="checkbox"/> Limited Term _____ <input type="checkbox"/> Contract _____ <input type="checkbox"/> Temporary Help _____					
(13) SUPERVISOR DISTRICT(S) <input type="checkbox"/> 1st, <input type="checkbox"/> 2nd, <input type="checkbox"/> 3rd, <input type="checkbox"/> 4th, <input type="checkbox"/> 5th, <input checked="" type="checkbox"/> All			(14) LOCATION MAP <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A		(15) Maddy Act Appointments Signed-off by Clerk of the Board <input checked="" type="checkbox"/> N/A
(16) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Hearing (Time Est. _____) <input type="checkbox"/> Presentation <input type="checkbox"/> Board Business (Time Est. _____)			(17) EXECUTED DOCUMENTS <input type="checkbox"/> Resolutions (Orig + 4 copies) <input checked="" type="checkbox"/> Contracts (Orig + 4 copies) <input type="checkbox"/> Ordinances (Orig + 4 copies) <input type="checkbox"/> N/A		
(18) NEED EXTRA EXECUTED COPIES? <input type="checkbox"/> Number: _____ <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A			(19) BUDGET ADJUSTMENT REQUIRED? <input type="checkbox"/> Submitted <input type="checkbox"/> 4/5th's Vote Required <input checked="" type="checkbox"/> N/A		
(20) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A			(21) W-9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		(22) Agenda Item History <input type="checkbox"/> N/A Date 06/07/05
(23) ADMINISTRATIVE OFFICE REVIEW <i>The revenue shortfall for the CCS program has been compensated for in other parts of the Public Health Budget also, the increase in Healthy Families Costs is budgeted</i> Dan Furbush					

B-2-5-16-08



# County of San Luis Obispo • Public Health Department

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*Gregory W. Thomas, M.D., M.P.H.*  
**County Health Officer**  
**Public Health Administrator**

TO: Board of Supervisors

FROM: Gregory Thomas, M.D., Public Health Administrator/Health Officer

DATE: May 16, 2006

SUBJECT: Request to approve: 1) The Child Health and Disability Prevention Program (CHDP)/California Children's Services (CCS) Plan for FY 2005-06 ; and 2) direct the Chairperson to sign the Certification Statement.

## Recommendation:

It is recommended that the Board approve the annual Child Health and Disability Prevention Program (CHDP)/California Children's Services (CCS) Plan for FY 2005-06 as required by the State; and direct the Chairperson to sign the Certification Statement (Clerk's File) of the Joint CHDP/CCS Plan.

## Discussion:

Annually, the San Luis Obispo County Public Health Department's Child Health and Disability Prevention Program (CHDP) and California Children's Services (CCS) program are required to submit a fiscal plan and budget to the State Department of Health Services' (DHS) Children's Medical Services (CMS) Branch. The Plan outlines the responsibilities of the County, State and Federal governments in order to meet the mandates of the Children's Medical Branch.

The CMS Branch is responsible for the administration of the Federal and State mandated CHDP program, which includes the Health Care Program for Children in Foster Care (HCPCFC), and the State mandated CCS program, including the CCS Administrative Program and the Medical Therapy Program (MTU). The Public Health Department (PHD) is responsible for the operation of both programs and ensures that the programs are compliant with State regulations.

## Child Health and Disability Prevention Program (CHDP)

The purpose of the mandated CHDP program is to identify low-income children and ensure they receive periodic preventative healthcare. Many children from low-income families do not receive regular examinations from the same physician or pediatrician, they do not have a medical home and they do not receive regular health assessments. CHDP examinations allow for the early identification and treatment of problems. Children who receive regular health care from qualified medical providers are healthier and are more successful.

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The CHDP program funds periodic well-child examinations to any child, birth through 20 years old, whose family income is 200% or less of the Federal Poverty Level, including Medi-Cal recipients and the uninsured. The examination consists of a complete physical evaluation including a developmental evaluation, hearing, vision and dental screening and all required immunizations. The examining physician refers any child with a suspected or identified medical or dental problem to the CHDP program for additional testing and/or treatment. The CHDP staff contact the family of the referred child to ensure that the parents are aware of the referral, to assist with scheduling appointments, to provide transportation information or to confirm that the child received the necessary treatment. Recruitment and approval of local pediatricians and Family Practice physicians as CHDP providers is the responsibility of the CHDP Deputy Director (Supervising Public Health Nurse). The CHDP staff performs provider site reviews to monitor compliance with CHDP regulations. Enrolled CHDP physicians invoice and receive payment for the examinations through the State's intermediary, Electronic Data Systems (EDS). The CHDP staff and Medi-Cal office provide instruction to providers to resolve invoicing problems.

