

DEPARTMENT: Public Health Charles B. Mosher, M.D., Health Officer 966-3689
BY: _____ PHONE: _____

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Recommend resolution approving Children's Medical Services (CMS) Plan and Budget Justification for Fiscal Year 1994-1995 in the amount of \$18,478 for California Children Services (CCS) and \$42,423 for Child Health and Disability Program (CHDP).

The CCS Program provides payment for services for children with medically eligible conditions, including diagnosis, treatment and school based therapy services for physically handicapped children. State and County are to share in the administrative costs (H & S Code 268[a]) and Diagnosis Therapy & Treatment (DTT) of the CCS Program at the local level (H&S Code 265)[a][b][d]. The County of Mariposa is responsible for 50 percent of administrative cost of the non-Medi-Cal County caseload (County \$2,519; State \$2,520; Medi-Cal \$13,439) and 50 percent of the DTT up to \$37,954 (County 18,977; State 18,977). County is required to submit the Administrative Budget Request (H&S Code 268[e][2]).

The County contracts directly with the State CHDP Office for administration of the CHDP program which provides health assessment for the early detection and prevention of disease and disabilities in children. State Law (H&S 321.2) requires each County to have a CHDP Program.

BACKGROUND AND HISTORY OF BOARD ACTION: SEE NEXT PAGE

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Fund entire program from General Fund.
2. Direct staff to modify program budget request.
3. May be a violation of Health & Safety Codes.

COSTS: () Not Applicable

A. Budgeted current FY	\$ 78,369
B. Total anticipated costs	\$ 79,878
C. Required additional funding	\$ 1,509
D. Internal transfers	\$ _____

SOURCE: (X) 4/5ths Vote Required

A. Unanticipated revenues	\$ 1,509
B. Reserve for contingencies	\$ _____
C. Source description: <u>State Grant</u>	_____
Balance in Reserve for Contingencies, if approved: \$ _____	_____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:
Res. No.: 94-348 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
 Approved () Denied
 Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: _____
Deputy

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination
 Submitted with Comment
 Returned for Further Action
Comment: _____
A.O. Initials: PC

CONTINUED FROM PREVIOUS PAGE:

BACKGROUND AND HISTORY OF BOARD ACTIONS:

These ongoing programs, CCS and CHDP, are State mandated. This Fiscal Year the State has combined the two programs into Children's Medical Services (CMS).

Board previously approved CHDP Program Grant Application for Fiscal Year 1993-1994.

The CCS Program has not required Board Action in previous years.