



# AGENDA

## BOARD OF SUPERVISORS, COUNTY OF MONO STATE OF CALIFORNIA

Regular Meetings: The First, Second, and Third Tuesday of each month. Location of meeting is specified just below.

MEETING LOCATION Mammoth Lakes BOS Meeting Room, 3rd Fl. Sierra Center Mall, Suite 307, 452 Old Mammoth Rd., Mammoth Lakes, CA 93546

### Regular Meeting April 15, 2014

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**TELECONFERENCE LOCATIONS:** 1) First and Second Meetings of Each Month: Mammoth Lakes CAO Conference Room, 3rd Floor Sierra Center Mall, 452 Old Mammoth Road, Mammoth Lakes, California, 93546; 2) Third Meeting of Each Month: Mono County Courthouse, 278 Main, 2nd Floor Board Chambers, Bridgeport, CA 93517. Board Members may participate from a teleconference location. Note: Members of the public may attend the open-session portion of the meeting from a teleconference location, and may address the board during any one of the opportunities provided on the agenda under Opportunity for the Public to Address the Board.

**NOTE:** In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (760) 932-5534. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (See 42 USCS 12132, 28CFR 35.130).

Full agenda packets are available for the public to review in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517), and in the County Offices located in Minaret Mall, 2nd Floor (437 Old Mammoth Road, Mammoth Lakes CA 93546). Any writing distributed less than 72 hours prior to the meeting will be available for public inspection in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517). **ON THE WEB:** You can view the upcoming agenda at [www.monocounty.ca.gov](http://www.monocounty.ca.gov) . If you would like to receive an automatic copy of this agenda by email, please send your request to Lynda Roberts, Clerk of the Board: [lroberts@mono.ca.gov](mailto:lroberts@mono.ca.gov) .

***UNLESS OTHERWISE SPECIFIED BY TIME, ITEMS SCHEDULED FOR EITHER THE MORNING OR AFTERNOON SESSIONS WILL BE HEARD ACCORDING TO AVAILABLE TIME AND PRESENCE OF INTERESTED PERSONS. PUBLIC MAY COMMENT ON AGENDA ITEMS AT THE TIME THE ITEM IS HEARD.***

9:00 AM Call meeting to Order

Pledge of Allegiance

#### 1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

on items of public interest that are within the subject matter jurisdiction of the Board. (Speakers may be limited in speaking time dependent upon the press of business and number of persons wishing to address the Board.)

**2. APPROVAL OF MINUTES**

**A. Board Minutes**

Departments: Clerk of the Board

Approve Minutes of the Regular Meeting held on April 8, 2014.

**3. PRESENTATIONS**

**A. Presentation of Appreciation in Recognition of Dan Lyster's Retirement**

Departments: Economic Development

10 minutes

(Dan Lyster; Jim Leddy) - Proposed Resolution of Appreciation for Dan Lyster's 30 years of service with Mono County as Director of Economic Development and Special Projects.

**Recommended Action:** Adopt proposed Resolution. Provide any desired direction to staff.

**Fiscal Impact:** None.

**4. BOARD MEMBER REPORTS**

The Board may, if time permits, take Board Reports at any time during the meeting and not at a specific time.

**5. COUNTY ADMINISTRATIVE OFFICE**

CAO Report regarding Board Assignments

Receive brief oral report by County Administrative Officer (CAO) regarding work activities.

**6. DEPARTMENT/COMMISSION REPORTS**

**7. CONSENT AGENDA**

(All matters on the consent agenda are to be approved on one motion unless a board member requests separate action on a specific item.)

**A. Mono County Children's Medical Services (CMS) Plan Fiscal Year 2013-2014**

Departments: Health Department

The Children's Medical Services Plan for Fiscal Year 2013-2014.

**Recommended Action:** That the Board of Supervisors approve and authorize Chairman to sign the Mono County Children's Medical Services (CMS) Plan for Fiscal Year 2013-2014.

**Fiscal Impact:** These programs are funded with a mix of Federal Title XIX (Medicaid) funds, Federal Title XXI funds, State General Fund, and Social Services Realignment dollars. The funding mix is different for each program, based on factors such as Medi-Cal caseload and staff time studies. The chart below shows the

breakdown, by program, of this funding. These figures are included in the 2013-2014 County Budget already approved. There is no County general fund impact.

Program	Medi-Cal- (State and Title XIX)	Federal Title XXI	State	Realignment
CHDP	\$80,376.00		\$98.00	\$14,826.00
CCS-Admin	\$161,960.00	\$24,295.00	\$6,541.00	\$6,541.00
HPCFC	-	\$3,593.00	\$2,164.00	-

**8. CORRESPONDENCE RECEIVED (INFORMATIONAL) - NONE**

All items listed are located in the Office of the Clerk of the Board, and are available for review.

**9. REGULAR AGENDA - MORNING**

**A. Local EMS Agency Presentation**

Departments: EMS

30 minutes (15 minute presentation; 15 minute discussion)

(Dr. Richard O. Johnson) - Presentation by Dr. Richard Johnson, Health Officer, regarding Local EMS Agencies.

**Recommended Action:** None (informational only). Provide any desired direction to staff.

**Fiscal Impact:** None. Informational only.

**B. Temporary Road Closures for, and Assistance with, the 152nd Bridgeport 4th of July Celebration**

Departments: Public Works

20 minutes (5 minute presentation; 15 minute discussion)

(Jeff Walters) - The 152nd Annual 4th of July Celebration in Bridgeport takes place this year. In past years Mono County Public Works has offered assistance, after Board authorization, to the Bridgeport Chamber of Commerce.

**Recommended Action:** 1. Receive staff report regarding a request for assistance with the 2014 Fourth of July celebration in Bridgeport. 2. Consider and potentially adopt Resolution No. R14-\_\_\_\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Temporary Closure of County Roads in Bridgeport and the Temporary Detour of Traffic onto County Roads in Bridgeport from Highway 395 for the 152nd Annual Bridgeport Fourth of July Celebration." 3. Consider and potentially adopt Resolution No. R14-\_\_\_\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Department of Public Works to Assist with Setting Up and Disassembling Facilities Associated with the 152nd Annual Bridgeport Fourth of July Celebration." 4. Provide any desired direction to staff.

**Fiscal Impact:** Approximately \$20,000 or less from both Road Fund and the General Fund will be necessary to cover county labor and expenses.

**C. Request for Snow Removal Assistance - Yosemite National Park**

Departments: Public Works

15 minutes (5 minute presentation; 10 minute discussion)

(Jeff Walters) - Upon its opening each spring State Highway 120 through Yosemite National Park (YNP) provides a significant benefit to businesses and visitation in Mono County. In prior years, The Board of Supervisors has actively supported and assisted the National Park Service and Caltrans with snow removal and opening of Highway 120. The Park Service may request assistance from Mono County again this year. In order to promptly respond, should YNP request assistance, the Board of Supervisors would need to authorize Public Works to provide snow removal assistance.

**Recommended Action:** Consider and potentially adopt Resolution No. R14-\_\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Public Works Director to Execute and Administer Cooperative Agreements and to Utilize Department of Public Works Personnel and Equipment to Assist with Snow Removal Activities Associated with the 2013 Opening of Highway 120 Within Yosemite National Park." Provide any desired direction to staff.

**Fiscal Impact:** Fiscal impact will depend upon the depth of snow, weather conditions, and road debris.

**D. 3rd Quarter Budget Review and 2014-15 Budget Preview**

Departments: CAO/Finance

30 minutes (10 minute presentation; 20 minute discussion)

(Jim Leddy, Leslie Chapman) - Review 3rd quarter budget status, and look forward to the 2014-15 Budget outlook and process.

**Recommended Action:** 1) Hear 3rd quarter budget update and approve changes. 2) Discuss budget status and what to expect in FY 2014-15. 3) Approve a hard hiring freeze for the remainder of the 2013-14 fiscal year and consider extending through the 2014-15 fiscal year. 4) Review, adjust and approve the 2014-15 draft budget calendar including community workshops, budget hearings and other important deadlines.

**Fiscal Impact:** While certain budget line items have changed, there is no overall fiscal impact to the General Fund as a result of this action, and there is sufficient fund balance to cover the requested \$26,000 increase in the Conway Ranch Fund.

**10. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD**

on items of public interest that are within the subject matter jurisdiction of the Board. (Speakers may be limited in speaking time dependent upon the press of business and number of persons wishing to address the Board.)

**11. CLOSED SESSION**

**A. Closed Session--Human Resources**

CONFERENCE WITH LABOR NEGOTIATORS. Government Code Section 54957.6. Agency designated representative(s): Marshall Rudolph, John Vallejo, Leslie Chapman, Bill Van Lente and Jim Leddy. Employee Organization(s): Mono County Sheriff's Officers Association (aka Deputy Sheriff's Association), Local 39--majority representative of Mono County Public Employees (MCPE) and Deputy Probation Officers Unit (DPOU), Mono County Paramedic Rescue Association (PARA), Mono County Public Safety Officers Association (PSO), and Mono County Sheriff Department's Management Association (SO Mgmt). Unrepresented employees: All.

**B. Closed Session - Public Employment**

PUBLIC EMPLOYMENT. Government Code section 54957. Title: Public Works Director.

**C. Closed Session - Claim For Damages**

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION. Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Government Code section 54956.9. Number of potential cases: 1. Facts and circumstances: claim for damages number CL14-02 filed by Steven Crist.

**D. Closed Session - Conference with Legal Counsel**

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION. Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Government Code section 54956.9. Number of potential cases: One.

**E. Closed Session - Conference With Legal Counsel**

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: Mono County v. Personnel Appeals Board.

**F. Closed Session - Conference With Legal Counsel**

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: Mono County v. Schat.net Internet LLC.

**G. Closed Session - Conference with Legal Counsel**

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: Inland Aquaculture Group LLC v. Mono County et al.

**H. Closed Session - Conference with Legal Counsel**

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: MC Ellis v. Mono County.

**I. Closed Session - Conference With Legal Counsel**

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION. Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Government Code section 54956.9. Number of potential cases: 1. Facts and circumstances: real property lease dispute.

**REGULAR AFTERNOON SESSION COMMENCES AT 2:00 P.M.**

**12. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD**

on items of public interest that are within the subject matter jurisdiction of the Board. (Speakers may be limited in speaking time dependent upon the press of business and number of persons wishing to address the Board.)

**13. REGULAR AGENDA - AFTERNOON**

**A. Claim For Damages**

Departments: Risk Management

5 minutes

(John-Carl Vallejo) - Claim for damages number CL14-02 filed by Steven Crist.

**Recommended Action:** Reject claim for damages and direct staff to send out notice of action.

**Fiscal Impact:** None at this time.

**B. Bodie Road**

Departments: Public Works

20 minutes (5 minute presentation; 15 minute discussion)

(Jeff Walters) - The 2.2 mile unpaved section of Bodie Road from highway 270 to the entrance of the State Park is a very rough road. Mono County Public Works has developed a short term maintenance option that would provide some improvement to the condition of the road prior to the busy summer season.

**Recommended Action:** Hear staff report regarding potential road maintenance on the 2.2 mile unpaved section of Bodie Road. Provide any desired direction to staff.

**Fiscal Impact:** \$28,000 from the Road Fund if the Board authorizes county staff to perform maintenance work described in Option #1.

**ADJOURN**



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: Clerk of the Board**

**TIME REQUIRED**

**SUBJECT** Board Minutes

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Approve Minutes of the Regular Meeting held on April 8, 2014.

### RECOMMENDED ACTION:

### FISCAL IMPACT:

**CONTACT NAME:** Shannon Kendall

**PHONE/EMAIL:** x5533 / skendall@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
***PRIOR TO 5:00 P.M. ON THE FRIDAY  
32 DAYS PRECEDING THE BOARD MEETING***

### SEND COPIES TO:

### MINUTE ORDER REQUESTED:

YES  NO

### ATTACHMENTS:

Click to download

[04-08-14 Draft](#)

#### History

Time	Who	Approval
4/9/2014 12:03 PM	County Administrative Office	Yes
4/9/2014 12:06 PM	County Counsel	Yes
4/9/2014 12:07 PM	Finance	Yes



**DRAFT MEETING MINUTES  
BOARD OF SUPERVISORS, COUNTY OF MONO  
STATE OF CALIFORNIA**

Regular Meetings: The First, Second, and Third Tuesday of each month. Location of meeting is specified just below.

MEETING LOCATION Board Chambers, 2nd Fl., County Courthouse, 278 Main St.,  
Bridgeport, CA 93517

**Regular Meeting  
April 8, 2014**

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Flash Drive	#1009
Minute Orders	M14-60 to M14-67
Resolutions	R14-21 to R14-23
Ordinance	Ord14-02 NOT USED

9:00 AM Meeting Called to Order by Chairman Johnston.

*Supervisors Present: Alpers, Hunt, Johnston and Stump.  
Supervisors Absent: Fesko.*

*Break: 10:17 a.m.  
Reconvene: 10:28 a.m.  
Closed Session/Lunch: 10:56 a.m.  
Reconvene: 12:27 p.m.  
Adjourn: 12:28 p.m.*

Pledge of Allegiance led by Supervisor Hunt.

**1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD**

**Bob Musil:**

- Thanked Board for recognizing and paying tribute to the passing of his father last week; his family is honored.

**Carolyn Webb (Virginia Lakes resident):**

- Here to voice concerns about Conway Ranch issues; she's been getting a lot of calls from Fred Hall Show attendees.
- She's been attending the RPAC meetings; they have concerns about Tony Vaught's footprint and want things left alone. She understands but times are changing and economy is changing.

**Note**

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- Went to look at what people are saying is visually unacceptable.
- Supervisor Stump: Asked about Conway Ranch, her vision. Asked about Trophy Trout press release, how recent is this? Her logistical concerns are being considered.
- Supervisor Alpers will be at the RPAC tomorrow night; Marshall Rudolph will not. Told her to stay tuned for press releases from the county. Issues are getting addressed.

## 2. APPROVAL OF MINUTES

### A. Board Minutes

Departments: Clerk of the Board

**Action:** Approve Minutes of the Regular Meeting held on April 1, 2014, as corrected.

**Stump moved; Hunt seconded**

**Vote: 3 yes; 0 no; 1 abstain: Alpers; 1 absent: Fesko**

#### **M14-60**

**Supervisor Hunt:**

- On p. 3 of the draft minutes, first bullet point under his board report should read, "Board members should not be part of the *Solid Waste* task force."

## 3. PRESENTATIONS

### A. Proclamation Designating the Month of April, 2014 as Sexual Assault Awareness Month

(Susi Bains, Wild Iris) - April is nationally recognized as Sexual Assault Awareness Month. Wild Iris is asking for county-wide participation to prevent sexual violence, and is asking the Board of Supervisors to approve an official proclamation to recognize April as Sexual Assault Awareness Month. This item has been approved for placement onto the agenda by Supervisor Hunt.

**Action:** Approve Proclamation.

**Hunt moved; Stump seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

#### **M14-61**

**Susi Bains:**

- Gave historical and statistical information and detailed events that are coming up, including Denim Day on 4/23.
- Statistics given about Wild Iris are for both Inyo and Mono Counties.
- April is considered a national awareness month for both these causes.

**Supervisor Hunt:**

- Thanked Ms. Bains for the work she and organization are doing.

**Supervisor Stump:**

- Asked about statistics quoted.

**Supervisor Johnston:**

- Read and presented Ms. Bains with Proclamation.

### B. Proclamation Designating the Month of April, 2014 as Child Abuse Prevention Month

(Susi Bains, Wild Iris) - April is nationally recognized as Child Abuse Prevention Month. Wild Iris is asking for county-wide participation to prevent sexual

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violence, and is asking the Board of Supervisors to approve an official proclamation to recognize April as Child Abuse Prevention Month. This item has been approved for placement onto the agenda by Supervisor Hunt.

**Action:** Approve Proclamation.

**Stump moved; Hunt seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**M14-62**

**Susi Bains:**

- See above for additional information.

**Supervisor Johnston:**

- Read and presented Ms. Bains with Proclamation.

#### 4. BOARD MEMBER REPORTS

**Supervisor Alpers:**

- 4/1/14 – June Lake CAC had meeting; he couldn't attend as he was having surgery. He thanked Garrett Higerd, Jim Leddy and Scott Burns for attending. Brief discussion of ongoing road projects.
- Mono Basin RPAC – attended two subcommittee meetings (one at Conway Ranch); also sat in on meeting at Mono Lake Committee conference room; even though there are still MOU and Easement hurdles, progress is being made. Feels we are close to mitigating all concerns that have been voiced. This needs to be looked at as a regional and bi-county issue. Thanked staff for working hard and reporting back to both him and Supervisor Hunt.

**Supervisor Fesko:**

- Absent.

**Supervisor Hunt:**

- Thanked Supervisor Alpers for update on Conway issues.
- Last Friday – Yosemite Gateway Partners teleconference meeting; various issues; will head over later this week for quarterly meeting. Will hopefully get information on the opening of Conway.
- Skiing has been great on both Mammoth and June; he's also been playing tennis.

**Supervisor Johnston:**

- Attended Town Council meeting; invited them to take part in Investment Pool; he feels there is interest. The Town could benefit from this. He volunteered Leslie Chapman to help out.
- Attended IMACA meeting (they run Head Start program in Mammoth); there are some changes that could affect program; looking to resolve issues.
- Mammoth Lakes Housing meeting last night; still continues to be affordable work force housing; over 30 people on the waiting list. In hold status however various things are being worked on.
- Federal Fund – Obama assigned new bill regarding Secure Rural Schools – California could get money (approximately \$35 million) \$500,000 possibly going to Mono County; Obama signed Flood Insurance Act – now more feasible for individuals to get flood insurance.

**Supervisor Stump:**

- Trip to Denver; while there visited Denver Botanical Garden.
- Made few phone calls while away. Thanked Leslie Chapman for handling issues with a fire district; Thanked Scott Burns for work on cell tower.

#### 5. COUNTY ADMINISTRATIVE OFFICE

**Note**

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## CAO Report regarding Board Assignments

Receive brief oral report by County Administrative Officer (CAO) regarding work activities.

### **Jim Leddy:**

- Attended Town Council meeting; update on Solid Waste issues.
- Thursday, had coffee with CAO in Bridgeport. Next week in Mammoth in Conference room at Sierra Center at 8:30 a.m.
- Attended June Lake CAC on Thursday; thanked Garrett Higerd for his presentation. He does a great job of presenting very complex issues.
- Steering Committee Strategic Planning meeting went well this past Thursday; next meeting on 4/17 in Lee Vining; targeting an all employee meeting tentatively on May 1<sup>st</sup> (there will be tri tip and BBQ sauce competition).
- After the all-employee session, there will be an update to the Board.
- Supervisor Alpers: in regards to comprehensive planning and open process, he never envisioned something as big as this.
- Supervisor Hunt: thanked Jim for what he's done since he's been here. The Strategic Planning process has really expanded further than he could have imagined.
- Supervisor Stump: agrees with other Supervisors; thinks everything Jim is doing in terms of outreach is extremely important.
- Supervisor Johnston: having employees participate in what government is doing is a huge improvement; barriers are getting broken down. We're investing in employees; he's very pleased with that.

## 6. DEPARTMENT/COMMISSION REPORTS

### **Lynda Roberts:**

- Evening meeting date discussion: brought up again that 11/4/14 is an election day, which will not work. This was to be a June Lake meeting; asked Supervisor Alpers his preference. Can be addressed later.

### **Sheriff Obenberger:**

- Saturday, cops vs. kids basketball game. Good interaction between everyone.
- National Dispatch week; truly unsung heroes.
- Inmate vs. staff altercation last night; staff member is ok.
- Supervisor Stump: how is conversion to new communications systems? Asked him to thank dispatchers for going through this transition.
- Supervisor Hunt: asked about 9-1-1 abuse.

### **Scott Burns:**

- Sage-Grouse update: they are reopening comment period. Extending final determination deadline for six months – up to April 2015. Still working with Dr. Paulus on issues. Also working with Jim Leddy and Supervisor Fesko at Legislative level.