#### California Children's Services (CCS)

The purpose of the mandated CCS program is to identify children with CCS eligible medical conditions, which are chronic or disabling. Once identified, CCS provides medical case management to ensure that participating children obtain necessary, specialized medical care and equipment. To qualify financially, children must be from low-income families and they must meet financial criteria as determined by the State. Providing appropriate intervention and treatment as early as possible improves the outcome for the child and lessens the long-term impact on the family.

Children with CCS medically eligible conditions can receive services from birth through 20 years old. CCS provides intensive case management, case coordination and ensures these children receive diagnostic services, treatment, and therapy. To qualify for the CCS program, the annual adjusted gross income of the family must be \$40,000 or less, or the expense to the family for the diagnosis or treatment of the child must be projected at 20% of their adjusted gross income. The State also determines which medical conditions are eligible for the program. Medically eligible conditions for the CCS program are debilitating or fatal when untreated. Eligible conditions include, but are not limited to birth defects, chronic illness, genetic diseases and injuries resulting from accidents or violence. Public Health Nurses working in CCS and the physician contracted as the CCS Medical Director review referred cases to determine medical eligibility for the program. They also review treatment requests to ensure the requested service is treating the CCS eligible condition and is an approved treatment for the condition.

CCS staff members are responsible for the recruitment of skilled physicians and sub-specialists located in San Luis Obispo County and throughout the state. The CMS Branch reviews and panels (approves) qualified providers meeting the State issued criteria. Many medical sub-specialists work at major medical centers and are located in large cities (Los Angeles or San Francisco). Medically fragile children and children with special needs often require therapy, procedures, medications and medical equipment that is very expensive. The families face the additional financial burden when the required specialists are located in another county. In accordance with State guidelines, CCS must provide the families with limited financial assistance to cover the cost of lodging and transportation when the expense would prevent the child from accessing the necessary authorized medical care.

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The local CCS and Medical Therapy Unit sponsors physicians to conduct four different orthopedic clinics and one pulmonology clinic to make specialized care more available to the clients. All clinic physicians are Board Certificated pediatric specialists from the large medical centers, including Children's Hospital Los Angeles, Santa Barbara Cottage and Stanford. Our local Medical Therapy Unit sites host one or two orthopedic clinics monthly and every quarter our local CCS sponsors a pulmonary clinic. During the FY 2005-06, our CCS will sponsor twenty-one clinics (seventeen orthopedic clinics and four pulmonary clinics). These clinics provide specialized pediatric care to our low-income, special needs children without the risk and difficulty associated with traveling long distances every two or three months.

The CCS program includes the Medical Therapy Units (MTUs). In 1945, the MTU was established in cooperation with the Department of Education. The intent was to provide necessary physical or occupational therapy to children with polio at their local school sites. Over time, the number of children with polio decreased and the State expanded their criteria of the conditions that were medically eligible for treatment at the MTU. Neuromuscular and orthopedic conditions, including cerebral palsy, hemiplegia and spina bifida were included in the expanded criteria. Today, the public schools still provide the space used by the MTUs. The PHD employs the MTU staff, including four part time physical therapists (P/T), three part time occupational therapists (O/T) and three physical therapy aides. Pediatric therapy is a specialized field and many communities lack therapists with the required training and expertise. The State mandates the MTU provide physical and/or occupational therapy to all children with a medically eligible condition and a physician's order requiring therapy. There is no financial eligibility requirement for the MTU.

San Luis Obispo County maintains four MTU sites; all approved by the State as Outpatient Rehabilitation Centers. Each site offers both P/T and O/T. The Oceano Educational Center MTU offers 70 hours of P/T and 18 hours of O/T per week, The Chris Jespersen School MTU (San Luis Obispo) offers 20 hours of P/T and 24 hours of O/T per week. The San Gabriel West MTU (Atascadero) offers 20 hours of P/T and 18 hours of O/T per week. The Meadow Lark Education Center MTU (Paso Robles) offers 20 hours of P/T and 20 hours of O/T per week. CCS paneled (approved) orthopedists order all physical or occupational treatment. This therapy gives children the opportunity to reach their highest potential by improving mobility and fostering activities designed to support activities required in daily life.

