



Legislation Text

File #: 20-06, Version: 1

Memorandum

Date: January 14, 2020

To: The Honorable Moke Simon, Chair, Lake County Board of Supervisors

From: Denise Pomeroy, Health Services Director

Subject: Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Care Services, CMS Branch's California Children's Services (CCS) Administration Plan Renewal Grant for FY 2019-2020 and Authorize the Board Chair to Sign Said Certification Statement

Executive Summary:

Attached for your review is a Resolution authorizing the Board's Chair to sign the Application Certification Statement required for the FY 2019-2020 renewal of the CMS Fiscal Plan and Budget. The CCS Administrative Program is part of a program that provides medical care for children with serious medical care needs and disabilities whose families meet specific income guidelines per year. It also has funds for diagnosis, treatment, and medications for children who are income eligible, and provides case management to link clients with medical care.

Should you have any questions, or require additional information, please contact myself or Carolyn Holladay, Public Health Nursing Director at 263-1090.

If not budgeted, fill in the blanks below only:

Estimated Cost: _____ Amount Budgeted: _____ Additional Requested: _____ Future Annual Cost: _____

Consistency with Vision 2028 and/or Fiscal Crisis Management Plan (check all that apply):

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Well-being of Residents | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Disaster Recovery | <input type="checkbox"/> County Workforce | <input type="checkbox"/> Technology Upgrades |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake | <input type="checkbox"/> Revenue Generation |
| | | | <input type="checkbox"/> Cost Savings |

If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:

Which exemption is being requested?
How long has Agreement been in place?
When was purchase last rebid?
Reason for request to waive bid?

Recommended Action: Adopt Resolution Approving the Application and Certification Statement for the State Department of Health Care Services, CMS Branch's California Children's Services (CCS) Administration Plan Renewal Grant for FY 2019-2020 and Authorize the Board Chair to Sign Said Certification Statement