## 7. CONSENT AGENDA

(All matters on the consent agenda are to be approved on one motion unless a board member requests separate action on a specific item.)

### A. Response to the California Highway Patrol Commissioner Regarding a New Office Location

Departments: Community Development

At their March 20th meeting, the Bridgeport Valley RPAC voted unanimously to request the Board of Supervisors send the attached letter to California Highway

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Patrol Commissioner Farrow. The intention is to encourage the CHP to retain the office in Bridgeport, and work cooperatively with the State to make northern Mono County an attractive location.

**Action:** Authorize the Chair's signature on letter to California Highway Patrol Commissioner Farro.

**Stump moved; Hunt seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**M14-63**

**Pulled from agenda by Supervisor Stump:**

- Sounds like the Commander has support to keep both locations.

**CHP Commander Lt. Ron Cohan:**

- Gave a little historical, background information.
- Basically, the Eastern Sierra *could* do with just one office.
- Discussed potential locations.
- There has never really been support to have *less* than two locations in our area.
- One benefit to moving an office either north or south is a larger group of people to draw from employee wise.

B. Amendment to Contract with Inyo County for Additional Funds

Departments: Social Services

Amendment #3 to Contract with County of Inyo for an increase in funds pertaining to the Senior Services Program.

**Action:** Approve the County to enter into the proposed contract Amendment and authorize the Chief Administrative Officer for Mono County to execute such Amendment on behalf of the County.

**Stump moved; Alpers seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**M14-64**

**Pulled from agenda by Supervisor Stump:**

- Wanted to thank Kathy and staff for work done on this. He feels working collaboratively with Inyo will keep this working efficiently and keep it viable.

C. Appointments in Lieu of Election

Departments: Elections

Make appointments to the board of the Mono City Fire Protection District pursuant to California Elections Code sections 10515(a) and (b).

**Action:** Appoint Jack Shipley and Barbara Wanner to the board of the Mono City Fire Protection District to serve through November 30, 2016.

**Alpers moved; Hunt seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**M14-65**

D. Appointment of Mono Basin Regional Planning Advisory Committee Member

Departments: Community Development

Consider appointment of one new member, Paul McFarland, to the Mono Basin

**Note**

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Regional Advisory Planning Committee, as recommended by Supervisor Alpers.

**Action:** Appoint Paul McFarland to the Mono Basin Regional Advisory Planning Committee, as recommended by Supervisor Alpers. His term to expire 12/31/15.

**Alpers moved; Hunt seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**M14-66**

E. At-Will Contract for Brad Braaten, Deputy District Attorney III

Departments: District Attorney; Human Resources

Proposed resolution approving a contract with Brad Braaten as District Attorney III and prescribing the compensation, appointment and conditions of said employment.

**Action:** Approve Resolution #R14-21, approving a contract with Brad Braaten as Deputy District Attorney III and prescribing the compensation, appointment and conditions of said employment. Authorize the Board Chair to execute said contract on behalf of the County.

**Alpers moved; Hunt seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**R14-21**

8. CORRESPONDENCE RECEIVED (INFORMATIONAL) - NONE

All items listed are located in the Office of the Clerk of the Board, and are available for review.

9. REGULAR AGENDA - MORNING

A. Annual Assessed Value Notices

Departments: Assessor

(Bob Musil) - Proposed resolution authorizing the Assessor to Use the County Website to Provide Value Notices Pursuant to California Revenue and Taxation Code 621.

**Action:** Adopt proposed resolution #R14-22, authorizing the Assessor to Use the County Website to Provide Value Notices Pursuant to California Revenue and Taxation Code 621.

**Hunt moved; Stump seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**R14-22**

**Bob Musil:**

- Explained the nature of the item.
- Is asking that information be allowed to be posted online so that all property owners can know what their assessed value is as soon as the roll closes.
- Plans to make sure citizens are aware that this will be the new procedure, making it easy for people to find the information online.
- No privacy concerns: name won't be tied to property. Owners can look up by APN number, etc.

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- For those without computers, the Assessor would need to be notified and they would then mail out their notice.

**Supervisor Stump:**

- Asked whether or not there would be any privacy concerns?
- Would this be available for every property owner?
- What about constituents that don't have computers? How will they make sure to get theirs mailed?
- Asked for explanations for property value changes.

**Supervisor Johnston:**

- This is part of efficiency in government; this is a good idea. Makes it better for everyone.

**Supervisor Hunt:**

- This is currently working in Sonoma County, correct?

**Jim Leddy:**

- It's a proven system; worked well in Sonoma.

**B. Online Business Property Statement Filing**

Departments: Assessor

(Bob Musil) - Proposed Joint Powers Agreement with SDR Network Group pertaining to Online Filing of Business Property Statements.

**Action:** Approve County entry into proposed Joint Powers Agreement and authorize Bob Musil, Assessor, to execute said Joint Powers Agreement on behalf of the County.

**Stump moved; Alpers seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**M14-67**

**Bob Musil:**

- Explained item; gave background information.
- Allows us to work with other counties in the state who do business the same way. Makes it easier to file one time statements.
- Statements can still be mailed if necessary.
- Going to online filing system doesn't require board action, but the program they are looking at going to will require the execution of a Joint Powers Agreement – this is where Board involvement comes in.
- We could get out of this agreement if we needed to.

**Supervisor Stump:**

- Having never owned a business, asked for brief explanation of Business Property Owner Statements.
- Is there a depreciation factor built into the statement?
- This is not going to turn into a huge expense is it?

**Supervisor Johnston:**

- He always wants to make sure he asks if there is someone local that can do this. In this case, it appears we are getting a good deal in any case.

**Greg Eckert (business owner):**

- Discussion about property taxes in general; this particular item is great in his opinion.

**C. Mono County Property Assessed Clean Energy Resolution**

Departments: Finance Department and County Administrator's Office

(Gerald Frank and Jim Leddy) - Proposed resolution of the Board of Supervisors of the County of Mono, California, consenting to inclusion of

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properties within the county's unincorporated area in the California HERO program to finance distributed generation renewable energy sources, energy and water efficiency improvements and electric vehicle charging infrastructure and approving the amendment to a certain joint powers agreement with the Western Riverside Council of Governments.

**Action:** Adopt proposed resolution #R14-23, consenting to inclusion of properties within the county's unincorporated area in the California HERO program to finance distributed generation renewable energy sources, energy and water efficiency improvements and electric vehicle charging infrastructure and approving the amendment to a certain joint powers agreement with the Western Riverside Council of Governments, amended as discussed.

**Hunt moved; Alpers seconded**

**Vote: 4 yes; 0 no; 1 absent: Fesko**

**R14-23**

**Gerald Frank:**

- Explained item; Board directed that this resolution be brought back.
- He handed out schedule (to be posted online).
- If adopted, will go to Western Riverside Council of Governments on May 5<sup>th</sup> then on to public hearings, etc. (Mono County representative not needed to attend).
- Will be able to get information to every taxpayer in Mono County; can go out in tax bills.

**Supervisor Stump:**

- Asked about whether a representative from Mono County needed to go to public hearings.
- Brought up a sentence that should say "unincorporated" on line 9 of page two. Easy to revise.
- For both commercial and residential?
- Publicly thanked Gerald for his work on this.

**Supervisor Johnston:**

- People at Mammoth Lakes Housing are excited about this prospect.

10. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

*No one spoke.*

11. CLOSED SESSION

There was nothing to report out of closed session.

A. Closed Session--Human Resources

CONFERENCE WITH LABOR NEGOTIATORS. Government Code Section 54957.6. Agency designated representative(s): Marshall Rudolph, John Vallejo, Leslie Chapman, Bill Van Lente and Jim Leddy. Employee Organization(s): Mono County Sheriff's Officers Association (aka Deputy Sheriff's Association), Local 39--majority representative of Mono County Public Employees (MCPE) and Deputy Probation Officers Unit (DPOU), Mono County Paramedic Rescue Association (PARA), Mono County Public Safety Officers Association (PSO), and Mono County Sheriff Department's Management Association (SO Mgmt). Unrepresented employees: All.

**Note**

**These draft meeting minutes have not yet been approved by the Mono County Board of Supervisors**

B. Closed Session - Public Employment

PUBLIC EMPLOYMENT. Government Code section 54957. Title: Public Works Director.

C. Closed Session - Conference with Legal Counsel

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: Inland Aquaculture Group LLC v. Mono County et al.

REGULAR AFTERNOON SESSION COMMENCES AT 12:15 P.M.

12. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD  
*No one spoke.*

13. REGULAR AGENDA AFTERNOON- NONE

ADJOURN 12:28 p.m.

ATTEST:

---

LARRY K. JOHNSTON  
CHAIRMAN

---

SHANNON KENDALL  
SR. DEPUTY CLERK OF THE BOARD

**Note**

**These draft meeting minutes have not yet been approved by the Mono County Board of Supervisors**



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: Economic Development**

**TIME REQUIRED** 10 minutes

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

Dan Lyster; Jim Leddy

**SUBJECT** Presentation of Appreciation in  
Recognition of Dan Lyster's  
Retirement

---

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Proposed Resolution of Appreciation for Dan Lyster's 30 years of service with Mono County as Director of Economic Development and Special Projects.

---

### RECOMMENDED ACTION:

Adopt proposed Resolution. Provide any desired direction to staff.

---

### FISCAL IMPACT:

None.

---

**CONTACT NAME:** Alicia Vennos

**PHONE/EMAIL:** 760-924-1743 / [avennos@mono.ca.gov](mailto:avennos@mono.ca.gov)

---

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY**  
**32 DAYS PRECEDING THE BOARD MEETING**

### SEND COPIES TO:

---

### MINUTE ORDER REQUESTED:

YES  NO

---

### ATTACHMENTS:

[Click to download](#)

No Attachments Available

---

History

Time

Who

Approval

4/7/2014 8:35 AM	County Administrative Office	Yes
4/8/2014 9:48 AM	County Counsel	Yes
3/24/2014 3:43 PM	Finance	Yes



**OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS**

**REGULAR AGENDA REQUEST**

Print

**MEETING DATE** April 15, 2014

**Departments: Health Department**

**TIME REQUIRED**

**SUBJECT** Mono County Children's Medical Services (CMS) Plan Fiscal Year 2013-2014

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

**AGENDA DESCRIPTION:**

(A brief general description of what the Board will hear, discuss, consider, or act upon)

The Children's Medical Services Plan for Fiscal Year 2013-2014.

**RECOMMENDED ACTION:**

That the Board of Supervisors approve and authorize Chairman to sign the Mono County Children's Medical Services (CMS) Plan for Fiscal Year 2013-2014.

**FISCAL IMPACT:**

These programs are funded with a mix of Federal Title XIX (Medicaid) funds, Federal Title XXI funds, State General Fund, and Social Services Realignment dollars. The funding mix is different for each program, based on factors such as Medi-Cal caseload and staff time studies. The chart below shows the breakdown, by program, of this funding. These figures are included in the 2013-2014 County Budget already approved. There is no County general fund impact.

<b>Program</b>	<b>Medi-Cal- (State and Title XIX)</b>	<b>Federal Title XXI</b>	<b>State</b>	<b>Realignment</b>
<b>CHDP</b>	\$80,376.00		\$98.00	\$14,826.00
<b>CCS-Admin</b>	\$161,960.00	\$24,295.00	\$6,541.00	\$6,541.00
<b>HCPCFC</b>	-	\$3,593.00	\$2,164.00	-

**CONTACT NAME:** Hillary Bayliss, PHN, Health Program Manager

**PHONE/EMAIL:** 760-924-1835 / hbayliss@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH ATTACHMENTS TO THE OFFICE OF THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY  
32 DAYS PRECEDING THE BOARD MEETING**

**SEND COPIES TO:**  
Hillary Bayliss, PHN, Health Program Manager.

**MINUTE ORDER REQUESTED:**

YES  NO

---

## ATTACHMENTS:

### Click to download

- [📄 CMS Plan Staff Letter Fiscal Year 2013-2014](#)
  - [📄 CMS Plan Fiscal Year 2013-2014 Certification Forms for Signature](#)
  - [📄 CMS Plan Fiscal Year 2013-2014 - Part 1](#)
  - [📄 CMS Plan Fiscal Year 2013-20104 - Part 2](#)
- 

### History

Time	Who	Approval
4/7/2014 8:34 AM	County Administrative Office	Yes
4/9/2014 12:29 PM	County Counsel	Yes
3/24/2014 3:45 PM	Finance	Yes

DATE: February 27, 2014  
TO: Honorable Board of Supervisors  
FROM: Lynda Salcido, Public Health Director

SUBJECT: Mono County Children's Medical Services (CMS) Plan  
Fiscal Year 2013-2014.

**RECOMMENDED ACTION:** That the Board of Supervisors approve and authorize Chairman to sign the Mono County Children's Medical Services (CMS) Plan for fiscal year 2013-14.

**DISCUSSION:** In Mono County, California Children's Services (CCS), California Health and Disability Prevention Program (CHDP) and Health Care Program for Children in Foster Care (HCPCFC) services are provided through the Mono County Health Department. All three programs are integrated within the State Department of Health Care Services under Children's Medical Services (CMS). These programs provide a variety of medical services to eligible children. The Mono County Health Department receives funding to provide administration and case management services in support of these programs.

The CCS Program provides diagnostic and treatment services to financially eligible children with qualifying medical conditions. This program includes medical management; physical and occupational therapy; and case management services to ensure that critically ill children are cared for appropriately. Case management, provided by Mono County Public Health Department CCS staff, includes finding appropriate providers; obtaining authorizations for care, equipment, supplies and medications; assistance scheduling; reviewing medical reports; and acting on recommendations and referrals. Additionally, a Medical Therapy Conference is held twice a year to coordinate medical therapy for children with chronic orthopedic or neuromuscular handicaps to attain each child's optimum physical potential.

The CHDP Program provides periodic, well-child exams for financially eligible children, administered locally by Sierra Park Pediatrics and Day and Night Pediatrics. The program includes well baby care and immunizations; school check-ups; teen health check-ups; dental and vision screening; health and tobacco education; hearing screening; and testing for anemia, blood lead, urine, and TB. CMS staff at Mono County Public Health Department records these exams in a data base; reviews all reports and testing; and makes referrals to appropriate agencies and specialists as needed.

The HCPCFC Program provides medical case management for Mono County children who are placed in Foster Care through CPS or Probation Departments. HCPCFC staff RN at Mono County Public Health Department provides medical case management services to ensure each child's health needs are met until the child returns to his or her family; is emancipated at age 18; or finishes high school.

This plan has been submitted to the State DHCS, who has given preliminary approval. Staff is asking the Board to formally approve the annual plan in order for the state to give final approval. The CMS Plan for FY 2012-2013 was presented to the Board of Supervisors by CMS Staff and was approved by the Board. There are no substantive changes for FY 2013-2014.

**FISCAL IMPACT:** These programs are funded with a mix of Federal Title XIX (Medicaid), Federal Title XXI funds, State General Fund, and Social Services Realignment dollars. The funding mix is different for each program, based on factors such as MediCal caseload and staff time studies. The chart below shows the breakdown, by program, of this funding. These figures are included in the 2013-2014 County Budget already approved.

<b>Program</b>	<b>Medi-Cal- (State and Title XIX)</b>	<b>Federal Title XXI</b>	<b>State</b>	<b>Realignment</b>
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<b>CCS-Admin</b>	\$161,960.00	\$24,295.00	\$6,541.00	\$6,541.00
<b>HCPCFC</b>	-	\$3,593.00	\$2,164.00	-

These programs provide the funding for 1 FTE Health Program Manager, 1 FTE Community Health Outreach Specialist position, .35 Clerical/Accounting positions, .17 Case Management and .20 of the Public Health Director position.

If there any questions regarding this item, please contact Lynda Salcido at 924-1842.

Submitted by:

---

Lynda Salcido

Public Health Director

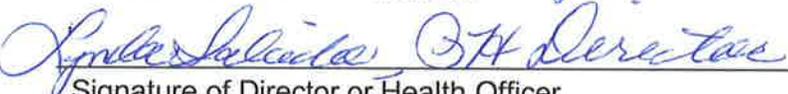
**Certification Statement - California Children's Services (CCS)**

County/City:  Mono  Fiscal Year:  2013-2014

I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

  
\_\_\_\_\_  
Signature of CCS Administrator

1-27-14   
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Signature of Director or Health Officer

1-27-14   
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

I certify that this plan has been approved by the local governing body.

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

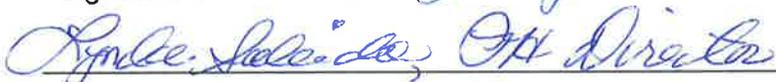
**Certification Statement - Child Health and Disability Prevention (CHDP) Program**

County/City:     Mono     Fiscal Year:     2013-2014    

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

  
\_\_\_\_\_  
Signature of CHDP Director

    1-27-14      
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Signature of Director or Health Officer

    1-27-14      
\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

I certify that this plan has been approved by the local governing body.

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

CHILDREN'S MEDICAL SERVICES  
PLAN

**MONO COUNTY**

FISCAL YEAR

**2013-2014**



**Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014**

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County/City:	MONO	Fiscal Year:2013-2014
Document		Page Number
3.	Budget Justification Narrative	93
B.	CHDP Administrative Budget (County/City Match) - Optional	
1.	Budget Summary	94
2.	Budget Worksheet	95
3.	Budget Justification Narrative	96
C.	CHDP Foster Care Administrative Budget (County/City Match) - Optional	--
1.	Budget Summary	--
2.	Budget Worksheet	--
3.	Budget Justification Narrative	--
D.	HCPCFC Administrative Budget	
1.	Budget Summary	97
2.	Budget Worksheet	98
3.	Budget Justification Narrative	99
E.	CCS Administrative Budget	
1.	Budget Summary	100
2.	Budget Worksheet	101
3.	Budget Justification Narrative	102
G.	Other Forms	
1.	County/City Capital Expenses Justification Form	N/A
2.	County/City Other Expenses Justification Form	N/A
9.	<b>Management of Equipment Purchased with State Funds</b>	
1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	N/A
2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	N/A
3.	Property Survey Report Form (STD 152)	N/A

**Agency Information Sheet**

**County/City:** Mono

**Fiscal Year:** 2013-14

**Official Agency**

<b>Name:</b>	Mono County Health Department	<b>Address:</b>	437 Old Mammoth Rd, Suite Q PO Box 3329
<b>Health Officer</b>	Richard O. Johnson, MD		Mammoth Lakes, CA 93546

**CMS Director (if applicable)**

<b>Name:</b>	Diann Bitzberger, MPH, RN	<b>Address:</b>	437 Old Mammoth Rd, Suite Q PO Box 3329
<b>Phone:</b>	760-924-1841		Mammoth Lakes, CA 93546
<b>Fax:</b>	760-924-1831	<b>E-Mail:</b>	<a href="mailto:dbitzberger@mono.ca.gov">dbitzberger@mono.ca.gov</a>

**CCS Administrator**

<b>Name:</b>	Diann Bitzberger, MPH, RN	<b>Address:</b>	437 Old Mammoth Rd, Suite Q PO Box 3329
<b>Phone:</b>	760-924-1841		Mammoth Lakes, CA 93546
<b>Fax:</b>	760-924-1831	<b>E-Mail:</b>	<a href="mailto:dbitzberger@mono.ca.gov">dbitzberger@mono.ca.gov</a>

**CHDP Director**

<b>Name:</b>	Richard O. Johnson, MD	<b>Address:</b>	437 Old Mammoth Rd, Suite Q PO Box 3329
<b>Phone:</b>	760-924-1830		Mammoth Lakes, CA 93546
<b>Fax:</b>	760-924-1831	<b>E-Mail:</b>	<a href="mailto:rjohnson@mono.ca.gov">rjohnson@mono.ca.gov</a>

**CHDP Deputy Director**

<b>Name:</b>	Diann Bitzberger, MPH, RN	<b>Address:</b>	437 Old Mammoth Rd, Suite Q PO Box 3329
<b>Phone:</b>	760-924-1841		Mammoth Lakes, CA 93546
<b>Fax:</b>	760-924-1831	<b>E-Mail:</b>	<a href="mailto:dbitzberger@mono.ca.gov">dbitzberger@mono.ca.gov</a>

**Clerk of the Board of Supervisors or City Council**

<b>Name:</b>	Lynda Roberts	<b>Address:</b>	PO Box 237
<b>Phone:</b>	760-932-5538		Bridgeport, CA 93517
<b>Fax:</b>	760-932-5531	<b>E-Mail:</b>	<a href="mailto:lroberts@mono.ca.gov">lroberts@mono.ca.gov</a>

**Director of Social Services Agency**

Name:	Kathy Peterson	PO Box 2969
Phone:	760.924.1763	Mammoth Lakes, CA 93546
Fax:	760.932-5287	E-Mail: kpeterson@mono.ca.gov

**Chief Probation Officer**

Name:	Karin Humiston	PO Box 237
Phone:	760-932-1732	Bridgeport, CA 93517
Fax:	760-932-1731	E-Mail: khumiston@mono.ca.gov

**Certification Statement - California Children's Services (CCS)**

County/City:     Mono     Fiscal Year:     2013-2014    

I certify that the CCS Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 5, (commencing with Section 123800) and Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000-14200), and any applicable rules or regulations promulgated by DHCS pursuant to this article and these Chapters. I further certify that this CCS Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CCS Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Services Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. Section 701 et seq.). I further agree that this CCS Program may be subject to all sanctions or other remedies applicable if this CCS Program violates any of the above laws, regulations and policies with which it has certified it will comply.

