



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
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December 29, 1998

AGENDA: January 12, 1999

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: ACCEPT NEW REVENUE AND APPROVE POSITIONS FOR THE CALIFORNIA
CHILDREN'S SERVICES PROGRAM

Dear Board Members:

The Health Services Agency requests approval of three new positions in the California Children's Services (CCS) Medical Therapy Program: a 1.0 FTE Physical Therapist, a 0.75 FTE Physical Therapist, and a 0.50 Typist Clerk II. The full-time Physical Therapist is completely supported by new State funds; the cost of the part-time positions is shared equally between the County and the State and is supported by existing funds budgeted in HSA's Services and Supplies budget for medical treatment services. As noted below, these funds are available because a greater percentage of CCS clients are having their treatment costs covered by Medi-Cal than in previous years. No new County funds are requested or required. The related resolutions accepting the new revenue (\$34,274) and transferring the existing funds (\$36,749) are attached.

The CCS Medical Therapy Program provides State-mandated medical therapy services to children with disabilities. Services include physical and occupational therapy, orthopedic clinics, and durable medical equipment such as wheelchairs, leg braces, and walkers that help children attain maximum independence. Services are provided on school sites as part of a child's individual education program.

The State is in the process of adopting new regulations implementing AB 3632, which was passed originally in 1986 and which defined State and local interagency responsibilities concerning children with disabilities. The new regulations are necessary to assure conformity with current federal legislation and to meet the terms of a court ordered agreement, extending the impact of this 1986 legislation to children with physical disabilities. The regulations include sections dealing with the relationship between county CCS programs and Special Education programs. These sections cover updated program definitions, a framework for local interagency agreements between CCS programs and Special Education Local Planning Areas (SELPA's), CCS responsibilities to provide medically necessary physical and occupational therapy services, CCS participation in the Individualized Education Program (IEP) process, a fair hearing/dispute resolution process, and other program details.

The State is providing complete funding for the proposed new full-time physical therapist position, which will be the County's liaison to the SELPA's and will carry out the duties specified in the interagency agreements. The agreements between the two existing local SELPA's and the County's CCS program are currently being revised to reflect the mandates of the new AB 3632 regulations. The estimated cost of this position through the end of this fiscal year is \$34,274. On-going State funding will be part of the annual CCS allocation. **210**

HSA is also requesting a new 0.75 FTE physical therapist position and a new 0.50 Typist Clerk II position. The physical therapist position is needed to address the increasing caseload in the CCS Medical Therapy Unit (MTU) and is unrelated to the AB 3632 requirements.

The proposed clerical position will provide needed support services associated with the current CCS caseload. It will also assist with the AB 3632 requirements, which involve an increased level of formal tracking of case referrals, notification to families, and other program activities. Funds designated for CCS medical care and treatment will be re-budgeted to cover the costs of the part-time physical therapist and clerical positions. The treatment funds are available because a greater number of CCS children are having their medical care funded by fee-for-service Medical (76% this year compared to 62% at the beginning of FY 1997-98) which doesn't require a County match. The State and County share CCS (non Medi-Cal) treatment costs on a 50/50 basis. There is no increase in net County cost as a result of these staffing additions.

It is therefore RECOMMENDED that your Board:

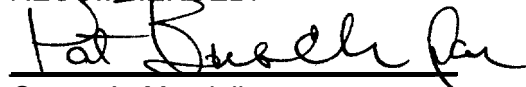
1. Adopt the attached resolution accepting and appropriating \$34,274 in unanticipated revenue for the Children's Medical Services program, and approve the transfer of \$36,749 in appropriations from services and supplies to personnel in the California Children's Services (CCS) program (AUD-74 attached); and
2. Authorize the creation of a 1 .0 FTE Physical Therapist position, a 0.75 FTE Physical Therapist position, and a 0.50 FTE Typist Clerk II position in the California Children's Services program (BU 362503) and refer to County Personnel for classification.