The CCS and MTU programs receive numerous referrals weekly, so the caseload fluctuates between 991 and 1077 children per year. Current caseload statistics show that 67% (674) of the children have Medi-Cal or pending Medi-Cal, 11% (110) are enrolled in Healthy Families (HF) insurance or pending HF and 22% (216) are straight CCS (those with private insurance, no insurance, restricted Medi-Cal or Medi-Cal with a share of cost). Any child who is potentially eligible for Medi-Cal is required to apply and complete the Medi-Cal application process.

For fiscal purposes, the CCS program, which consists of the Public Health Nurses, Support Staff, contracted Medical Director and Supervising PHN is the CCS Administrative Program. The CCS Administrative staff is responsible for determining program eligibility, case management and authorization of services. The Medical Therapy Program is the physical and occupational therapists and support staff that provides direct treatment at the MTUs.

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The CCS Administrative program invoices for services based upon the percentage of children with Medi-Cal (67%) and those children without Medi-Cal. The group of children without Medi-Cal are further divided by those with Healthy Families Insurance (11%) and those with private insurance, restricted Medi-Cal or Medi-Cal with a share of cost (22%).

CCS Administration obtains reimbursement is from the Federal government and the State General Fund. The Federal and State government reimburse at different rates depending upon the child's insurance. The Federal and State government pay for 100% of the cost of caring for children with Medi-Cal with no share of cost. The Federal, State and County share in the cost of caring for children without Medi-Cal. The financial responsibility follows:

- Medi-Cal with no share of cost– Federal government pays 75%, the State pays 25%
- Healthy Families (HF) insurance – Federal government pays 65%, the State pays 17.5% and the County pays 17.5%
- No insurance, private insurance, restricted Medi-Cal or Medi-Cal with a share of cost – State pays 50% and the County pays 50%

The CCS Administrative Program invoices for expense of the staff, operating expense, indirect expense and other expense (malpractice, Medical Director, etc). Using the formulas listed above and our reported caseload statistics, the State reimburses the county for the CCS Administrative program.

The CCS program provides diagnostic services to both eligible CCS and MTU children. Reimbursement is either from State or County funds. The financial responsibility follows:

- No Medi-Cal or Healthy Families, 50% County, 50% State
- Medi-Cal with no share of cost- 100% State
- No insurance, private insurance, 50% County, 50% State

The Medical Therapy Program invoices the State quarterly for their portion of the allowable operating, personnel and indirect expense (10% of personnel expense).

The County's share of cost for treating children with Healthy Families insurance continues to increase. In FY 2004-05, the County share of cost for treating children with Healthy Families was \$25,437. In FY 2005-06, the County share of cost is projected to be \$139,000. This projected increase has been accounted for in the 2005-06 budget. The increase cost is mainly due to the expense associated with one child who required an organ transplant. This child will continue to require costly post-transplantation medications and services over time. The County reimburses the State quarterly for the County's share of treatment costs for children with HF insurance. The County's share of cost for providing treatment services continues to increase. This increase reflects the higher cost of health care nationwide.

#### Other Agency Involvement/Impact

The County Auditor Controller signed the State Certificate of County Appropriation for the California Children Services Administrative, Diagnosis, Treatment and Therapy budgets for FY 2005/06 as required by the State. The Department Social Services (DSS) has an informing and referral requirement with regard to CHDP.

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Financial Considerations

Child Health and Disability Prevention (CHDP) Program budget:

	Expense	Revenue	NCC
FY 2004/2005	\$ 442,231	\$ 499,032	\$ 56,801
FY 2005/2006 (Budgeted)	\$ 453,168	\$ 447,477	\$ 59,790
FY 2005/2006 (Projected)	\$ 453,168	\$ 447,477	\$ 59,790

CHDP is funded by State and Federal funds. The State determines the annual allocation. The allocation funds the CHDP, Foster Care and Lead programs.