  
Signature of CCS Administrator

    1-27-14      
Date Signed

  
Signature of Director or Health Officer

    1-27-14      
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

I certify that this plan has been approved by the local governing body.

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

**Certification Statement - Child Health and Disability Prevention (CHDP) Program**

County/City:     Mono     Fiscal Year:     2013-2014    

I certify that the CHDP Program will comply with all applicable provisions of Health and Safety Code, Division 106, Part 2, Chapter 3, Article 6 (commencing with Section 124025), Welfare and Institutions Code, Division 9, Part 3, Chapters 7 and 8 (commencing with Section 14000 and 14200), Welfare and Institutions Code Section 16970, and any applicable rules or regulations promulgated by DHCS pursuant to that Article, those Chapters, and that section. I further certify that this CHDP Program will comply with the Children's Medical Services Plan and Fiscal Guidelines Manual, including but not limited to, Section 9 Federal Financial Participation. I further certify that this CHDP Program will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further agree that this CHDP Program may be subject to all sanctions or other remedies applicable if this CHDP Program violates any of the above laws, regulations and policies with which it has certified it will comply.

*Deann Buzberger*  
Signature of CHDP Director

    1-27-14      
Date Signed

*Rynda Salcido, OH Director*  
Signature of Director or Health Officer

    1-27-14      
Date Signed

\_\_\_\_\_  
Signature and Title of Other – Optional

\_\_\_\_\_  
Date Signed

I certify that this plan has been approved by the local governing body.

\_\_\_\_\_  
Signature of Local Governing Body Chairperson

\_\_\_\_\_  
Date

### **Agency Brief Narrative**

As Mono County is an extremely rural county, specialist medical care most often requires out of county travel of at least 5 hours or more. Travel out of county can be very difficult at times of the year due to heavy snow fall, road closures, or travel restrictions. Very few specialists practice in Mono County, especially pediatric specialists. The only local clinic with pediatric specialists is the dental clinic.

Since many families are at or below the federal poverty level in Mono County, out of pocket payments and out of county travel have significant financial impact and often families are not able to follow through with the recommended specialist care as a result. The majority of our referrals are for dental care. We are finding families cannot afford to pay for any of the care and there are no longer financial assistance programs for them. For our out of town specialist referrals, families may not be able to take the needed days off from work or have the transportation and must coordinate with other family and friends to travel, thus adding to the delay in receiving care. We have also found that some specialists have more than a month long wait list that has caused a delay in receiving care. Finally, fewer and fewer providers accept Medi-Cal for payment.

Due to the small population size of Mono County, the structure of the CHDP program is the interface between three agencies: Mono County Public Health, Sierra Park Pediatrics Clinic, and Day and Night Pediatrics Office.

In Mono County, the Health Department handles the administrative aspects of CHDP; the Department of Social Services educates and refers their clients to CHDP when appropriate; Day and Night Pediatrics and Sierra Park Pediatrics are the providers. The CHDP Deputy Director works with the Medi-Cal eligibility program manager in Social Services as well as the physicians within the CHDP program. The CHDP Deputy Nurse Director assists in the medical referrals documented on the CHDP exam. The CHDP case worker handles the data input, statistics, and other clerical work.

The CHDP Deputy Director organizes and provides inservices to both Social Services and the CHDP providers for the most accurate and comprehensive care to the CHDP clients and their families. The CHDP Deputy Director holds inservices with the CHDP providers on a regular basis and on an as needed basis. In-services for Social Services are provided on an as needed basis only, however, frequent communication between the Health Department and Social Services provides for impromptu education. CHDP utilizes MEDS to ensure the best collaboration with the Department of Social Services.

The Health Care Program for Children in Foster Care is housed at the Public Health Department. The collaboration between the Health Department and Department of Social Services is for case management purposes to ensure developmental, medical, dental and mental health needs are

met. The Foster Care Nurse has monthly meetings with Child Welfare Services to ensure continuity of care. As required, all medical information obtained by the Foster Care Nurse is then entered into CWSCMS by Child Welfare Services for documentation purposes.

In order to best serve our CHDP clients and families, three taskforce coalitions are housed in the Public Health Department: Breastfeeding, Nutrition and Physical Activity, and Oral Health. The Oral Health Taskforce was reinstated in May 2009 and is comprised of numerous local agencies. The Oral Health Taskforce works to reduce the number of childhood caries and increase knowledge on oral health practices by providing prevention strategies throughout Mono County. Activities include: monthly multi-agency meetings; education; topical fluoride varnish; provision of dental health supplies for preschools and in-home day care providers; presence and active participation in local health fairs; and an annual education campaigns for National Children's Dental Health Month.

The Breastfeeding Taskforce was established in August 2010. The primary goal of this Taskforce is to increase the rate of breastfeeding initiation and duration in Mono County. The Taskforce is a multi-agency coalition with monthly meetings. We have developed a widely used Breastfeeding Resource Guide for our county as well as partnered with local businesses to make our community more "breastfeeding friendly," including designated breastfeeding areas in various businesses.

The Nutrition and Physical Activity Taskforce Began in 2009 with such activities as Screen turnoff week; "75210" simple steps to better health; Sierra Bounty and food grants; coordinated projects with the High School Health Science Academy Students; Jumpin' June Jubilee celebration; and Mammoth Moves coordination with local leaders for a weekly 30-minute walking activity. Special school events and health fairs include activities such as Kidapolooza, a family centered event every other June, and Food Day Celebration each October 24<sup>th</sup>.

In preparation for HCPCFC relocation to Department of Social Services in June 2014, additional on-going monthly meetings are being held, involving key personnel from CPS and Probation departments, and Mono County Foster Care, to assure a smooth transition.

# CHILDREN'S MEDICAL SERVICES PLAN

## MONO COUNTY

### INCUMBENT LISTS

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services

**Incumbent List - California Children's Services**

For FY 2013-14, complete the table below for all personnel listed in the CCS budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

Identify Nurse Liaison positions using: **MCMC** for Medi-Cal Managed Care; **IHO** for In-Home Operations, and; **RC** for Regional Center.

**County/City: Mono**

**Fiscal Year: 2013-14**

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CCS Admin Budget</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
CCS Administrator	Diann Bitzberger, MPH, RN	10	No	No
MTP Liaison	Diann Bitzberger, MPH, RN	10	No	No
CCS Case Manager	Diann Bitzberger, MPH, RN	50	No	No
CCS Case Manager	Hillary Bayliss, PHN	5	No	No
CCS Coordinator	Olivia Moreno, CHOS	75	No	No
Fiscal Administrator	Patricia McGee	5	No	No
Fiscal Clerical	Nancy Cruz-Garcia	5	No	No
Clerical/Interpreter	Maria Gonzalez	20	No	No
Public Health Director	Lynda Salcido	5	No	No

**Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014**

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State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services

**Incumbent List - Child Health and Disability Prevention Program**

For FY 2013-14, complete the table below for all personnel listed in the CHDP budgets. Use the **same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: **Mono**

Fiscal Year: **2013-14**

Job Title	Incumbent Name	FTE % on CHDP No County/ City Match Budget	FTE % on CHDP County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
CHDP Deputy Director	Diann Bitzberger, MPH RN	.10	.12	.60 CCS .10 MTP .05 HCPCFC	No	No
CHDP Case Manager	Diann Bitzberger, MPH RN	.03			No	No
CHDP Case Manager	Hillary Bayliss, PHN	.02		.05 CCS .93 OTHER	No	No
CHDP Director	Dr. Richard Johnson	.0		.00 OTHER	No	No
CHDO CHOS	Olivia Moreno	.10	.15	.75 CCS	No	No
Clerical/Interpreter	Maria Gonzalez	.15		.20 CCS .65 other	No	No

**Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014**

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**County/City: Mono**

**Fiscal Year: 2013-14**

<b>Job Title</b>	<b>Incumbent Name</b>	<b>FTE % on CHDP No County/ City Match Budget</b>	<b>FTE % on CHDP County/City Match Budget</b>	<b>FTE % in Other Programs (Specify)</b>	<b>Have Job Duties Changed? (Yes or No)</b>	<b>Has Civil Service Classification Changed? (Yes or No)</b>
Fiscal Administration	Patricia McGee	.05		.05 CCS .90 & other	No	No

**Incumbent List - Health Care Program for Children in Foster Care**

For FY 2013-14 complete the table below for all personnel listed in the HCPCFC and CHDP Foster Care Administrative (County/City) budgets. Use **the same** job titles for both the budget and the incumbent list. Total percent for an individual incumbent should **not be over 100 percent**.

Specify whether job duty statements or civil service classification statements have been revised or changed. Only submit job duty statements and civil service classification statements that are new or have been revised. This includes (1) changes in job duties or activities, (2) changes in percentage of time spent for each activity, and (3) changes in percentage of time spent for enhanced and non-enhanced job duties or activities.

County/City: **Mono**

Fiscal Year:  
**2013-14**

Job Title	Incumbent Name	FTE % on HCPCFC Budget	FTE % on FC Admin County/City Match Budget	FTE % in Other Programs (Specify)	Have Job Duties Changed? (Yes or No)	Has Civil Service Classification Changed? (Yes or No)
Foster Care PHN	Diann Bitzberger, MPH RN	5	0	.25 CHDP 60 CCS .10 MTP	No	No

CMS PLAN  
MONO COUNTY  
DUTY  
STATEMENTS  
FISCAL YEAR  
**2013-2014**

COUNTY OF MONO  
CCS PROGRAM

CMS SUPERVISION – DUTY STATEMENT

(PUBLIC HEALTH DIRECTOR)

Lynda Salcido PHN

FTE 0.20 %

The public health director supervises all Public Health staff in the local county, including supervision of the CMS and HCPCFC programs. The director is responsible for planning, organizing and directing the activities of all county-wide public health programs. The director is supervised to the Health and Human Services Agency Director.

- NA Oversee the planning, organization, and coordination of the Public Health Division in the local county.
- NA Supervise, train, assign and evaluate staff including new employee orientation.
- NA Plan, develop, justify and manage a program budget according to division and funding source requirements; maintain budgetary control.
- NA Ascertain program needs and leads staff in setting goals, vision and objectives.
- NA Coordinate ongoing emergency response activities with other county departments.
- NA Serve as a resource and technical consultant, and explains the health department role and policies, laws, and regulations in assigned area to officials, groups and individuals.
- NA Develop, write and implement grant proposals.

COUNTY OF MONO  
CCS PROGRAM

CCS ADMINISTRATION/CASE MANAGER – DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Diann Bitzberger HPM      FTE 0.35% (25% Case Mgmt, 10% MTP Liaison)

The public health nurse administers the CCS program in the local dependent county. The public health nurse has direct contact with the family, acting as an advocate in obtaining the appropriate health services and as a liaison between the medical provider, the community, and the regional office that provides the administrative component of the program.

CCS ADMINISTRATION

- 5%      Prepare and submit the annual CCS administrative plan and budget including required documents and reports.
- 5%      Provide consultation and technical assistance for program administration. Assess and evaluate CCS program on a continuing basis. Assess, plan for and develop any needed CCS specialty clinics.
- 5%      Recruit CCS providers, including the paneling process and orientation to CCS, and support to maintain ongoing provider commitment to CCS.
- 10%     Supervise CCS staff in case management and in the maintenance of the CCS program, assuring program compliance, including performance evaluations and scheduling.
- 5%      Provide training and orientation to new CCS staff. Provide outreach and education to providers about CCS program and paneling opportunities.
- 3%      Supervise local CCS activities and referrals in coordination with SCRO.
- 2%      Attend interagency and community meetings to enhance and integrate CCS services into the community.

CCS MEDICAL CASE MANAGEMENT

- 5% Identify children with potential CCS medically eligible conditions and assists with the referral/application process.
- 10% Act as liaison between the family, medical provider, community and the Southern California Regional Office through a case management plan developed with the family.
- 3% Participate in conferences on behalf of CCS clients as necessary to coordinate service needs and program benefits.
- 15% Using skilled professional medical expertise, review CCS medical reports to coordinate appropriate action with regional office.
- 5% Coordinate client care by referring to other appropriate agencies. Coordinate client care between specialty CCS clinics and providers.
- 5% Attend training programs provided by CCS to stay current with policy/procedure and case management.
- 2% Direct clerical staff in correspondence to families, providers and the regional office.

MTP LIAISON

Administration:

- 5% Act as Medical Therapy Program (MTP) liaison to the Local Education Agency (LEA) to coordinate activities with special education. Participate in interagency meetings for planning, coordination of client care, and training.
- 5% Assist in development and maintenance of an IAA with MCOE.
- 5% Coordinate the biannual MTCs for CCS clients. Direct clerical assistance for MTP liaison and MTC activities.

Case Management:

- 5% Attend IEP meetings for MTP clients when requested by the parent or LEA to coordinate client care, or supervise designee.
- 2% Attend training and updates for CCS-MTP liaison activities.
- 3% Coordinate client care and follow-up services from the MTC.



## Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014

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- 5% Assist with interpretation for CCS case management work with Spanish-speaking families. Some of this may be strictly translation and some may be independent case management in Spanish as directed by the PHN.
- 10% Refer to MediCal and other services if potentially eligible.
- 5% Assist in coordination of specialty CCS clinics, i.e. MTC. Assist in preparation, scheduling, collection of medical documents and reports, authorizations for clinics and IEP.

### PROVIDER SUPPORT

- 5% Assist with CCS orientation and trainings to providers, and ongoing staff education.
- 10% Respond to inquiries by clients and providers regarding program difficulties (billing, missing authorizations, scheduling appointments) and help to problem-solve.
- 3% Participate in required training by county/state including CCS program and case management, including HFI, MEDS, CMSNet and EDSNet training.
- 2% Monitor and verify CCS claims on monthly expenditure reports. Follow-up if claim problems noted for specific providers.

### ADMINISTRATIVE SUPPORT

- 10% Maintain CCS databases and do data entry for case management, analysis and reporting. Assist in preparation of annual CMS plan. Prepare required census reports; prepare quarterly reports for state and budget requirements.

**COUNTY OF MONO  
CCS PROGRAM**

**CLERICAL/INTERPRETER—DUTY STATEMENT  
(FISCAL/TECHNICAL SPECIALIST I-II, WNA)**

Maria Gonzalez, Nancy Cruz-Garcia

FTE .35CMS(CCS, CHDP)

- 10% Word processing of documents and correspondence as directed by CCS administrator. Develop meeting notices, etc. for distribution.
- 5% Provide CCS general support services by ordering CCS supplies.
- 10% Translation for case manager.
- 20% Respond to inquiries of clients and providers regarding program and help to problem-solve under direction of CCS administrator.
- 30% Receive by fax CCS referrals and medical reports and forward to case manager for processing.
- 20% Refer children to CHDP, EPSDT services or other services if appropriate.
- 5% Assist in organization and set-up of specialty CCS clinic, MTC.

**COUNTY OF MONO  
CHDP PROGRAM**

**CHDP DIRECTOR – DUTY STATEMENT**

(COUNTY HEALTH OFFICER)

Rick Johnson MD

FTE .05%

The County Health Officer is to direct the enforcement of Federal, State, and local health laws and relations and has responsibility for planning and providing direction to the County as a professional medical consultant. The health officer also fulfills the CHDP Director position for the CHDP program in the local county.

- 5% CHDP Director – help plan and evaluate the CHDP Gateway program and its interaction within the community and other organizations/agencies involved in the delivery of health services to the target population. Provide consultation and medical direction for local CHDP Deputy Director, other health professional and ancillary staff in CHDP program
- NA local health orders, ordinances, and regulations prescribed by the State Department of Services and State statutes relating to public health.
- NA Assesses community health status and reports on the health status of the community using multiple epidemiologic, survey and statistical methods.
- NA Must legally respond to public health emergencies and develop an integration plan for Health Department staff into the County Disaster Management Team.
- NA Plans, develops, approves, and implements medical protocols and procedures for Public Health programs and services, for Sheriff emergency services and for jail inmate screening and sick calls.
- NA Acts in an advisory and public relations capacity on the administration of Federal, State and County medical care programs
- NA Provides medical consultation and health information to the public, community and county staff, health providers, and may offer Public Health education.

**COUNTY OF MONO  
CHDP PROGRAM**

CHDP DEPUTY DIRECTOR – DUTY STATEMENT

(HEALTH PROGRAM MANAGER)

Diann Bitzberger HPM

FTE .10%

The public health nurse administers the CHDP program in the local county. This position includes but is not limited to deputy director duties and administration of program policies and procedures, data analysis and program planning, supervision of case management, provider enrollment/disenrollment, and supervision of health professional and ancillary staff activities.

**PROVIDER ORIENTATION AND TRAINING**

- 5% Provider Recruitment – outreach and recruitment for CHDP Gateway providers.
- 15% Provider Orientation and Education – orient providers to CHDP PM 160 health assessments, utilization of Gateway program, staff training and technical assistance.
- 5% Provider Audits –review medical records (PM 160, etc) for documentation of services, identify training needs and provide medical/technical assistance.
- 5% Medical Quality Assurance – review qualifications and standards with CHDP providers and compliance with the CHDP Provider Manual.

**LIAISON ACTIVITIES**

- 3% Regional Meetings – share local county health issues, methodology and implementation of the CHDP Program, and outreach efforts to the target population.
- 15% Community/Interagency Liaison – coordinate CHDP Gateway activities with Welfare (Child Protective Services, Foster Care, Medi-Cal and AFDC), IZ, WIC, CCS, Head Start, Department of Education, including defining health needs of the children of mutual concern and sharing problems and solutions the delivery of services.
- 20% Administration and Supervision: provide data for documentation required by the county and state, including time studies, input on budgets, claims, and the supervision and training of the local CHDP staff. Administrative duties including staff performance evaluations and staff scheduling.

### CARE COORDINATION

- 5% Supervision of CHDP staff for PM 160 case management to ensure the completion of any referrals for diagnosis and treatment.
- 10% Supervision of local CMS health professional and ancillary staff in CHDP Gateway program activities of informing and linking children/families to services and accessing health care. This also includes identifying Gateway clients, and supporting the application process for Medi-Cal Insurance by clients.
- 5% HCPCFC – supervise the HCPCFC program and case management for foster care children with CWS/Probation.

### INFORMING/LINKING ACTIVITIES

- 3% Newsletter Development – write articles on medical issues or program changes impacting our network of local organizations and agencies.
- 2% Education Materials – identify and evaluate existing sources of education materials for their appropriateness and local use; consult with providers regarding materials most appropriate for clients; utilize with training and orientation of providers.
- 5% Promote outreach within the community, linking the target population to CHDP Gateway services and providers.