Sincerely,



Charles M. Moody, HSA Administrator

~~RECOMMENDED:~~



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
County Personnel
HSA Administration
HSA Fiscal
HSA Personnel
SEIU

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

211

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from State of California for California Children's Services (CCS) program; and

WHEREAS, the County is recipient of funds in the amount of \$ 34,274 which are either in excess of those anticipated or are not specifically set forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds may be made available for specific appropriation by a four-fifths vote of the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County Auditor-Controller accept funds in the amount of \$ 34,274 into

Department Health Services Agency

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
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-- SEE ATTACHED SHEET --

and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
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-- SEE ATTACHED SHEET --

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been researched and that the Revenue(s) (has been) (will be) received within the current fiscal year.

By Charles M. Moody/ag
Department Head

D a t e 1/4/99

COUNTY ADMINISTRATIVE OFFICER

JS Recommended to Board

Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this _____ day of _____ 19____ by the following vote (requires three-fifths vote for approval):

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

Ralu Garcia

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

Linda Chou 1/4/99

Auditor-Controller

Distribution:

- Auditor-Controller
- County Council
- County Administrative- Officer
- Originating Department

HEALTH SERVICES AGENCY
AUD-60 ATTACHMENT
 CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

FISCAL YEAR | 998/99

ESTIMATED REVENUES:

T/C	Index Number	Revenue Subobject Numb&	Account Name	Amount
001	362503	0582	ST AID - CCS	\$ 34,274
Total				\$ <u>34,274</u>

APPROPRIATIONS:

T/C	Index Number	Expenditure Subobject Numb&	PRJ/UCD	Account Name	Amount
021	362503	3100		REGULAR PAY	\$ 25,920
021	362503	3150		FICA	1,983
021	362503	3155		PERS	3,758
021	362503	3160		INSURANCE	2,613
Total					\$ <u>34,274</u>

COUNTY OF SANTA CRUZ

REQUEST FOR TRANSFER OR REVISION OF BUDGET APPROPRIATIONS AND/OR FUNDS

214

Department: Health Services Agency

Date: 12/29/98

TO: Board of Supervisors / County Administrative Officer / District Board

I hereby request your approval of the following transfer of budget **appropriations** and/or funds in the fiscal year ending June 30, 1999

AUDITORS USE ONLY			
DOCUMENT #	AMOUNT	L/N	T/C HASH
BD	7,349,800	0.5	0.43

BATCH #	
DATE	

	T/C	INDEX	SUBJECT	PRJ/UCD	AMOUNT	DESCRIPTION
TRANSFER	TO	0 2 1 3, 6, 2, 5, 0, 3	3, 1, 0, 0	, , , , ,	6 7, 4, 9, 0, 0	Reg Pay - Perm
	FROM	0 2 2 3, 6, 2, 5, 0, 3	4 3, 4, 6	, , , , ,	3 6 7, 4, 9, 0, 0	Outside Exp

Explanation:

Transfer funds to personnel from services and supplies to support new 0.75 FTE physical therapist and 0.50 FTE typist clerk positions.

Name Charles M. Meedy

Title ASA Administrator

Auditor-Controller's **Action:** I hereby certify that unencumbered **balance(s) is/are** available in the appropriations/funds and in the amounts indicated above.

Auditor-Controller, by Linda Chou, Deputy Date 1/4 1999

County Administrative Officer's Action: Recommended to Board Approved Not Recommended or Approved

County Administrative Officer [Signature] Date 1/5/99

State of California } As the Clerk of the Board of Supervisors of the County of Santa Cruz, I do hereby certify that the foregoing request for
County of Santa Cruz } **ss.** transfer was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order
duly entered in the minutes of said Board on

_____, 19____ By _____, Deputy Clerk

Distribution:

White-Board of Supervisors
Yellow-Auditor-Controller

Green-County Administrative Officer
Pink-Originating Department

Goldenrod-Departmental Control Copy