California Children's Services (CCS) Program budget:

	Expense	State CCS Revenue	DSS Sales Tax	Health Sales Tax/VLF	Medical Enrollment fees	Total Revenue	NCC
FY 2004/2005	\$1,842,076	\$1,013,386	\$313,632	\$284,001	\$80,856	\$1,691,875	\$150,201
FY 2005/2006 (Budgeted)	\$2,283,895	\$1,537,348	\$356,368	\$262,464	\$40,000	\$2,196,180	\$87,715
FY 2005/2006 (Projected)	\$1,959,137	\$1,002,355	\$356,368	\$262,464	\$118,130	\$1,739,317	\$219,820

The projected increase of \$132,105 in general fund is 100% offset through unanticipated fee revenue from the Public Health Laboratory.

The State CCS program requires the County to match State funds for **Diagnostic, Treatment and Therapy** costs. The County share is as follows:

	Diagnostic	Treatment	Therapy	Administration	Total Match Spent
FY 2004/2005	\$ 5,057	\$ 126,737	\$ 351,744	\$106,688	\$590,226

The State required MOE for FY 2004-05 was in the amount of \$599,555.

The State required MOE for FY 2005-06 is in the amount of \$617,497.

DSS Realignment Funds (consistent with the original State Realignment Legislation) (\$356,368), Vehicle License Fees and Sales Tax Health dollars (\$262,464) and General Fund provide the match for Diagnostic, Treatment and Therapy.

The County MOE does not include the Healthy Families County match. Healthy Families is a separate County requirement that has no limit. This is a huge concern for all California Counties. Healthy Families costs continue to increase significantly. The Federal government pays 65%, the State pays 17.5% and the County pays 17.5% of the expense of treating children with Healthy Families insurance. The County's share of cost for treating children with Healthy Families insurance continues to increase. In FY 2004-05,

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the County share of cost for treating children with Healthy Families was \$25,437. In FY 2005-06, the County share of cost is projected to be \$139,000.

### Results

The Children's Medical Program helps support a "Healthy Community" to ensure that all children in our community enjoy healthy, successful and productive lives and have access to the basic necessities. The State Certification form must be signed by the Board of Supervisors in order for the County to be reimbursed for any CCS services.

The following table reflects the number of CHDP exams and CCS caseload provided to children during the past year and the projections for FY 2005-06 as required by the State.

	CHDP Exams	CHDP Follow-up	CCS Caseload (Average-Active)
FY 2004/2005	13,800	2,184	1,027
FY 2005/2006 (Projected)	13,800	1,184	1,050

In FY 2004-05, CHDP providers completed 13,800 well child examinations and referred 2,184 (16%) children for follow up.

During the first three quarters of FY 2005-06, CHDP providers completed 10,000 well child examinations and referred 697 children (7%) for follow up. The reduction in the number of referrals to CHDP reflects the increase in Community Health Centers provision of follow up care for their patients, ages five years and older, who receive referrals for dental and nutrition problems. Our CHDP tracking system does not include these children because State statistics require the number of children that require CHDP assistance and referral information. Of the received referrals, 486 children (70%) had dental problems, 86 children (12%) were overweight or underweight, 47 children (7%) have conditions that require specialists and received referral to CCS. During the first three quarters of FY 2005-06, CHDP staff closed 205 cases and there are 492 cases undergoing treatment or pending. The majority of pending cases require dental care.

In FY 2004-05, CHDP staff completed site reviews, including chart reviews, for eight of the seventeen provider sites (47%) and visited seven new CHDP providers to orient them to the program. CHDP staff provided five trainings, three staff in-services at private offices and a site review at one dental office.

During FY 2005-06, we plan to complete eight provider site reviews and chart audits, eight trainings at the provider offices, two site reviews for new CHDP providers, attendance at four health fairs, two orientations at Dept of Social Services and three trainings at Head Start programs. Staff conduct 100% desktop review of all Physician Exam/Assessment forms.

During the FY 2005-06, CCS will conduct twenty-one CCS sponsored specialty clinics and will provide approximately 421 visits.

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The CCS caseload has approximately 1050 cases per month. Of the total 1050 cases, 950 (90%) are active and require on-going case management, 100 cases (10%) are pending referrals or closures. To meet the State mandated time lines and follow the regulations, these pending cases (1200 per year) require timely data entry into the State database (CMSNET), issuance of applications and letters, review of medical reports by the Public Health Nurses, the Medical Director, contact with parents, physicians, hospitals, etc.

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