**COUNTY OF MONO  
CHDP PROGRAM**

**CHDP CASE MANAGER—DUTY STATEMENT**

Diann Bitzberger MPH, RN; Hillary Bayliss PHN FTE 0.17 CHDP

Under the direction of the CHDP Deputy Director, the public health nurse provides skilled medical expertise for the CHDP Gateway program in the local county. The public health nurse has direct contact with the family, acting as an advocate in obtaining the appropriate health services, **case management** and liaison between the medical provider, community, and the state offices. This position also includes provider education and support for Gateway program as well.

**PROVIDER SUPPORT**

- 15% Assist in orienting providers to CHDP Gateway enrollment, PM 160 health assessments, utilization of Gateway program, and provide ongoing staff training and technical assistance.
- 5% Provide ongoing consultation and technical assistance to providers utilizing the CHDP Gateway and other necessary provider support.

**LIAISON and LINKING/INFORMING**

- 5% Promote outreach for CHDP Gateway within the community. Oversee local CHDP Gateway program activities informing and linking the target population to services and accessing health care.
- 5% Attend interagency and community meetings to enhance and integrate CHDP Gateway services into the community. Act as liaison for CHDP Gateway program, providing direction and support to providers, social services, other health department programs (WIC, MCH, IZ etc) and state regional office.
- 5% Attend state trainings for CHDP Gateway to keep current on policy/procedure and changes.
- 3% Write articles for newsletters on medical issues or program changes impacting our network of local organizations and agencies.
- 2% Identify and evaluate existing resources of CHDP educational and outreach materials for their appropriateness and local use; consult with providers regarding materials most appropriate for clients; utilize with training and orientation of providers.
- 10% Identify Gateway clients, and support the application process for Medi-Cal Insurance by clients. Work closely with social services and eligibility workers.

CASE MANAGEMENT

- 5% Identify children with potential need of CHDP exams and assist with the referral/application process.
- 20% Case management and care coordination of CHDP PM 160s to ensure the completion of any referrals for diagnosis and treatment.
- 10% Maintain case data documentation, and formulate necessary state and local reports as directed.

HEALTH EDUCATION

- 5% Collaborate with WIC clinics and other community events to provide health education and outreach to target population regarding CHDP services.
- 10% Provide community health education on various health topics such as Lead Poisoning, Anemia, Early Childhood Caries (ECC), and other health topics.

**COUNTY OF MONO  
CHDP PROGRAM**

**CHDP CHOS - DUTY STATEMENT**

(CHOS – Community Health Outreach Specialist)

Olivia Moreno                      FTE 0.25 %                      CHDP

This is a non-professional position under the direct supervision of the CHDP Deputy Director that assists with various CHDP Gateway program components and client case management. This position includes but is not limited to assistance in case management including application process, insurance coverage, referrals and diagnosis/treatment follow-up, maintenance of records and data base. It also assists with outreach and education, reporting and administrative assistance, and translation as needed.

**LINKING/INFORMING**

- 5%      Follow-up on CHDP PM357s from Social Services and maintain record of informed eligible clients. Contact families requesting more information of CHDP Gateway, transportation and scheduling assistance, and document in database.
- 5%      Communicate effectively with Medi-Cal system for eligibility as needed. Help family problem-solve with Medi-Cal when needed. Must have a working knowledge of EDS and MEDS system.
- 3%      Assist in CHDP Gateway program outreach and education to families, providers, agencies and in the community.
- 2%      Refer children to CCS, EPSDT Services, or other services if potentially eligible.
- 10%     Assist the family with the joint application for MediCal Insurance when appropriate for CHDP Gateway to access future health care.

**CARE COORDINATION**

- 10%     Assist with CHDP PM 160 referrals for further diagnosis/treatment and provide case management under the direction of skilled nurse expertise.
- 10%     Determine financial and residential CHDP Gateway eligibility through MEDS, EDS, or family interviews for diagnosis/treatment referrals.
- 2%      Maintain a tracking system to ensure a timely response to the family and compliance with PM 357 and PM 160 case management timelines.
- 3%      Identify barriers to client services, including family's need for transportation and/or interpreter services. Refer family for assistance.

- 5% Assist with interpretation for CHDP Gateway case management work with Spanish-speaking families. Some of this may be strictly translation and some may be independent case management in Spanish as directed by the PHN.

PROVIDER ORIENTATION AND TRAINING

- 5% Assist with CHDP Gateway orientation and training to providers.
- 5% Respond to inquiries by clients and providers regarding program difficulties (billing, missing authorizations, scheduling appointments) and help to problem-solve.
- 5% Participate in required training by county/state including program and case management, HFI, MEDS and EDS Net for provider support.
- 2% Monitor CHDP provider claims on monthly expenditure reports. Follow-up if claim problems noted for specific providers.
- 3% Distribution of CHDP Provider Information Notices, Provider list and state approved brochures to the County Department of Social Service's, and information to individuals as directed by the CHDP Deputy Director.

ADMINISTRATIVE SUPPORT

- 15% Receive necessary medical documentation from provider to ensure a complete CHDP PM 160 exam and/or referral as required by the program. Enter into database and give to skilled medical staff for review.
- 10% Maintain CHDP databases and data entry for case management, analysis and reporting. Assist in preparation of annual CMS plan. Prepare required census reports; prepare quarterly reports for state and budget requirements.

## Health Care Program for Children in Foster Care (HCPCFC)

### FOSTER CARE NURSE—DUTY STATEMENT

Diann Bitzberger                      FTE 0.05 % (50% enhanced, 50% non-enhanced)

This is a skilled nursing position under the direct supervision of the CHDP Deputy Director to assist with medical case management of children placed in foster care. The nurse works closely with Child Welfare Services (CWS) and Probation during out-of-home placement of children 0-18 years old, following the Mono County HCPCFC MOU and SOW.

#### Duties:

#### CASE MANAGEMENT

- 25% Obtain health information (PM 357s, IZ records, exam reports) for children placed in foster care through CWS or Probation.
- 25% Provide current information to CWS to update health history, health information, and needs in Health Passport for each foster child.
- 10% Provide training and education for professionals and para-professionals in agencies, including court system, to increase awareness and interest in health needs for foster children and coordination of care.
- 10% Provide training and education to SCP regarding special health needs, health care and services desired for the foster child. Provide health recommendations to the child's biological parents upon reunification or to the foster child upon emancipation, including health providers and resources.
- 10% Assist social workers in developing the required court plans, for inclusion of health needs if appropriate. Collaborate in preparation of the written plan (usually every 6 months).
- 10% Collaborate with in-county and out-of-county CHDP providers and CHDP staff to identify adequate of providers to see foster care children.
- 10% Maintain a tracking system to follow health care for the foster child in placement, and follow up on changes in the health status. Collaborate with the social worker or probation officer.

COUNTY OF MONO  
**CHILDREN'S MEDICAL SERVICES**

CMS FISCAL AGENT – DUTY STATEMENT

Patricia McGee                      FTE .10%

The Children's Medical Services Program fiscal agent performs all fiscal duties in support of the CMS program. The duties include but are not limited to:

1.        Preparation of budget and any budget revisions.
2.        Prepare any materials necessary for submission to Board of Supervisors for approval.
3.        Prepares invoices.
4.        Processes all invoices for payment through the Auditor's office.
5.        Oversees the data entry of time studies.
6.        Deposits all receipts in appropriate accounts.
7.        Maintains inventory of program equipment.
8.        Prepares fiscal information for periodic reports.
9.        Other duties as required.

# CHILDREN'S MEDICAL SERVICES PLAN

## PERFORMANCE MEASURES

FISCAL YEAR  
**2013-2014**

**CHDP Performance Measure 1 - Care Coordination**

The degree to which the local CHDP program provides effective care coordination to CHDP eligible children.

**Definition:** CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective CHDP care coordination is measured by determining the percentage of health condition(s), coded 4 or 5, where follow-up care is initiated<sup>1</sup> within 120 days of local program receipt of the PM 160.

**Numerator:** Number of conditions, coded 4 or 5, where the follow-up care was initiated within 120 days of receipt of the PM 160.

**Denominator:** Total number of conditions, coded 4 or 5, on a PM 160, excluding children lost to contact.

**Data Source:** Local program tracking system.

**Reporting Form:**

<b>Element</b>	<b>Number of conditions coded 4 or 5 where follow-up care was initiated (Numerator)</b>	<b>Total number of conditions coded 4 or 5, excluding children lost to contact (Denominator)</b>	<b>Percent (%) of conditions where follow-up care was initiated within 120 days</b>
Conditions found on children eligible for fee-for-service Medi-Cal that required follow-up care	49	62	79%
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care	2	2	100%

<sup>1</sup> Centers for Medicare and Medicaid Services, Publication #45, the State Medicaid Manual, Chapter 5 EPSDT, Section 5310 A <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

**CHDP Performance Measure 2 - New Provider Orientation**

The percentage of new CHDP providers with evidence of quality improvement monitoring by the local CHDP program through a New Provider Orientation.

**Definition:** The number of new CHDP providers (i.e., M.D., D.O., N.P., P.A.) added within the past fiscal year who were oriented by the local program staff.

**Numerator:** The number of new CHDP providers who completed an orientation within the past fiscal year.

**Denominator:** The number of new CHDP providers in the county or city (local program) added within the past fiscal year.

**Data Source:** Local program tracking system.

**Reporting Form:**

<b>Number of New Providers who Completed Orientation</b> (Numerator)	0
<b>Number of New Providers</b> (Denominator)	0
<b>Percent (%) of New Providers Oriented</b>	0

**CHDP Performance Measure 3 - Provider Site Recertification**

The percentage of CHDP provider sites (excludes newly enrolled providers) who have completed recertification within the past fiscal year. Provider site visits may occur for other reasons. These can be documented for workload activities. The purpose of this performance measure is to ensure that all providers are recertified at least once every three (3) years. This performance measure is a benchmark to ensure that providers are recertified using the Facility and Medical Review Tools. These tools ensure that providers maintain CHDP standards for health assessments.

**Definition:** An office visit which includes a medical record review and a facility review or Critical Element Review with a Managed Care Plan.

**Numerator:** The number of CHDP provider sites who have completed the Recertification within the past fiscal year using the facility review tool and medical record review tool.

**Denominator:** The number of active CHDP provider sites in the county/city due for recertification within the fiscal year.

**Data Source:** Local program tracking system.

**Reporting Form:**

<b>Number of Completed Site Recertifications</b>	<b>(Numerator)</b>	<b>0</b>
<b>Number of Active CHDP Provider Sites Due for Recertification</b>	<b>(Denominator)</b>	<b>0</b>
<b>Percent (%) with Completed Recertifications</b>		<b>N/A</b>

**Optional Workload Data Tracking Form:**

(Other reasons for a provider site visit by local program. This identifies workload.)

<b>Other reasons for provider site visits:</b>	<b>Number of Visits</b>
1. Provider change in location or practice	1
2. Problem resolution such as, but not limited to, billing issues, parental complaints, facility review and/or other issues. <sup>2</sup>	2
3. Medical record review.	4

<sup>2</sup>

4. Office visits for CHDP updates or in-service activities	7
5. Other Please Specify:	

**CHDP Performance Measure 4 - Desktop Review: Dental, Lead**

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

**Definition:** A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Referral to a dentist at 1 year exam (12-14 months of age)
- Lead testing or a referral for the test at 1 year exam (12-14 months of age)

**Numerator:** The number of PM 160 elements recorded correctly per selected providers for the specific ages.

**Denominator:** The total number of PM 160s reviewed per selected providers for the specific ages.

**Data Source:** Local program tracking system.

**Reporting Form:**

	Dental Referral			Lead Test or a Referral		
	Number of PM 160s w/ Dental	Total PM 160s		Number of PM160s w/ Lead Test or Referral	Total PM 160s	
<b>1.Day</b>	10	10	100%	10	10	100%
<b>2.Sierra</b>	25	25	100%	25	24	99%

**CHDP Performance Measure 5 – Desktop Review: BMI**

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the five-year Performance Measure cycle, or select different provider sites each year.

**Definition:** A targeted desktop review for three (3) high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Body Mass Index (BMI) Percentile for ages two (2) years and over.
- If BMI Percentile is abnormal, the description of weight status category<sup>3</sup> and/or a related diagnosis are listed in the Comments Section.

BMI percentile	Weight status category
< 5 <sup>th</sup> %ile	Underweight
85 <sup>th</sup> - 94 <sup>th</sup> %ile	Overweight
95 <sup>th</sup> - 98 <sup>th</sup> %ile	Obese
≥ 99 <sup>th</sup> %ile	Obesity ( <i>severe</i> )

**Numerator:** The number of PM 160s BMI-related elements correctly documented for ages two (2) years and over.

**Denominator:** The total number of PM 160s reviewed per selected providers for ages two (2) years and over.

**Data Source:** Local program tracking system.

<sup>3</sup> **CHDP Provider Information Notice No.: 07-13:** Childhood Obesity Implementation Guide from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity- 2007.  
<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0713.pdf>

**Reporting Form for Performance Measure 5 – Desktop Review: BMI**

**Reporting Form for Performance Measure 5 – Desktop Review: BMI**

Provider	BMI percentile recorded on PM 160s for children ages 2 (two) and older			If BMI percentile is < 5 %, 85 - 94 %, or ≥ 95 %, abnormal weight status category and/or related diagnosis listed in		
	Number of PM 160s with BMI %ile	Number of PM 160s		Number of PM 160s with abnormal weight status category/ diagnosis	Number of PM 160s with abnormal weight status reviewed for, diagnosis and	
<b>1. Sierra</b>	88	100	88%	22	14	63%
<b>2. Day</b>	24	25	96%	9	10	90%
<b>3.</b>						

**CHDP Performance Measure 6 - County/City Use of Childhood Obesity Data**

1. <b>Childhood obesity data shared with CHDP Providers to inform about overweight and obesity prevalence rates: (If yes, underline all that apply)</b>	<b>YES</b>	<b>NO</b>
Presentations, in-services, trainings		
Newsletters, media outreach, reports	x	
Provide educational and resource materials related to healthy eating/active living	x	
2. <b>Childhood obesity data shared to support local assistance grants and implementation of multi-sector policy strategies to create healthy eating and active living community environments (Goal 3, California Obesity Prevention Plan 2010): (If yes, underline all that apply)</b>	x	
<b>Academic:</b> Universities, Academic Institutions, Educators and Researchers Other (Please specify):		
<b>Community Coalitions/Committees:</b> Health Advisory Committee, Health Collaboratives/Coalitions Other (Please specify):	x	
<b>Community Planning:</b> City Planners, County Land Use Staff, Built Environmental Groups Other (Please specify):	x	
<b>Community Programs:</b> Faith-based Groups, YMCA/YWCA, After School programs, Parks and Recreation programs, Child Care, University Cooperative Extension Other (Please specify):	x	
<b>Health Care:</b> Managed Care Health Plans and Insurers, Hospitals, CCS Program/Special Care Centers, Medical Provider Groups, Medical Societies, Health Associations Other (Please specify):	x	
<b>Policy Makers:</b> County Board of Supervisors, City Councils, Community Planners, Legislators Other (Please specify):	x	
<b>Projects or Funding Entities:</b> First Five Commission, Public and Private Foundations/Endowments/Grants	x	

**Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014**

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Other ( <i>Please specify</i> ):		
<b>Public Health Programs:</b> WIC, Foster Care, MCAH, Nutrition Network Funded Projects, Health Officers, Epidemiologists, Program Directors Other ( <i>Please specify</i> ):	x	

**HCPCFC Performance Measure 1 - Care Coordination**

The degree to which the local HCPCFC provides effective care coordination to CHDP eligible children.

**Definition:** CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective HCPCFC care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated within 120 days of local program receipt of the PM 160.

**Numerator:** Number of conditions coded 4 or 5 where the follow up care was initiated within 120 days of receipt of the PM 160.

**Denominator:** Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.

**Reporting Form:**

Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160. (Numerator)	1
Total number of conditions coded 4 or 5 on a PM 160, excluding cases lost to no contact. (Denominator)	1
<b>Percent</b> of conditions coded 4 or 5 where the client received follow-up care within 120 days of receipt of the PM 160.	100%

**Data Source:** Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department

**HCPCFC Performance Measure 2 - Health and Dental Exams for Children in Out-of-Home Placement**

The degree to which the local HCPCFC program ensures access to health and dental care services for eligible children according to the CHDP periodicity schedule.

**Definition:** This measure is based on characteristics that demonstrate the degree to which the PHN in the HCPCFC facilitates access to health and dental services as evidenced by documentation of a health and dental exam in the Health Education Passport.

**Numerator 1:** Number of children in out-of-home placement with a preventive health exam, according to the CHDP periodicity schedule documented in the Health and Education Passport, and

**Numerator 2:** Number of children in out-of-home placement with a preventive dental exam, according to the CHDP dental periodicity schedule documented in the Health and Education Passport.

**Denominator:** Number of children in out-of-home placement during the previous fiscal year supervised by Child Welfare Services or Probation Department.

**Reporting Form:**

Element	Number of Children With Exams (Numerator)	Number of Children (Denominator)	Percent of Children with Exams
Number of children in out-of-home placement with a preventive health exam according to the CHDP periodicity schedule documented in the Health and Education Passport. (Numerator)	8	9	88%
Number of children in out-of-home placement with a preventive dental exam according to the CHDP dental periodicity schedule documented in the Health and Education Passport.	7	9	77%

**Data Source/Issue:** Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department.

**CCS Performance Measures**

The degree to which local CCS programs provide effective administrative case management to eligible CCS children; the local programs will evaluate and rate **each** of the five (5) components as individual indicators of program effectiveness.

**The five components for review are:**

**Medical Home**

1. Determination of CCS Eligibility
2. Special Care Center,
3. Transition Planning
4. Family PartsPP0

**CCS Performance Measure 1 – Medical Home**

Children enrolled in the CCS Program will have documented Medical homes/primary care providers. The goal is to have 100% compliance. **Definition:** Children in the CCS program will have a designated primary care physician and/or a physician who provides a medical home.

**Numerator:** The total number of children with a completed field with identification of a primary care physician and/or a physician that provides a medical home.

**Denominator:** The total number of children in the local CCS county program.  
**Data Source:** Sample of 100 charts or 10% of caseload if caseload under 1,000.  
**Reporting Form:**

Number of children with a primary care physician/ Medical Home (Numerator)	Number of children in the local CCS program (Denominator)	Percentage of compliance
67	70	95%

\* Note: If county percentage of compliance is under 80%, counties need to submit with the annual report a plan for how they will work to improve this result.

**CCS Performance Measure 2 – Determination of CCS Program Eligibility**

Children referred to CCS have their program eligibility determined within the prescribed guidelines per Title 22, California Code of Regulations, Section 42000, and according to CMS policy. Counties will measure the following:

**Numerators:**

- a. Medical eligibility within five working days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists.
- b. Residential eligibility within 30 days of receipt of documentation needed to make the determination.
- c. Financial eligibility within 30 days of receipt of documentation to make the determination.

**Denominator:** Number of CCS unduplicated new referrals to the CCS program assigned a pending status in the last fiscal year.

**Data Source:** 10% of the county CCS cases or 100 cases (which ever number is less).

**Reporting Form:**

<b>MEDICAL ELIGIBILITY</b>	Number of referrals determined medically eligible within 5 days (Numerator)  N/A	Number of new unduplicated referrals (Denominator)  35	Percentage of compliance  Dependent county must submit all referrals and medical eligibility is determined at SCRO  N/A
Medical eligibility determined within 5 days of receipt of all necessary documentation	N/A	35	N/A
<b>PROGRAM ELIGIBILITY</b>	Number of cases determined eligible within 30 days of receipt of	Number of new unduplicated referrals (Denominator)	Percentage of compliance

**Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014**

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	documentation needed to make the determination 34		35		99%
Financial eligibility determined within 30 days	FSMC /HF 21	CCS only 14	FSMC /HF 21	CCS only 13	97%

### CCS Performance Measure 3 (A & B) – Special Care Center

This Performance Measure is evaluated in two parts.

**Part A: Annual Team Report**

**Definition:** This performance measure is based on the CCS requirement for an annual team report for each child enrolled in CCS whose condition requires Special Care Center services and has received an authorization to a Special Care Center. County CCS programs will evaluate this measure by the presence of an annual team conference report in the child's medical file.

**Numerator:** Number of children that received a Special Care Center authorization and were seen at least annually at the appropriate Special Care Center as evidenced by documentation and completion of the interdisciplinary team report.

**Denominator:** Number of children enrolled in CCS whose condition as listed in categories defined in Numbered Letter 01-0108 requires CCS Special Care Center services and has received an authorization to a Special Care Center.

**Data source:** 10% of the county CCS cases authorized to SCC or 100 cases (which ever number is less).

**Part B: Referral of a Child to SCC**

**Definition:** This measure is based on the CCS requirement that certain CCS eligible medical conditions require a referral to a CCS Special Care Center for ongoing coordination of services.

**Numerator:** Number of children in CCS, with medical conditions in the categories as listed in Numbered Letter 01-0108 requiring a Special Care Center Authorization, who actually received an authorization for services.

**Denominator:** Number of children enrolled in CCS, with medical conditions, requiring Special Care Center Authorizations. **Data source:** Counties shall identify and use four or five specific diagnosis categories (cardiac, pulmonary, etc) as listed in the Special Care Center Numbered Letter 01-0108 as it relates to the SCC(s) identified for your client population. The county shall identify one or more diagnostic codes and use the diagnosis codes indicated for the SCC categories selected for this PM.

**Reporting Form - Part A:**

<b>Category selected (cardiac, pulmonary, etc.)</b>	<b>Number of children with annual team report in client's medical records  (Numerator)</b>	<b>Number of children with SCC authorization  (Denominator)  One child transferred to Mono &amp; family unaware of referral to HRIF</b>	<b>Percentage of compliance</b>
ALL SCC	21	26	80%

**Reporting Form - Part B:**

<b>Category selected (cardiac, pulmonary etc.)</b>	<b>Number of children with authorization to SCC  (Numerator)</b>	<b>Number of children with eligible medical conditions that require an authorization to a SCC  (Denominator)</b>	<b>Diagnostic Code Chosen</b>	<b>Percentage of compliance</b>
Hearing loss  CDC	12	12	389.9; 389.1; 744.23; V5010	100%

\* Counties may select four (4) to five (5) specific medical conditions as outlined in the SCC NL to use as the basis for clients that should have a referral to a CCS SCC.

### **CCS Performance Measure 4 – Transition Planning**

**Definition:** Children, 14 years and older who are expected to have chronic health conditions that will extend past the twenty-first birthday will have documentation of a biannual review for long term transition planning to adulthood.

**Numerator:** Number of CCS charts for clients 14, 16, 18, or 20 years containing the presence of a Transition Planning Checklist completed by CCS program staff within the past 12 months for children aged 14 years and over whom requires long term transition planning.

**Denominators:**

- a. Number of CCS charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.
- b. Number of MTP charts reviewed of clients 14, 16, 18, and 20 years in (10% of children aged 14 and over) whose medical record indicates a condition that requires a transition plan.

**Data Source:** Chart Audit, Completion of Transition Planning Checklist.

- \* Due to caseload numbers in Los Angeles County, LA County should work with the State to select an appropriate number of clients to be included in their sample size.

**Transition Planning Checklist**

<b>Transition Documentation</b>	<b>YES</b>	<b>NO</b>	<b>Comments</b>
1. Client has an identified need for long-term transition planning.			
2. Transition planning noted in child's medical record.			
3. Transition planning noted in SCC reports.			
4. Vocational Rehab noted in child's reports.			
5. Adult provider discussed or identified for children 17 years of age or older.			
6. Transition planning noted in SELPA for those children that are in the MTP.			

\* Note: Not all of the items in the Checklist will be applicable for each chart review.

**Reporting Form:**

Number of CCS charts reviewed  20	Number with transition planning  20	Percentage of compliance  100%
Number of MTP charts reviewed  MTU eligible 2	Number with transition planning  2	Percentage of compliance  100%

**CCS Performance Measure 5 – Family Participation**

The degree to which the CCS program demonstrates family participation.

**Definition:** This measure is evaluated based on each of the following four (4) specific criteria that documents family participation in the CCS program. Counties need to indicate the score based on the level of implementation.

Checklist documenting family participation in the CCS program.	Yes	No	Comments
1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation.	x		Survey at MTC conference was distributed to families.  Families were offered emergency response assistance through questionnaire responses to CCS.
2. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement when appropriate.		x	
3. Family members are participants of the CCS Special Care Center services provided to their child through family participation in SCC team meeting and/or transition planning.	x		Mono County is a rural area and family members must travel 5-6 hours for SCC. Family members go to SCC with children and receive notification at each stage of transition planning.
4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise.	x		Mono County Office of Education SELPA discussions at quarterly Intra-Agency meetings

**Reporting Form:**

<b>Criteria</b>	<b>Performing (25% for each criteria)</b>	<b>Not Performing</b>
<b>1. Family Feedback</b>	MTC Survey—3/5 responses for children seen by entire team  60%  Emergency Response Questionnaire 3/22 responses  13%	
<b>2. Advisory committee</b>		No formal committee
<b>3. Families attend SCC appts</b>	100%	
<b>4. Family advocates participate in CCS program</b>	100%	
<b>Total</b>	<u>68</u> %	

## **CMS Plan 2012-2013 Fiscal Year Performance Measure Narrative**

### **CHDP Performance Measure 1 – Care Coordination**

The local tracking system utilizes an Access database created specifically for Mono County CHDP program. The data is inputted by the CHOS and CHDP deputy director. Queries are then run based on the requested data.

As Mono County is an extremely rural county, specialist care most often requires out of county travel of at least 5 hours. Travel out of county can be very difficult at times of the year due to heavy snow fall, road closures, or travel restrictions. Very few specialists practice in Mono County, especially pediatric specialists. We have CHDP children followed in Inyo County for optometry and ophthalmology. Dental care is provided through Sierra Park Dental locally. Children with all other referrals must travel out of the area, often to Los Angeles, Sacramento, Pomona or Orange County. We do have a Pediatric Cardiology provider that travels to our area one time per year and will see children on Medi-Cal and CCS who do not need an urgent consult.

As many families are at or below the federal poverty level in Mono County, out of pocket payments and out of county travel have significant financial impact and often families are not able to follow through with the recommended medical specialist as a result, especially within the 120 day goal of CHDP. We are finding families cannot afford to pay for any of the care and there are no longer financial assistance programs for them. For our out of town specialist referrals, families may not be able to take the needed days off from work or have the transportation and must coordinate with other family and friends to travel, thus adding to the delay in receiving care. We have also found that some specialists have more than a month long wait list that has caused a delay in receiving care.

The Deputy Director is communicating with State representatives through quarterly meetings and is seeking additional providers who will accept the newly-implemented Medi-Cal managed care programs in Mono County. These are Anthem Blue Cross and California Health and Wellness.

### **CHDP Performance Measure 2 – New Provider Orientation**

There were no new CHDP providers in Mono County for the fiscal year 2012-2013. However there were office staff changes in Day and Night Pediatrics, an office which has been established for approximately 2 years. Additional education and weekly assistance with CHDP documentation was provided for the first month of employment for the new office staff.

established for approximately 2 years. Additional education and weekly assistance with CHDP documentation was provided for the first month of employment for the new office staff.

### **CHDP Performance Measure 3 – Provider Recertification**

No CHDP provider re-certifications were due.

### **CHDP Performance Measure 4 – Desktop Review**

The local tracking system utilized for data collection is the same as described above for CHDP Performance Measure 1.

- A. The percent compliance for accurate recording of the BMI percentile increased due to close monitoring, initial return of forms missing BMI, and education of staff regarding protocol for ages requiring BMI documentation.
- B. The percent of compliance for the number of children referred to a dentist continues to be high with follow up phone calls and documentation by CHOS.
- C. The lead testing is ordered in a timely manner due to the diligence of the head nurse at the Sierra Park Pediatrics Clinic and the physician at Day and Night Pediatrics. Reporting of lead levels by Mammoth Hospital Lab consists of a paper format, sent to Billing, and delivered to CHDP Deputy Director.

### **HPCFC Performance Measure 1 – Care Coordination**

The local tracking system used to gather the data for this performance measure was chart review and review of Health and Education Passport through CWS/CMS.

### **HPCFC Performance Measure 2 – Health and Dental Exams for Children in Out-of-Home Placement**

The local tracking system used to gather the data for this performance measure was a chart review and review of Health and Education Passport through CWS/CMS.

### **CCS Performance Measure 1 – Medical Home**

Data was obtained from the Business the reports section in CMS Web entitled "Medical Home Report" and additions/corrections performed manually as needed. At this time CCS Directors have been informed that Medical Home Reports are not up to date.

**CCS Performance Measure 2 – Determination of CCS Program Eligibility**

Data was gathered for this performance measure through a local tracking spreadsheet. Data is not available for medical eligibility as Mono County is a dependent county and medical eligibility is determined at the Southern California Regional Office.

**CCS Performance Measure 3 – Special Care Center**

Mono County has less than 100 enrolled in CCS, therefore all were considered for Part A--- Annual Team Report. 26 children had a Special Care Center Authorization and 21 received an annual visit and report in their file. Due to the remote location, it is often difficult for families to see SCC teams each year, but visit as close to the annual time line as possible.

Part B deals with referral of a child to a Special Care Center when their medical condition indicates the need, as listed in Numbered Letter 01-0108. Mono County has 12 children who have diagnostic codes of 389.9; 389.1; 744.23; and V5010. All of these children have been referred and received approval from the Southern California Regional office for Communication Disorder Centers.

**CCS Performance Measure 4 – Transition Planning**

Transition Planning was performed in accordance with CCS Information Notice 09-01, dated April 24, 2009.

Two CCS candidates graduated from the program this fiscal year and both received exit interviews; had medical providers available; and had Medi-Cal eligibility previous to that time.

**CCS Performance Measure 5 – Family Participation**

Two new programs were initiated this year for CCS families. The goal for the coming year is to increase participation in these 2 programs. A survey at the bi-annual MTC conference was distributed to families to enable them to evaluate the program, the staff, and their satisfaction with providers. Families were offered emergency response questionnaires for those CCS children who may need oxygen, may be immobile, need enteral supplies, need diabetic supplies, or are high risk infants. The remote location of Mono County and the distance from north to south county presents special needs in case of excessive snow or an earthquake. Families travel long distances for Special Care Center appointments and look forward to seeing the SCC teams; therefore families participation on that level is high.

# CHILDRENS MEDICAL SERVICES PLAN

FY 2013-2014

MONO COUNTY

DATA FORMS

**California Children's Services Caseload Summary Form**

**County:**  Mono

**Fiscal Year:**  2013-2014

	CCS Caseload 0 to 21 Years	A		B		13-14 Caseload	% of Grand Total
		10-11 Caseload	% of Grand Total	11-12 Caseload	% of Grand Total		
<b>MEDI-CAL</b>							
1	Average of Total Open (Active) Medi- Cal Children	55	50%	51	64.5%	43	61.4%
2	Potential Case Medi-Cal	5	5%	0	0	4	5.7%
3	<b>TOTAL MEDI-CAL (Row 1 + Row 2)</b>	60	55%	51	64.5%	47	67.1%
<b>NON-MEDI-CAL</b>							
<b>HEALTHY FAMILIES</b>							
4	Average of Total Open (Active) Healthy Families	23	21%	7	8.9%	12	17.1%
5	Potential Cases Healthy Families	2	2%	0	0	0	0
6	<b>Total Healthy Families (Row 4 + Row 5)</b>	25	23%	7	8.9%	12	17.1%
<b>STRAIGHT CCS</b>							
7	Average of Total Open (Active) Straight CCS Children	17	16%	14	17.7%	11	15.8%
8	Potential Cases Straight CCS Children	7	6%	7	8.9%	0	0
9	<b>Total Straight CCS (Row 7 + Row 8)</b>	24	22%	21	26.6%	11	15.8%
10	<b>TOTAL NON MEDI- CAL (Row 6 + Row 9)</b>	49	45%	28	35.5%	23	32.9%
<b>GRAND TOTAL</b>							
11	<b>(Row 3 + Row 10)</b>	109	100%	79	100%	70	100%

**Performance Measure Profile**

	2012-13		2013-14		2014-15		2015-16		2016-17	
	MC	N-MC	MC	N-MC	MC	N-MC	MC	N-MC	MC	N-MC
<b>CHDP</b>										
1	100%	100%								
2	N/A									
3	100%									
4 Average for all three providers	BMI	100%	BMI		BMI		BMI		BMI	
	Dental	100%	Dental		Dental		Dental		Dental	
	Lead	99%	Lead		Lead		Lead		Lead	
5	1. 63% 2. 90%									
6 (Optional)										
E (Optional)										
G (Optional)										
<b>HCPFC</b>										
1	100%									
2	Health	88%	Health		Health		Health		Health	
	Dental	77%	Dental		Dental		Dental		Dental	

Performance Measure Number

**Performance Measure Profile – Continued**

		2008-09		2009-10		2010-11		2011-12		2012-13	
<b>CCS</b>	1	100%		95%		83%		94%		95%	
	2	MED	N/A	MED	N/A	MED	N/A	MED	N/A	MED	N/A
		RES	N/A	RES	100%	RES	100%	RES	---	RES	99%
		FIN	N/A	FIN	100%	FIN	100%	FIN	100%	FIN	97%
3 (A)		77%		79%		53%		56%			80%
3 (B)		74%		67%		94%		100%			100%
4	CCS	0		CCS	100%	CCS	100%	CCS	73%	CCS	100%
	MTP	0		MTP	80%	MTP	100%	MTP	50%	MTP	100%
5		65%		60%		75%		75%		68%	

**CHDP Program Referral Data**

Complete this form using the Instructions found on page 4-8 through 4-10.

<b>County: Mono</b>	<b>FY10-11</b>		<b>FY 11-12</b>		<b>FY 12-13</b>	
<b>Basic informing and CHDP Referrals</b>						
Total number of CalWORKs/Medi-Cal cases informed and determined eligible by Department of Social Services	380		328		321	
Total number of cases and recipients in "1" requesting CHDP services	Cases	Recipients	Cases	Recipients	Cases	Recipients
Number of CalWORKs cases/recipients	11	20	9	15	0	0
Number of Foster Care cases/recipients	2	2	0	0	1	1
Number of Medi-Cal only cases/recipients	159	288	73	163	70	15
Total number of EPSDT eligible recipients and unborn, referred by Department of Social Services' workers who requested the following:						
Medical and/or dental services	203		137		17	
Medical and/or dental services with scheduling and/or transportation	1		26		35	
Information only (optional)	107		50		19	
Number of persons who were contacted by telephone, home visit, face-to-face, office visit or written response to outreach letter	180		130		12	
<b>Results of Assistance</b>						
Number of recipients actually provided scheduling and/or transportation assistance By program staff	67		46		39	
Number of recipients in "5" who actually received medical and/or dental services	64		46		105	

# CHILDRENS MEDICAL SERVICES

## PLAN

FY 2013-2014

MONO COUNTY

MEMORANDA OF UNDERSTANDING AND  
INTERAGENCY AGREEMENTS

Children's Medical Services Plan and Fiscal Guidelines

State of California - Health and Human Services Agency Department of Health Care Services - Children's Medical Services

**Memoranda of Understanding/Interagency Agreement List**

List all current Memoranda of Understanding (MOU) and/or Interagency Agreements (IAA) in California Children's Services, Child Health and Disability Prevention Program, and Health Care Program for Children in Foster Care. Specify whether the MOU or IAA has changed. Submit only those MOU and IAA that are new, have been renewed, or have been revised. For audit purposes, counties and cities should maintain current MOU and IAA on file.

County/City: Mono Fiscal Year: 2013-2014

Title or Name of MOU/IAA	Is this a MOU or an IAA?	Effective Dates From/To	Date Last Reviewed by County/ City	Name of Person Responsible for this MOU/IAA?	Did this MOU/IAA Change? (Yes or No)
OCS MTP/SELPA	IAA	July 2012-2014	7/2/12	Diann Blitzberger, MPH,RN	No
CHDP/DSS	IAA	July 2013-June 2015	June 2013	Diann Blitzberger, MPH,RN	Yes
HCPCFC/CWS & Probator:	MOU	July 2013-June 2015	June 2013	Diann Blitzberger, MPH,RN	yes

MONO COUNTY

**INTERAGENCY AGREEMENT (IAA)**  
 between  
**Mono County Health Department**  
**California Children Services (CCS) – Medical Therapy Program (MTP)**  
 and  
**Mono County Office of Education**  
**Special Education Local Plan Area (SELPA)**

TASK	COUNTY CCS MTP	COUNTY SELPA/LEA
LIAISON	<p>The MTP Liaison is Diann Bitzberger, MPH,RN. The MTP Liaison will coordinate services for each MTP eligible child with the SELPA Liaison.</p> <p>The MTP Liaison and local CCS Administrator will meet annually with the SELPA Liaison and SELPA to review and modify if necessary the IAA.</p>	<p>The SELPA will identify a SELPA Liaison(s) for each school district, who will coordinate special education referrals and services of all MTP eligible children within the county with the MTP Liaison. The SELPA Liaison is the school nurse.</p> <p>The SELPA Liaison and SELPA administrator will meet annually with the MTP Liaison and local CCS Administrator to review and modify if necessary the IAA.</p>
MEDICAL THERAPY CONFERENCE	<p>The MTP Liaison will notify the SELPA Liaison and parent 10 days in advance on the <b>MTC Appointment Letter (RR7)</b>. The parent/caregiver is required to attend the MTC with the child. The MTC shall be held in a CCS paneled physician's office.</p> <p>There shall be a private physical exam. The MTC physician(s) will assess the child's need for medically necessary occupational and/or,</p>	<p>The SELPA Liaison shall forward the <b>MTC Appointment Notice (RR7)</b>, with parent consent, to the IEP team. The notice will serve as an invitation for the SELPA Liaison or member of the IEP team to attend the MTC conference and possible modification to the ongoing therapy plan.</p> <p>The SELPA Liaison or member of the IEP team must notify the MTP Liaison and parent of the intent to participate</p>

	<p>physical therapy based on the child’s physical and functional status and the need for orthotics, durable medical equipment and specialty medical referrals related to the child's MTP eligible condition.</p> <p>The MTC shall determine the need for medically necessary occupational and/or physical therapy and an MTC physician shall sign a <b>CCS Therapy Plan (RR8)</b>. A copy of the Therapy Plan is given to the parent and sent to the SELPA Liaison with parental consent.</p> <p>A parent who is in disagreement with the approved Therapy Plan shall present their concerns at the MTC or in writing to the MTP Liaison. The MTP Liaison will contact SCRO of the parent’s concerns for review and/or referral for expert physician opinion.</p>	<p>in MTC.</p> <p>Other members of the IEP team may participate in the multi-disciplinary discussion with parental consent.</p>
<p>EXCHANGE OF INFORMATION</p>	<p>The county CCS program in coordination with SELPA shall develop a form for parent/legal guardian consent that allows for exchange of information between agencies for a specified period of time (<b>MCOE Auth for Release of Confidential Info</b>)</p>	<p>SELPA, in coordination with the county CCS program, shall develop a form for parent/legal guardian consent that allows for the exchange of information between agencies for a specified period of time (<b>MCOE Auth for Release of Confidential Info</b>).</p>
<p>PROFESSIONAL STANDARDS</p>	<p>SCRO shall assure that PT services are provided by a CCS paneled physical therapist or by a licensed physical therapy assistant under the</p>	<p>SELPA shall assure that PT services are provided by a physical therapist or physical therapy assistant that is licensed by the State of California in</p>

	<p>supervision of a CCS paneled physical therapist.</p> <p>SCRO shall assure that OT services are provided by a CCS paneled occupational therapist or licensed occupational therapy assistant under the supervision of a CCS paneled occupational therapist.</p> <p>When a CCS paneled therapist is not available to provide the service, a non-paneled therapist at the discretion of the State CCS Therapy Consultant may be authorized by SCRO.</p>	<p>accordance with Section 2620 et seq. of the Business and Professions Code as established by the Physical Therapy Board of California.</p> <p>SELPA shall assure that OT services are provided by an occupational therapist or occupational therapy assistant licensed by the State of California in accordance with Section 2570 of the Business and Professions Code and the American Occupational Therapy Association, Standards of Practice for Occupational Therapy AJOT, 48(12) 1039-1043.</p>
<p>PROVISION OF SERVICE</p>	<p>SCRO shall monitor the provision of medically necessary therapy services for consistency with CCS policies and procedures.</p> <p>CCS will not provide therapy services that duplicate or conflict with the CCS Approved Therapy Plan.</p> <p>SCRO will authorize the medically necessary therapy contained in the CCS Approved Therapy Plan to a CCS paneled therapist for the duration of the prescription. A copy of the authorization will be sent to the parent/caregiver and SELPA.</p> <p>When SCRO is unable to authorize the medically necessary therapy services contained in the CCS Therapy Plan, the CCS State Therapy Consultant will notify the MTP Liaison. The MTP Liaison will notify</p>	<p>SELPA shall assure the provision of service is consistent with the program guideline standards for Occupational Therapy / Physical Therapy in California Public Schools 1996.</p> <p>SELPA will not provide therapy services that duplicate or conflict with the CCS Approved Therapy Plan.</p> <p>SELPA Liaison will coordinate with the MTP Liaison when the CCS Approved Therapy Plan is contained in the IEP.</p> <p>The SELPA Liaison will notify the IEP team, when CCS is unable to provide the medically necessary therapy services contained in the CCS</p>

	<p>the parent/caregiver and SELPA Liaison.</p> <p>When the CCS program is unable to provide the medically necessary therapy services contained in the CCS Therapy Plan and the child's IEP, the MTP Liaison will notify the SELPA of an agreement in writing to reimburse SELPA at Medi-Cal rates for the provision of these services for the duration of the prescription.</p>	<p>Approved Therapy Plan.</p> <p>The SELPA Liaison will notify in writing the MTP Liaison of the effective date when the medically necessary therapy services, as stated in the CCS Approved Therapy Plan and contained in the child's IEP, will begin.</p>
<p>INDIVIDUAL EDUCATION PLAN (IEP)</p>	<p>The MTP Liaison shall represent the MTP at IEP meetings when requested to attend. (An authorized CCS therapy provider may not represent the MTP at the IEP meeting.)</p> <p>The MTP Liaison will review the CCS Therapy Plan with the IEP Team to assure non-duplication or conflict with MTP services, and identify any new area of MTP service not covered in the proposed/approved CCS Therapy Plan. If changes to the Therapy Plan are needed, the MTP Liaison will consult with the State Therapy Consultant.</p>	<p>The SELPA Liaison shall provide reasonable advance notice to the MTP Liaison of IEP meetings of all MTP participants and potentially eligible children. The notice shall identify when the MTP Liaison is requested to attend.</p> <p>The SELPA Liaison shall assist the IEP team when determining if the medically necessary therapy services identified in the proposed/approved CCS Therapy Plan is necessary for the child to benefit from special education.</p> <p>A copy of the IEP that contains the CCS Therapy Plan shall be sent to the MTP Liaison with parent approval.</p>

	<p>The State CCS Therapy consultant shall be available to teleconference with the IEP team when necessary.</p>	<p>The SELPA Liaison shall arrange for a speakerphone when the State CCS Therapy Consultant participates in the IEP meeting.</p>
<p>PROBLEM RESOLUTION</p>	<p>The MTP Liaison and local CCS Administrator shall participate with the SELPA Liaison in local dispute resolution involving the provision of medically necessary therapy services.</p> <p>Problems that cannot be resolved at the local level will be referred to SCRO. Unresolved problems shall be referred the Chief of the Children’s Medical Services Branch.</p>	<p>The SELPA Liaison and local SELPA Director shall participate with the MTP Liaison in local dispute resolution involving the provision of medically necessary therapy services.</p> <p>Problems that cannot be resolved at the local level will be referred to the SELPA Director. Unresolved problems shall be referred to the California Department of Education, as per Government Code, Section 7585(a).</p>
<p>TRANSPORTATION</p>	<p>Transportation to the MTC and/or vendor therapy site for medically necessary therapy services is not a benefit of the MTP.</p>	<p>The IEP shall include transportation to and from the vendor therapy site as a related service when the CCS Therapy Plan (OT/PT) ordered through the CCS Medical Therapy Program (MTP) is included in the IEP. The school must have transportation services defined in the IEP.</p> <p>School transportation services are to be provided when the CCS therapy is attached to the beginning, end, or during the school day and according to the IEP agreement.</p>

Mono County Children's Medical Services Plan and Fiscal Guidelines 2013-2014

		A parent may negotiate transportation services in the IEP, or choose not to have transportation provided by the school.
SPACE AND EQUIPMENT	The State CCS Therapy Consultant in collaboration with the SELPA Director and local CCS Administrator shall determine the need for establishing a primary Medical Therapy Unit in the county.	The SELPA Director in collaboration with State CCS Therapy Consultant and local CCS Administrator shall determine the need for establishing a primary Medical Therapy Unit in the county.
STAFF DEVELOPMENT	<p>The MTP Liaison will plan joint staff development activities for CCS and Education staff members in coordination with the SELPA Liaison.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>°Orientation</li> <li>°Referral Process</li> <li>°Participation in IEP</li> <li>°Participation in MTC</li> <li>°Medically necessary therapy services</li> <li>°DME/Orthotics and prosthetics</li> </ul>	<p>The SELPA Liaison will plan joint staff development activities for Education and CCS staff members in coordination with the MTP Liaison.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>°Orientation</li> <li>°Referral Process</li> <li>°Participation in IEP</li> <li>°Participation in MTC</li> <li>°Educationally necessary therapy services</li> <li>°DME/Orthotics and prosthetics</li> </ul>
INTERAGENCY DISPUTE RESOLUTION	SCRO will work with the local CCS Administrator and MTP Liaison to resolve local disputes with the SELPA prior to filing a complaint with either the Secretary of Health and Human Services or the Superintendent of Public Instruction.	SELPA will work to resolve local disputes with the CCS program prior to filing a complaint with either the Secretary of Health and Human Services or the Superintendent of Public Instruction.

<p>FISCAL RESPONSIBILITIES</p>	<p>In the event of no medically necessary CCS therapy providers:</p> <p>The county CCS program will reimburse the SELPA, at the Medi-Cal rates, for the provision of medically necessary therapy services identified in the CCS Approved Therapy Plan and contained in the IEP that cannot be provided by an authorized CCS therapy provider.</p> <p>The county CCS program will require documentation of the services provided by the SELPA/LEA therapy provider to assure compliance with the CCS Approved Therapy Plan/IEP.</p>	<p>The SELPA will submit a monthly/quarterly bill to the county CCS program for medically necessary therapy services identified in the CCS Approved Therapy Plan and contained in the IEP.</p> <p>The SELPA will submit, attached to the billing, signed daily documentation of the medically necessary therapy services provided by the SELPA therapy provider in compliance with the CCS Approved Therapy Plan/IEP.</p> <p>Documentation of medically necessary therapy services provided by the SELPA shall include:</p> <p>a. <u>An initial therapy evaluation.</u> Summary shall contain:</p> <ul style="list-style-type: none"> <li>° Findings of required testing per CCS Diagnosis.</li> <li>° Functional level of ADL’s (PT= mobility OT= self care)</li> <li>° Recommendations for medically necessary therapy services.</li> <li>° Proposed treatment plan.</li> <li>° Recommendations for orthotics, aides, equipment, and/or medical consultation.</li> </ul>

- |  |  |   |
|--|--|---|
|  |  | <p>b. <u>Quarterly Therapy Progress Note</u> shall contain:</p> <ul style="list-style-type: none"><li>◦ Summary of therapy activities.</li><li>◦ Child's response to therapy.</li></ul> <p>c. <u>A Six Month Therapy Re-evaluation Summary</u> shall contain:</p> <ul style="list-style-type: none"><li>◦ Finding of testing that supports the therapy plan.</li><li>◦ Current functional level of ADL's.<br/>(PT= mobility OT= self-care)</li><li>◦ Benefits of previous therapy.</li><li>◦ Recommendations for continued medical necessary therapy services.</li><li>◦ Proposed therapy plan.</li><li>◦ Recommendation for orthotics, aids, equipment, and/or medical consultation.</li></ul> |
|--|--|---|

**MONO COUNTY  
INTERAGENCY AGREEMENT (IAA)**

Between

**Mono County Health Department  
California Children Services (CCS)-Medical Therapy Program (MTP)**

And

**Mono County Office of Education  
Special Education Local Plan Area (SELPA)**

This Interagency Agreement is in effect from July 1, 2012 through June 30, 2014, unless revised by mutual agreement.

Note: In the event that changes in federal or state legislation impact the current Interagency Agreement, the Mono County Health Department and Mono County Office of Education agree to renegotiate the pertinent section within 90 days of receiving new language or instructions from the State.

  
\_\_\_\_\_  
SELPA Director  
Mono County Office of Education

7/2/12  
Date

  
\_\_\_\_\_  
Medical Therapy Liaison/CCS Administrator  
Mono County Health Department

8-13-12  
Date

**CHDP Program and Dept of Social Services  
Interagency Agreement**

**2013-2015**

**I. Statement of Agreement**

This statement of agreement is entered into between the Mono County Health Department and the Mono County Social Services Department to assure compliance with federal and state regulations and the appropriate expenditure of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds in the implementation of the Child Health and Disability Prevention (CHDP) Program.

**II. Statement of Need**

The following specific needs in Mono County have been identified as a focus for Fiscal Year(s) (FY) 2011-2013.

- A. Need to increase the number of MediCal eligible referrals for CHDP services in all of county.
  - a. Provide help when there is a need for special communication, such as a language barrier, illiteracy, blindness, or deafness.
  - b. Increase outreach and referrals from public health aides, dental coordinator and other support staff.
- B. Need to increase the number of children ages 0-21 years receiving health assessments especially in north and east Mono County.
- C. Continue to improve the coordination of CHDP services for children in foster care or probation living both in and out of county, including health assessment services.
  - a. All children in placement, regardless of whether the foster child is placed in or out of county, will be referred in a timely manner.
  - b. Through education, the Social Services staff's ability to recognize the "responsible adult" for children in foster placement will increase, and appropriate informing will be provided.

- c. Coordination of care for foster care children will improve through quarterly case management meetings among Mono County CHDP Deputy Director and Mono County Department of Social Services.
  - D. Need to establish CHDP services in north Mono County in response to increased referrals.
  - E. Need for CHDP to work together with Social Services to help clients access CHDP services.
    - a. Coordinate activities to increase transportation services through the Local Transportation Committee to access health care.
    - b. Offer culturally competent materials on CHDP services provided through CHDP at all sites.
    - c. Increase Social Service's ability to convey the goals and purpose of the CHDP program to full-scope MediCal clients, encouraging participation especially for periodic health assessments and preventive care.
    - d. Increase staffs ability to recognize and identify health situations requiring consultation and coordination for health care by trained healthcare professionals
- F. Need to outreach with Inyo-Mono Advocates for Community Action (IMACA) to child care providers in Mono County regarding CHDP referrals and services as well as general public health services.
- G. Need involvement with other community organizations to outreach regarding the CHDP program i.e. Women, Infants and Children (WIC), Eastern Sierra Infant Connection (ESIC), Sierra Early Intervention Program (SEIP), Community Connection for Children (CCC), Head Start, other preschools and schools.
  - a. Increase the number of WIC clients referred to CHDP services.
  - b. Increase the number of ESIC and SEIP clients referred to CHDP services.
  - c. Increase the number of CCC clients referred to CHDP services.
  - d. Increase the number of children referred by Head Start, preschools and schools to CHDP services.
- H. Need to evaluate the reporting systems in the CHDP and Social Services departments.
  - a. Periodically review the referral system and flow from Social Services to the CHDP. Identify if meeting the estimated target population goals.
  - b. Compare and evaluate report of number of Social Services clients referred to CHDP program (PM 357) with number of actual referrals (PM 357) received by

CHDP. Discuss any discrepancies.

- c. Evaluate the statistics for number of informed clients, health assessments, and follow-up treatment and if the reports are accurate.
- 1. Currently there are 2 MediCal Managed Care Plans in Mono County: California Health and Wellness and Anthem Blue Cross. Any future Managed Care Plans will be contacted for coordination of services. Mono County CHDP will contact any such Plans as necessary.
- J. The CHDP Deputy Director will review any changes in State or Federal regulations with a representative of the Social Services department.

#### Organizational and Functional Relationships

- A. The exchange of information about persons applying for or receiving Medi-Cal, with or without linkages to other social services programs as outlined in this document, is permitted by state and federal law and regulations, and is to be maintained in a confidential manner.
- B. Organizational charts of Mono County display the important points of interface between CHDP and Social Services programs and personnel.
- C. The Flow Charts depict the CHDP process of informing through diagnosis/ treatment
  - 1. California Work Opportunity and Responsibility to Kids (CalWORKs) Families, In-person application/Annual Re-Determination
  - 2. Medi-Cal Only Families
    - a. In-person Application/Annual Re-determination
    - b. Mail-in application/Re-determination
  - 3. Children Placed in Foster Care

#### **IV. Social Services Department Responsibilities and Activities**

##### **A. Basic Informing and Documentation of Informing for CalWORKs or Medi-Cal**

Following are the requirements for basic informing and documentation of Informing by Eligibility Determination staff of persons applying for, or receiving CalWORKs or Medi-Cal.

For applicants with special needs (ie: blind, deaf, illiterate), an interview assistor is provided by the family or DSS staff. For Spanish-speaking applicants, bilingual eligibility workers and bilingual materials are available.

- 1. In-person Application/Annual Re-Determination

- a. In the face-to-face eligibility intake interview or at the time of the annual re-determination, the appropriate adult(s) responsible for Medi-Cal eligible persons, including the unborn, and persons under 21 years of age will be:
  - (1) Given a state approved brochure about the CHDP Program.
  - (2) Given an oral explanation about CHDP including:
    - (a) The value of preventive health services and the differences between episodic and wellness care;
    - (b) Availability of health assessments;
    - (d) Availability of dental services; the need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and
    - (e) The nature, scope, and benefits of the CHDP Program.
  - (3) Asked questions to determine whether:
    - (a) More information about CHDP Program services is wanted;
    - (b) CHDP Program services--medical and/or dental --are wanted; and
    - (c) If appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services.
- b. The Eligibility Determination staff will document on the SAWS2 using an automated system that face-to-face informing occurred:

Explanation of brochure given

Date of the explanation and brochure given

Individual's responses to the CHDP questions

2. Mail-in Application/Re-determination (Medi-Cal Only)

- a. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by mail will do so through completion of a State-approved Medi-Cal application/annual re-determination process. The application/annual re-determination process includes the mailing of a State-approved brochure about the CHDP Program to the applicant. The State-approved brochure about the CHDP Program, entitled "Medical and Dental Health Check-Ups," informs the family of where to call or write if:
- 1) More information about CHDP Program services is wanted; or
  - 2) Help with getting an appointment and transportation to medical care is needed.
- b. Eligibility Determination staff will document on the SAWS2 if any follow-up action is required.

NOTE: Any "Yes" response to the CHDP questions or offer of services through face-to-face encounters or mail-in applications requires a referral on the CHDP Referral Form (PM 357), or State-approved alternate referral form. See CHDP Program Letter No. 81-5 and All County Letter No. 81-43.B. **Basic Informing and Documentation of Informing for Children in Foster Care**

### **Program Placements**

Following are the requirements for basic informing and documentation of informing by staff responsible for placement of children in foster care, including placements controlled by the Probation Department, Licensed Adoption Agency, and/or Placement Agencies.

1. Within 30 days of the date of placement, the staff responsible for placing the child (i.e., social worker, probation officer) will document the need for any known health, medical, or dental care and ensure that information is given to the payee, hereafter referred to as the out-of-home care provider, about the needs of the eligible person and the availability of CHDP services through the CHDP Program. In the case of an out-of-state placement, the social worker shall ensure information is given to the out-of-home care provider about the federal EPSDT services. The care provider and/or child will be:
  - a. Given a state-approved brochure about CHDP services and information about the child's need of preventive health care; and
  - b. Given a face-to-face oral explanation about CHDP, including:
    - (1) The value of preventive health services and the differences between episodic and wellness care;
    - (2) The availability of health assessments according to the CHDP periodicity schedule, and how to obtain health assessments at more frequent intervals if no health assessment history is documented, or the child has entered a new foster care placement;

- (3) The availability of annual dental exams for children one year of age and older;
    - (4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and
    - (5) The nature, scope, and benefits of the CHDP Program.
  - c. Asked questions to determine whether:
    - (1) More information about the CHDP Program is wanted;
    - (2) CHDP Program services--medical and/or dental--are wanted; and
    - (3) If appointment scheduling and/or transportation assistance is needed to obtain CHDP medical and/or dental services. The Child Welfare Services staff responsible for placement will document the care provider's response to the questions in the CHDP Program area of the Identification Page in the Placement Notebook in the Placement Management Section in the Client Services Application on the Child Welfare Services/Case Management System (CWS/CMS) by entering:
      - a. Date care provider was informed of the CHDP Program and brochure given; and
      - b. Care provider's request for CHDP services.
3. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff responsible for placement will document the care provider and/or child's response to the CHDP questions on the CHDP Referral Form (PM 357) and maintain a copy in the case record.

Note: Any "Yes" response to the CHDP questions or offer of services requires a referral on the CHDP Referral Form (PM 357). See CHDP Program Letter No. 81-5 and All County Letter No. 81-43. A copy of the referral form is to be maintained in the child's case record.

"Payee," referred to as the "Out-of-home care provider" or care provider, is defined as the foster parent(s) in a foster home, or the officially designated representative of the payee when the child in the foster care program or MediCal eligible child resides in a group home, residential treatment center, or other out-of-home care facility.
5. Child Welfare Services staff responsible for the child in a foster care placement will complete annual informing of the care provider/child. They will include information about CHDP preventative health services, unmet health care needs requiring follow up, and a review of the child's access to a primary care provider according to the process outlined for initial informing in B.1.a-c.; and will document the results of informing in the case plan update.
6. The Probation Department, Licensed Adoption Agency, or other Placement Agency staff

responsible for placement will complete annual informing and the documentation of that informing according to the outline in B.1. and B.3.

7. The procedures used by the DSS for ensuring satisfactory initial and annual informing on behalf of children in the Foster Care program or Medi-Cal eligible children when the placement responsibility is controlled by the probation department or any other social agency such as Licensed Adoption Agencies, and/or Placement Agencies are as follows:
  - a. For Social Services cases involving a licensed adoption agencies and/or placement agencies, the Social Worker is responsible for basic informing, documenting, and generating a referral on a PM 357 to the CHDP program initially, at each annual redetermination and each time the responsible party changes.
  - b. For all Probation Department cases, the Probation Officer is responsible for basic informing requirements, documenting, and generating a referral on a PM 357 to the CHDP program initially, at each annual redetermination and each time the responsible party changes.
  - c. The CHDP program is responsible for the intensive informing and follow-up from the PM 357 referral that is generated on all foster care referrals or placement referrals made by probation or an adoption.
  - d. The CHDP program will provide the Social Worker or Probation Officer copies of the child's CHDP health assessments (PM 160's) that are generated subsequent to the date of eligibility as documented on the PM 357 for their records.
  - e. Additional documentation for foster care children may include a copy of the child's Health Passport, along with copies of the CHDP health assessments (PM 160's) and/or medical reports, to be kept in the Social Worker's case files.
8. The procedures used to ensure that informing about the need for a CHDP health assessment and the health status of children in the Foster Care program and/or Medi-Cal eligible children occurs, when out-of-home placement with a relative or upon return of the child to the parent(s), are as follows:
  - a. The Social Worker/Probation Officer is responsible for informing at each placement or each change in responsible party, regardless of location.
  - b. Also the CHDP program is to be notified with a PM 357 of any change in order to complete intensive informing and follow-up.
9. Procedures used to ensure that informing about CHDP services occurs to care providers/payees responsible for children placed in foster care out-of-county are as follows:

- a. The Social Worker/Probation Officer is responsible for informing the at each placement or each change in responsible party, regardless of location
- b. Also the CHDP program is to be notified with a PM 357 of any change in order to coordinate intensive informing and follow-up in another county.

**C. Referral to the EPSDT Unit or CHDP Program**

1. All "Yes" responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/transportation assistance will be documented on a CHDP Referral Form (PM 357), or a state-approved alternate form. The referral form will be sent to the Mono County CHDP office in a timely manner. This action is required to ensure that these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through CalWORKs or Medi-Cal Only, and within 120 days of the date of request if by self-referral or for children in foster care placements.
2. There are 2 managed care plans in Mono County.
3. The procedures for assuring that children in foster care placed out of county are properly referred for CHDP services are as follows:
  - a. For each child placed out-of-county by the Social Worker/Probation Officer, the top copy of the PM 357 referral will be sent to the CHDP program in the county of placement by the Social Worker/Probation Officer. This enables the county of placement's CHDP program to address intensive informing, assistance with scheduling and transportation, and diagnosis/treatment follow-up.
  - b. A copy of the PM 357 is also kept in the Social Service or Probation case file.
4. Referral requirements described in C.1. also apply to children in foster care placements controlled by the probation department, licensed adoption agency, and/or a placement agency. The Probation Officer works with the Social Services Eligibility Worker to complete the PM 357 referral to the CHDP program the same as above in C.1.

**D. Information Provided by Social Services Staff on the CHDP Referral Form (PM 357) or a State-Approved Alternate Referral Form**

The following will be included on the referral form when any "Yes" response is given, written or verbal, to the offer of services:

1. Case Name and Medi-Cal Identification Number.

2. Type of services requested:
  - a. Additional information.
  - b. Medical services.
  - c. Dental services.
  - d. Transportation assistance.
  - e. Appointment scheduling assistance.
3. Source of referral:
  - a. New application.
  - b. Re-determination.
  - c. Self-referral.
4. Case type:
  - a. CalWORKs (on existing form as AFDC).
  - b. Foster Care.
  - c. Medi-Cal Only
5. Complete listing of members in case with birth dates including unborn and the expected date of confinement (EDC).
6. Listing of the payee/out-of-home care provider and child in foster care.
7. Residence address and telephone number.
8. Eligibility worker signature.
9. Date of eligibility determination for CalWORKs and Medi-Cal only cases or date of request for children in Foster Care and self-referrals.

**E. Case Management for Children in Foster Care**

1. The staff responsible for placement of the child will ensure that the child receives medical and dental care that places attention on preventive health services through the CHDP Program, or equivalent health services in accordance with the CHDP Program's schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a child when the child enters a new placement.  
For example, if there is no record documenting a health

assessment during their previous placement, if they are not performing age-expected developmental skills, or if they have been moved to an area with a new provider, another health assessment may be claimed through CHDP by entering "New Foster Care Placement" in the Comments/Problems area of the Confidential Screening/Billing Report (PM 160).

2. The staff responsible for placement of the child will ensure that arrangements are made for necessary diagnosis and treatment of health conditions suspected or identified.
3. Medical records, including but not limited to, copies of the CHDP Confidential Screening/Billing Reports (PM 160) or results of equivalent preventive health services for any child in foster care. Case records for children age one and over must also contain the result(s) of dental visit(s).
4. The case record will contain a plan which ensures that the child receives medical and dental care which places attention on preventive health services through CHDP Program or equivalent preventive health services in accordance with the CHDP Program's schedule for periodic health and dental assessments.

**V. EPSDT/CHDP Responsibilities and Activities**

- A. The EPSDT/CHDP office is located in the Mammoth Lakes office of the Mono County Health Department.
- B. See attached duty statements of the CHDP Deputy Director and Program Assistant.
- C. Supervision
  1. Overall medical supervision will be provided by the Mono County Health Officer/CHDP Program Director, Richard Johnson, MD.
  2. Program supervision will be provided by the CHDP Deputy Director, Diann Bitzberger, RN, HPM.
  3. The day to day supervision of the EPSDT activities and the Program Assistant, Olivia Moreno, is the responsibility of the CHDP Deputy Director.
- D. The CHDP program will accept and take appropriate action on all referrals of Medi-Cal
- E. eligible persons under 21 years of age, including unborn, and will:
  1. Intensively inform those requesting more information and offer scheduling and transportation assistance to those who request CHDP medical and/or dental services.

2. Provide all requested scheduling and/or transportation assistance so that medical and/or dental services can be received from a provider of the requester's choice. These services will be provided and diagnosis and treatment initiated within 120 days of the person's date of eligibility determination or re-determination, and within 120 days of a request if by self-referral or for children in foster care placements unless:
  - a. Eligibility is lost; or,
  - b. Person is lost to contact and a Good Faith Effort was made to locate the person as defined in Section VII; or,
  - c. Failure to receive services was due to an action or decision of the family or person.
3. Assure that persons asking for health assessment procedures not furnished by their provider are referred to another provider for those procedures so that all requested CHDP services are received within 120 days of the initial request.
4. Follow up on families requesting appointment scheduling and transportation assistance to:
  - a. Re-offer scheduling and transportation assistance to those persons whose failure to keep appointments was not due to an action or decision of the family or person.
  - b. Offer and provide requested assistance to those for whom further diagnosis and treatment is indicated.
- F. The following will be documented on the HDP Referral Form (PM 357) or an alternate state-approved form for each eligible person listed:
  1. Type of transportation assistance and date given.
  2. Appointment scheduling assistance and date given.
  3. Date(s) of appointment(s) and name(s) of provider(s).
  4. Confirmation of CHDP services:
    - a. Health assessment requires a PM 160 on file; or provider certification of provision of service.
    - b. Dental services require family, provider, or child verification.

5. Follow up to needed diagnosis and treatment:
    - a. Response to offer of appointment scheduling and transportation assistance.
    - b. Type of transportation assistance and date given.
    - c. Date(s) of appointment(s) and name(s) of provider(s).
    - d. Confirmation of care--PM 161 or similar form of certification by provider.
  6. Date appointment, scheduling, and/or transportation assistance was declined and by whom.
  7. Disposition of case: appointment kept or not kept, eligibility lost, family declined further services, or family/person lost to contact and Good Faith Effort was made to locate the person as defined in Section VII.
- F. Dates periodic notice of appointments sent and any response received will be documented PM 357 or PM 160 if the child has one.
- G. A quarterly report will be submitted by the 15th day following the end of each quarter to the State Department of Health Services showing the number of CalWORKs and Foster Care recipients, and Medi-Cal Only recipients requesting CHDP services.

#### **VI. CHDP Program Responsibilities and Activities**

- A. An adequate number of medical providers will be available to meet county needs and federal regulations in regard to allowable time frames.
- B. The county will make all possible attempts to assure an adequate number of dental providers to meet county needs and federal regulations.
- C. An adequate supply of the following materials will be available to meet Social Services Department and other county needs:
  1. State approved informing brochure with the address and phone number of the local CHDP Program.
  2. Current list of CHDP medical and dental providers.
  3. Other informational material, e.g., CHDP poster.
- D. When an eligible person still needs CHDP services and moves to another county, the new county will be notified and appropriate information sent, if the recipient's

address is known. The CHDP Deputy Director will be responsible for forwarding all information to the new county's CHDP program.

- E. Copies of Confidential Screening/Billing Reports (PM 160s) for services given to children in foster care will be sent to the responsible Social Services Department or Probation Department depending on the source of the PM 357 referral. The CHDP Deputy Director will forward copies of PM 160's as they are received from other county CHDP programs and/or providers.
- F. All persons eligible for Title V services will be informed of availability of these services and referred as requested.
- G. Referrals for public health nursing services for intensive informing and follow up to health assessment and diagnosis and treatment will be accepted, and such services will be provided.

NOTE: Item G is required only when EPSDT funds are requested for Public Health Nursing through a county/federal match.

#### **VII. Joint Social Services/CHDP Responsibilities**

A Good Faith Effort will be made to locate all persons lost to contact. The EPSDT Unit/CHDP Program will query the Social Services Department for current addresses, telephone numbers, and Medi-Cal status of these persons. Upon request, the Social Services Department will share this information. The exchange of this confidential information is based on federal and state regulations.

#### **VIII. Staff Education**

- A. Within ninety (90) days of employment by the Social Services Department, all new staff with responsibility for placement or eligibility determination will have completed orientation regarding the CHDP Program and their role and responsibilities for informing persons about CHDP and referring for services. The DSS Program Manager will be responsible for the training of the Eligibility Workers and Social Workers in the Department of Social Services, with assistance from the CHDP Deputy Director as needed.
- B. Within ninety (90) days of employment by the Probation Department or licensed adoption agency, staff responsible for placement will have completed orientation regarding the CHDP Program and their roles and responsibilities for informing persons about CHDP and referring for services. The Probation Director will be responsible for the training of the Probation Officers, with assistance from the CHDP Deputy Director as needed.
- C. Upon licensure and at renewal, foster parent(s) and group care home, residential treatment center, and other out-of-home care facility staff will complete orientation regarding nature, scope, benefits, and availability of CHDP Program services. The DSS Program Manager will be responsible for

this training, with assistance from the CHDP Deputy Director as needed.

- D. All appropriate health department staff will receive orientation and an annual update regarding the CHDP Program.
- E. All placement and eligibility determination staff will receive an annual update regarding the CHDP Program.
- F. Additional staff education needs may be identified.
  - 1. All regulatory changes for the year will be reviewed by the CHDP Deputy Director and DSS Program Manager as they relate to the CHDP/DSS activities, and may initiate additional staff education training.
  - 2. As program evaluations or reports are reviewed by the CHDP program or the DSS program, a need for further staff education may be identified. Annually areas of need will be addressed.
  - 3. Staff educational needs may be identified by CHDP, DSS, Probation, Perinatal Taskforce, Mono County Dental Taskforce, or any other taskforce or agency as problems or issues might develop with PM 357 referrals or lack of continuity with case management of medical/dental problems.
  - 4. Additional staff educational needs may be identified through use of formal Needs Assessment tools or client survey.

**IX. Management Information and Program Evaluation**

- A. The following information will be compiled and shared between departments.
  - 1. Numbers of:
    - a. Children Eligible. Social Services will share the total number of CalWORKS/Foster Care/MediCal cases informed by DSS workers on a monthly basis with the CHDP program. The Probation Department will also share the number of Foster Care cases in out-of-home placement on a monthly basis with the CHDP program.
    - b. Total number of requests (PM 357's) for CHDP services will be shared with the Department of Social Services annually.
    - c. Total number of requests for more information about CHDP, but no services, will be shared with the Department of Social Services annually.
    - d. Total number of requests for scheduling and/or transportation assistance will be shared with the Department of Social Services annually.

- e. Total number of corresponding medical health assessment services requested (PM 357) and received (PM 160).
  - f. Total number of corresponding dental services requested (PM 357) and dental exams received (PM 160).
  - g. Total number of referrals for diagnosis and treatment (PM 160 follow-up).  
Examples of children helped through these efforts will be shared by CHDP with Social Services/Probation staff at the annual update and included in the orientation of new employees.
3. Quarterly newsletters focusing on the above information of 1 and 2 may be sent to program/agency staff.
- B. Program Evaluation
1. Quarterly Report of Medi-Cal Recipients requesting CHDP Services (PM 357) will be compiled and evaluated by CHDP, and sent to:
- Data Management and Evaluation Section 714  
P Street, Sacramento, CA 95814
- and a copy to: Department of Health Services
- Southern California Regional Office — CHDP  
Attn: Admin. Consultant  
311 South Spring Street  
Los Angeles, CA 90013
2. The CHDP Deputy Director will monitor and evaluate quarterly the compliance of receiving PM 357s from Social Services in a timely manner or within the 120 day period. If the PM 357 is received late, it does not allow the CHDP program time to assist with scheduling or transportation and assessment within 120 days.
3. The Social Services Program Manager will monitor and evaluate quarterly the compliance and quality of informing all MediCal recipients of CHDP Services as well as the PM 357 process.
4. Special studies done in either department.
5. Social Services and CHDP will evaluate comparisons for improvement, i.e.:
- a. Number of informed MediCal recipients vs generated PM 357 referrals
  - b. Number of PM 357 referrals vs health assessments received
  - c. Number of PM 357 referrals vs number receiving diagnosis/treatment

6. Both departments will conduct periodic case management reviews to evaluate procedure compliance and CHDP process for quality assurance.
7. The DSS/CHDP Process and Interagency Agreement will be reviewed upon renewal every two years or as needed. Input will also be considered from other sources such as Mono County Dental Taskforce, Partners in Wellness, and Perinatal Taskforce.

**X. Compliance Certification**

In signing this agreement, we hereby certify that the CHDP Program in our community will meet the compliance requirements and standards pertaining to our respective departments contained in the following:

- A. Enabling legislation of the CHDP Program.

**Reference:** Health and Safety Code Sections 124025 through 124110 and Sections 104395.

- B. CHDP Program regulations that implement, interpret, or make specific the enabling legislation.

**Reference:** California Code of Regulations, Title 17, Section 6800 through 6874.

- C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP Program.

**Reference:** California Code of Regulations, Title 22, Sections 51340(c), 51340 and 51532.

- D. Regulations defining county Social Services Department responsibilities for meeting CHDP/EPSDT Program requirements.

1. Social Services Regulations

**Reference:**

- a. Staff Development and Training Standards--Manual of Policies and Procedures (MPP) Sections: 14-530, 14-610.
- b. Civil Rights--MPP Sections: 21-101, 21-107, 21.115.
- c. Eligibility and Assistance Standards--MPP Sections: 40-107.61, 40-131.3(k), 40-181.211, 45-201.5.
- d. Child Welfare Services Program Standards--MPP Sections: 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.18, 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362,

**CHILDREN'S MEDICAL SERVICES**

Health Care Program for Children in Foster Care  
 Memorandum of Understanding  
 Between  
 Child Health and Disability Prevention (CHDP) Public Health Nurses  
 And  
 Child Welfare Services Agency Social Workers and Probation Officers.  
 2013-2015

County/City : Mono

Effective Dates: July 1, 2013 to June 30, 2015

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	<ul style="list-style-type: none"> <li>• PHN will be located in the Public Health agency with accessibility to all team members</li> </ul>	<ul style="list-style-type: none"> <li>• PHN will be located in the Public Health agency with accessibility to all team members.</li> </ul>
Supervision	<ul style="list-style-type: none"> <li>• PHN will be supervised by supervising PHN in the local CHDP Program with input from CWS agency staff.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency/Supervising Probation Officer will provide input to the supervising PHN.</li> </ul>
Accessing Resources	<ul style="list-style-type: none"> <li>• PHN will identify health care providers in the community.</li> <li>• PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.</li> <li>• PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs.</li> <li>• PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis.</li> <li>• CWS agency Social Worker/Probation Officer will work with the substitute care provider (Foster Parent) and the PHN to identify an appropriate health care provider for the child.</li> <li>• CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.</li> </ul>

Children's Medical Services Plan and Fiscal Guidelines

County/City : Mono Effective Dates: July 1, 2013 to June 30, 2015

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Training/Orientation	<ul style="list-style-type: none"> <li>PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</li> <li>PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.</li> </ul>	<ul style="list-style-type: none"> <li>CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care.</li> <li>CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</li> <li>CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.</li> </ul>
Policy/Procedure Development	<ul style="list-style-type: none"> <li>PHN will provide program consultation to DSS/ Probation Departments in the development and implementation of the EPSDT/CHDP Program policies related to the Health Care Program for Children in Foster Care.</li> <li>PHN will participate in multi-disciplinary meetings for review of health-related issues.</li> </ul>	<ul style="list-style-type: none"> <li>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</li> </ul>
Transition from Foster Care	<ul style="list-style-type: none"> <li>PHN will provide assistance to the Social Worker/Probation Officer and youths leaving foster care on the availability of options of health care coverage as well as community resources to meet the health care needs upon emancipation.</li> </ul>	<ul style="list-style-type: none"> <li>CWS agency staff/Probation Officers will collaborate with PHN to assure youths leaving foster care supervision are aware and connected to resources for independent living.</li> </ul>

Children's Medical Services Plan and Fiscal Guidelines

County/City : Mono

Effective Dates: July 1, 2013 to June 30, 2015

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<p style="text-align: center;"><b>Health Care Planning and Coordination</b></p>	<ul style="list-style-type: none"> <li>• PHN will interpret health care reports for social worker/probation officers and others as needed.</li> <li>• PHN will develop a health plan for each child expected to remain in foster care.</li> <li>• PHN will work with substitute care provider to ensure that the child's Health and Education Passport or its equivalent is updated.</li> <li>• PHN will assist substitute care provider s in obtaining timely comprehensive assessments.</li> <li>• PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</li> <li>• PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).</li> <li>• PHN will obtain and provide health care documentation when necessary to support the request for health care services.</li> <li>• PHN will collaborate with social worker/probation officer, biological parent when possible and substitute care provider to ensure that necessary medical/health care information is available to those persons responsible for providing healthcare for the child, including a copy of the Health Education Passport (HEP) to the substitute care provider.</li> <li>• PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child.</li> <li>• PHN will collaborate with the social worker/probation officer and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</li> <li>• PHN will review child's health plan with social worker/probation officer as needed and at least every six months.</li> </ul>	<ul style="list-style-type: none"> <li>• Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer.</li> <li>• Social Worker/Probation Officer or designee will incorporate health plan into child's case record.</li> <li>• Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</li> <li>• Social Worker/Probation Officer will collaborate to complete and keep current the child's Health and Education Passport or its equivalent and provide a copy of the HEP to the substitute care provider.</li> <li>• Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child.</li> <li>• Social Worker/Probation Officer will collaborate with the PHN and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</li> <li>• Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing relevant information will be incorporated into the HEP and court report.</li> </ul>

Children's Medical Services Plan and Fiscal Guidelines

County/City : Mono

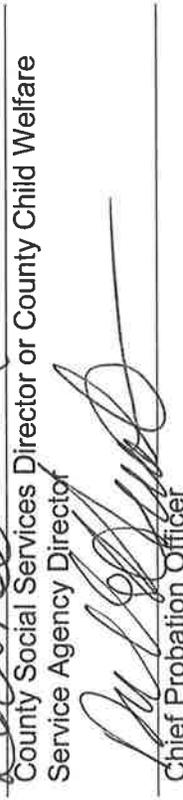
Effective Dates: July 1, 2013 to June 30, 2015

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Quality Improvement	<ul style="list-style-type: none"> <li>PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department.</li> <li>PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</li> <li>PHN will establish baseline data for evaluating health care services provided to children in foster care.</li> </ul>	<ul style="list-style-type: none"> <li>CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services</li> <li>CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</li> <li>CWS agency/Probation Officers will collaborate and assist PHN in gathering data.</li> </ul>

This Memorandum of Understanding in effect from July 1, 2013 through June 30, 2015 unless revised by mutual agreement. In the event that changes in Federal or State requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

 Ann Berggren, CHDP Director 6-19-13 Date

 Kathryn 6-26-13 Date  
County Social Services Director or County Child Welfare Service Agency Director

 Paul 7-1-2013 Date  
Chief Probation Officer

CHILDREN'S MEDICAL SERVICES  
CMS PLAN  
**Fiscal Year 2013-2014**

Part III  
**Budget Forms**

**CHDP Administrative Budget Summary**  
**No County/City Match**  
**Fiscal Year 2013-2014**

County/City Name: **Mono County**

Category/Line Item	1 Total Budget (2 + 3)	2 Total CHDP Budget	3 Total Medi-Cal Budget (4 + 5)	4 Enhanced State/Federal (25/75)	5 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$50,519	\$98	\$50,421	\$9,682	\$40,739
II. Total Operating Expenses	\$5,200		\$5,200		\$5,200
III. Total Capital Expenses	\$0				
IV. Total Indirect Expenses	\$6,000		\$6,000		\$6,000
V. Total Other Expenses	\$0				
<b>Budget Grand Total</b>	<b>\$61,719</b>	<b>\$98</b>	<b>\$61,621</b>	<b>\$9,682</b>	<b>\$51,939</b>

Source of Funds	1 Total Funds	2 Total CHDP Budget	3 Total Medi-Cal Budget	4 Enhanced State/Federal	5 Nonenhanced State/Federal
State General Funds	\$98	\$98			
Medi-Cal Funds:	\$61,621		\$61,621		
State Funds	\$28,390		\$28,390	\$2,421	\$25,969
Federal Funds (Title XIX)	\$33,231		\$33,231	\$7,262	\$25,969

Prepared By (Signature) *Patricia M. Deen* Date Prepared 1/21/2014 Phone Number 760-932-5587 Email Address pmcgee@mono.ca.gov  
 CHDP Director or Deputy Director (Signature) *Patricia M. Deen* Date 1-22-14 Phone Number 760-924-1841 Email Address dbitzberger@mono.ca.gov

CHDP Administrative Budget Worksheet  
 No County/City Match  
 State and State/Federal  
 Fiscal Year 2013-14

County/City Name: Mono County		Column									
Category/Line Item	1A % or FTE	1B Annual Salary	1 Total Budget (1A x 1B or 2 + 3)	2A CHDP % or FTE	2 Total CHDP Budget	3A Total Medi- Cal %	3 Total Medi- Cal (4 + 5)	4A % or FTE	4 Enhanced State/Federal (2&75)	5A % or FTE	5 Nonenhanced State/Federal (50/50)
<b>Personnel Expenses</b>											
1. Diann Bitzberger, Deputy Director	10%	\$78,756	\$7,876	1%	\$50	99.36%	\$7,825	55.65%	\$4,383	43.710%	\$3,442
2. Diann Bitzberger, Case Manager	3%	\$78,756	\$2,363	1%	\$15	99.36%	\$2,348	55.65%	\$1,315	43.710%	\$1,033
3. Hillary Bayliss, Case Manager	2%	\$98,832	\$1,977			100%	\$1,302	60.00%	\$781	40.000%	\$521
4. Olivia Moreno, CHDP CHOS	10%	\$60,036	\$6,004			100%	\$6,004			100.000%	\$6,004
5. Maria Gonzalez, FTS	15%	\$49,860	\$7,479			100%	\$7,479			100.000%	\$7,479
6. Nancy Cruz-Garcia, Clerical/Interpreter	5%	\$37,044	\$1,852			100%	\$1,852			100.000%	\$1,852
7. Patricia McGee, Fiscal Administrator	5%	\$63,000	\$3,150			100%	\$3,150			100.000%	\$3,150
8. Lynda Salcido, Public Health Director	3%	\$126,000	\$3,780			100%	\$3,780			100.000%	\$3,780
Total Salaries and Wages			\$33,806		\$66		\$33,740		\$6,479		\$27,261
Less Salary Savings											
Net Salaries and Wages			\$33,806		\$66		\$33,740		\$6,479		\$27,261
Staff Benefits (Specify %)			\$16,713		\$32		\$16,681		\$3,203		\$13,478
I. Total Personnel Expenses			\$50,519		\$98		\$50,421		\$9,682		\$40,739
II. Operating Expenses											
1. Travel			\$100				\$100				\$100
2. Training											
3. Office			\$1,100				\$1,100				\$1,100
4. Rent			\$3,500				\$3,500				\$3,500
5. Special Department			\$100				\$100				\$100
6. Equipment/Misc			\$400				\$400				\$400
III. Total Operating Expenses			\$5,200				\$5,200				\$5,200
III. Capital Expenses											
II. Total Capital Expenses											
IV. Indirect Expenses											
1. Internal (Specify %)			0.00%								
2. External (Specify %)			19.59%								
IV. Total Indirect Expenses			\$0		\$0		\$0				\$0
V. Other Expenses											
V. Total Other Expenses			\$6,000		\$0		\$6,000				\$6,000
Budget Grand Total			\$61,719		\$98		\$61,621		\$9,682		\$51,939

Prepared By (Signature) *Patricia McGee* Date Prepared 1/21/14 Phone Number 760-932-5587 Email Address pmcgee@mono.ca.gov  
 CHDP Director or Deputy Director (Signature) *Deanna City* Date 1-27-14 Phone Number 760-924-1841 Email Address dcity@bercear@mono.ca.gov

**CHDP No County/City Match  
Mono County  
Budget Narrative  
Fiscal Year 2013-2014**

<b>I. PERSONNEL EXPENSES</b>		<b>Identify and explain any changes in Personnel including FTE percentage changes.</b>
Total Salaries:	\$33,806	used more of the no match budget for personnel and operating, split the indirect to simplify budget procedures -overall totals for the two budgets are the same as last year
Total Benefits:	\$16,713	used more of the no match budget for personnel and operating, split the indirect to simplify budget procedures -overall totals for the two budgets are the same as last year
<b>Total Personnel Expenses:</b>	<b>\$50,519</b>	
Case Manager		Allocated Deputy Director time between Director and Case Management duties
Deputy Director		Allocated Deputy Director time between Director and Case Management duties
Clerical/Interpreter		Adjusted job titles to match duty statement, budget and Incumbent lists;

<b>II. OPERATING EXPENSES</b>		<b>List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.</b>
Travel	\$100	Per diem and mileage for any trips pertaining to this grant. Reduced to reflect last year's actual expenses.
Training	\$0	
Office	\$1,100	Office supplies, computers (under \$5,000) increased this to replace aging computer for staff
Rent	\$3,500	Rent for staff offices - increased to reflect last year's actual expenses. Allocated among programs based on budgeted FTE's
Special Equipment	\$100	Added as a separate line item. Transcription costs for quarterly meetings, other special expenses
Equipment Mntce	\$400	This is for a Health Department software program; cost allocated among programs based on budgeted FTE's. Increased to reflect last year's actual expense
<b>Total Operating Expenses:</b>	<b>\$5,200</b>	

<b>III. CAPITAL EXPENSES</b>		<b>List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.</b>
<b>Total Capital Expenses:</b>	0	None

<b>IV. INDIRECT EXPENSES</b>		
A. Internal @	\$0	
B. External @ 19.59	\$6,000	County wide cost allocation plan; allocated to programs based on budgeted FTE's.
<b>Total Indirect Expenses:</b>	<b>\$6,000</b>	

<b>V. OTHER EXPENSES</b>		<b>List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.</b>
	\$0	
<b>Total Other Expenses:</b>	<b>\$0</b>	

<b>Budget Grand Total</b>	<b>\$61,719</b>
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**CHDP Administrative Budget Summary  
County/City Match  
Fiscal Year 2013-2014**

County/City Name: **Mono County**

Category/Line Item	1 Total Budget (2 + 3)	2 Enhanced State/Federal (25/75)	3 Nonenhanced State/Federal (50/50)
I. Total Personnel Expenses	\$27,581	\$7,860	\$19,721
II. Total Operating Expenses	\$0		\$0
III. Total Capital Expenses	\$0		
IV. Total Indirect Expenses	\$6,000		\$6,000
V. Total Other Expenses	\$0		
<b>Budget Grand Total</b>	<b>\$33,581</b>	<b>\$7,860</b>	<b>\$25,721</b>

Source of Funds	1 Total Funds	4 Enhanced County/Federal (25/75)	5 Nonenhanced County/Federal (50/50)
COUNTY	\$14,826	\$1,965	\$12,861
Federal Funds (Title XIX)	\$18,755	\$5,895	\$12,861

 Prepared By (Signature) 1/21/2014 Date Prepared 760-932-5587 Phone Number pmcgee@mono.ca.gov Email Address  
 CHDP Director or Deputy 1/21/2014 Date 760-924-1841 Phone Number dbitzberger@mono.ca.gov Email address  
 Director (Signature)  Phone Number  Email address

CHDP Administrative Budget Worksheet  
 County/City Match  
 State and State/Federal  
 Fiscal Year 2013-14

County/City Name: Mono County						
Category/Line Item	1A % or FTE	1B Annual Salary	1 Total Budget (1A x 1B or 2 + 3)	2A % or FTE	2 Enhanced County/City/Federal (25/75)	3 Nonenhanced County/City/Federal (50/50)
<b>Personnel Expenses</b>						
1. Diann Bitzberger, Deputy Director	12%	\$78,756	\$9,451	55.65%	\$5,259	\$4,191
2. Hillary Bayliss, Case Manager	0%	\$96,832	\$0	60.00%	\$0	\$0
3. Olivia Moreno, CHDP Coordinator	15%	\$80,036	\$9,005	100.000%	\$0	\$9,005
4. Marcia Gonzalez, Clerical/Interpreter	0%	\$49,960	\$0	100.000%	\$0	\$0
5. Nancy Cruz-Garcia, Clerical/Interpreter	0%	\$37,044	\$0	100.000%	\$0	\$0
6. Patricia McGee, Fiscal Administration	0%	\$83,000	\$0	100.000%	\$0	\$0
7. Lynda Salcido, Public Health Director	0%	\$126,000	\$0	100.000%	\$0	\$0
<b>Total Salaries and Wages</b>			\$18,456		\$5,259	\$13,197
<b>Less Salary Savings</b>						
<b>Net Salaries and Wages</b>			\$18,456		\$5,259	\$13,197
<b>Staff Benefits (Specify %)</b> 49.44%			\$9,125		\$2,600	\$6,524
<b>I. Total Personnel Expenses</b>			\$27,581		\$7,860	\$19,721
<b>II. Operating Expenses</b>			\$0		\$0	\$0
1. Travel			\$0		\$0	\$0
2. Training			\$0		\$0	\$0
3. Office			\$0		\$0	\$0
4. Rent			\$0		\$0	\$0
5. Special Department			\$0		\$0	\$0
6. Equipment/Mitce			\$0		\$0	\$0
<b>III. Total Operating Expenses</b>			\$0		\$0	\$0
<b>III. Capital Expenses</b>			\$0		\$0	\$0
<b>IV. Total Capital Expenses</b>			\$0		\$0	\$0
<b>IV. Indirect Expenses</b>			\$0		\$0	\$0
1. Internal (Specify %)	0.00%		\$6,000		\$0	\$6,000
2. External (Specify %)	21.75%		\$5,000		\$0	\$5,000
<b>IV. Total Indirect Expenses</b>			\$11,000		\$0	\$11,000
<b>V. Other Expenses</b>			\$0		\$0	\$0
<b>V. Total Other Expenses</b>			\$0		\$0	\$0
<b>Budget Grand Total</b>			\$33,581		\$7,860	\$25,721

Prepared By (Signature) *Patricia McGee* Date Prepared 1/21/14  
 Phone Number 760-932-5587 Email Address pmcgee@mono.ca.gov  
 Director or Deputy Director (Signature) *Diann Bitzberger* Date 1/21/14  
 Phone Number 760-924-1841 Email Address dbitzberger@mono.ca.gov



**HCPFC Administrative Budget Summary**  
**Fiscal Year 2013-14**

County/City Name: **Mono County**

Column	1	2	3
<b>Category/Line Item</b>	<b>Total Budget (2 + 3)</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Nonenhanced State/Federal (50/50)</b>
I. Total Personnel Expenses	\$5,756	\$2,858	\$2,898
II. Total Operating Expenses			
III. Total Capital Expenses			
IV. Total Indirect Expenses	\$0		\$0
V. Total Other Expenses			
<b>Budget Grand Total</b>	<b>\$5,756</b>	<b>\$2,858</b>	<b>\$2,898</b>

Column	1	2	3
<b>Source of Funds</b>	<b>Total Funds</b>	<b>Enhanced State/Federal (25/75)</b>	<b>Nonenhanced State/Federal (50/50)</b>
State Funds	\$2,164	\$715	\$1,449
Federal Funds (Title XIX)	\$3,593	\$2,144	\$1,449
<b>Budget Grand Total</b>	<b>\$5,756</b>		

Prepared By (Signature) *Patricia M. De* Date Prepared 1/21/2014 Phone Number 760-932-5587 Email Address pmmcgee@mono.ca.gov

CHDP Director or Deputy Director *Deanna B. B...* Date 1/21/2014 Phone Number 760-924-1841 Email Address dbitzberger@mono.ca.gov  
 (Signature)

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**HPCFC Administrative Budget Worksheet  
Fiscal Year 2013-14**

County/City Name: **Mono County**

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expenses</b>							
1. Diann Bitzberger, Foster Care PHN	5%	\$78,756	\$3,938	50%	\$1,955	50%	\$1,983
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages			\$3,938		\$1,955		\$1,983
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %)	46.16%		\$1,818		\$903		\$915
<b>I. Total Personnel Expenses</b>			\$5,756		\$2,858		\$2,898
<b>II. Operating Expenses</b>							
1. Travel							
2. Training							
<b>II. Total Operating Expenses</b>							
<b>III. Capital Expenses</b>							
1.							
2.							
<b>III. Total Capital Expenses</b>							
<b>IV. Indirect Expenses</b>							
1. Internal (Specify %)			\$0				\$0
2. External							
<b>IV. Total Indirect Expenses</b>			\$0				\$0
<b>V. Other Expenses</b>							
1.							
2.							
<b>V. Total Other Expenses</b>							
<b>Budget Grand Total</b>			\$5,756		\$2,858		\$2,898

*Patricia M. Hsu*

1/21/2014

760-932-5587

[pmcgee@mono.ca.gov](mailto:pmcgee@mono.ca.gov)

Prepared By (Signature)

Date prepared

Phone Number

Email Address

*Diann Bitzberger*

1/21/2014

760-924-1842

[dbitzberger@mono.ca.gov](mailto:dbitzberger@mono.ca.gov)

CHDP Director or Deputy Director (Signature)

Date

Phone Number

Email Address

**HPCFC  
Mono County  
Budget Narrative  
Fiscal Year 2013-2014**

<b>I. PERSONNEL EXPENSES</b>		Identify and explain any changes in Personnel including FTE percentage changes.
Total Salaries:	\$3,938	
Total Benefits:	\$1,818	
<b>Total Personnel Expenses:</b>	<b>\$5,756</b>	

<b>II. OPERATING EXPENSES</b>		List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.
Travel	\$0	
Training	\$0	
<b>Total Operating Expenses:</b>	<b>\$0</b>	

<b>III. CAPITAL EXPENSES</b>		List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.
<b>Total Capital Expenses:</b>		

<b>IV. INDIRECT EXPENSES</b>		
A. Internal		
B. External @ 6.99%	\$0	County Cost Allocation plan - allocated to programs based on FTE
<b>Total Indirect Expenses:</b>	<b>\$0</b>	

<b>V. OTHER EXPENSES</b>		List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.
<b>Total Other Expenses:</b>	<b>\$0</b>	

<b>Budget Grand Total</b>	<b>\$5,756</b>
---------------------------	----------------

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>		
Total Cases of Open (Active) Straight CCS Children	10	13.51%
<b>HEALTHY FAMILIES -</b>		
Total Cases of Open (Active) Healthy Families Children	6	8.11%
<b>MEDI-CAL/TLICP (TITLE XXI) -</b>		
Total Cases of Open (Active) MC/TLICP Children	6	8.11%
<b>MEDI-CAL (TITLE XIX) -</b>		
Total Cases of Open (Active) Medi-Cal Children	52	70.27%
<b>TOTAL CCS CASELOAD</b>	<b>74</b>	<b>100%</b>

### CCS Administrative Budget Worksheet

Fiscal Year: 2013-14

County: Mono

Category/Line Item	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)						
	1	2	3	4	5	6	7
Column	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/Targeted Low Income Children's Program (TLICP) County/State/Fed (17,5/17,5/65)	Title XIX Medi-Cal State/Federal	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
<b>Total Budget</b>							
I. Total Personnel Expense	182,595	24,653	14,798	14,797	128,249	31,143	97,103
II. Total Operating Expense	13,893	1,878	1,127	1,127	9,763	85	9,678
III. Total Capital Expense	0	0	0	0	0	0	0
IV. Total Indirect Expense	27,084	3,850	2,196	2,195	19,032		19,032
V. Total Other Expense	7,000	946	568	568	4,919		4,919
<b>Budget Grand Total</b>	<b>230,482</b>	<b>31,147</b>	<b>18,689</b>	<b>18,688</b>	<b>161,960</b>	<b>31,228</b>	<b>130,732</b>

Source of Funds	Title XIX Medi-Cal (Column 5 = Columns 6 + 7)						
	1	2	3	4	5	6	7
Column	Col 1 = Col 2+3+4+5	Straight CCS	Title XXI - HF	Title XXI Medi-Cal/Targeted Low Income Children's Program (TLICP) County/State/Fed (17,5/17,5/65)	Title XIX Medi-Cal State/Federal	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
<b>Total Budget</b>							
<b>Straight CCS:</b>							
State	15,573	15,573					
County	15,574	15,574					
<b>Healthy Families:</b>							
State	3,271		3,271				
County	3,271		3,271				
Federal (Title XXI)	12,147		12,147				
<b>Title XXI - Medi-Cal/TLICP:</b>							
State	3,270			3,270			
County	3,270			3,270			
Federal (Title XXI)	12,148			12,148			
<b>Title XIX - Medi-Cal:</b>							
State	73,173				73,173	7,607	65,566
Federal (Title XIX)	88,787				88,787	23,421	65,366

Prepared By (Signature): *Patricia McGee*  
 Prepared By (Printed Name): Patricia McGee  
 Email Address: pmcgee@mono.ca.gov

CCS Administrator (Signature): *Danni Birtzberger*  
 CCS Administrator (Printed Name): Danni Birtzberger, MPH, RN  
 Email Address: dbirtzberger@mono.ca.gov

100

CCS CASELOAD	Actual CaseLoad	Percent of Total CCS CaseLoad
<b>STRAIGHT CCS -</b> Total Cases of Open (Active) Straight CCS Children	10	13.51%
<b>HEALTHY FAMILIES -</b> Total Cases of Open (Active) Healthy Families Children	6	8.11%
<b>MEDI-CAL/TLICP (TITLE XXI) -</b> Total Cases of Open (Active) MC/TLICP Children	6	8.11%
<b>MEDI-CAL (TITLE XIX) -</b> Total Cases of Open (Active) Medi-Cal Children	52	70.27%
<b>TOTAL CCS CASELOAD</b>	<b>74</b>	<b>100%</b>

### CCS Administrative Budget Worksheet

Fiscal Year: 2013-14  
County: Mono

Column	Straight CCS			Title XXI - Healthy Families		Title XIX - Medi-Cal						
	4A	4	5A	5	6A	6	7A	7	8A	8	9A	9
Category/Line Item	Total Budget (1 * 2 or 4 + 5 + 6 + 7)	Total CCS CaseLoad % (50/50)	CaseLoad %	Healthy Families County/State/Fed (17,517,565)	CaseLoad %	Medi-Cal/Targeted Low Income Children's Program (TLICP) Cal/State/Fed (17,517,565)	CaseLoad %	Title XIX Medi-Cal State/Federal	Enhanced % FTE	Enhanced Title XIX Medi-Cal State/Federal (25/75)	Non-Enhanced % FTE	Non-Enhanced Title XIX Medi-Cal State/Federal (50/50)
<b>I. Personnel Expense</b>												
<b>Program Administration</b>												
1. Diann Bizberger, CCS Administrator	78,756	10.00%	13.51%	1,064	8.11%	639	70.27%	5,534		5,534	100.00%	5,534
Subtotal	78,756			1,064		639		5,534		5,534		5,534
<b>Medical Case Management</b>												
1. Diann Bizberger, CCS Case Manager	78,756	50.00%	13.51%	5,321	8.11%	3,193	70.27%	27,671	70.50%	19,508	29.50%	8,163
2. Hillary Bayliss, CCS Case Manager	86,832	5.00%	13.51%	587	8.11%	352	70.27%	3,051	20.00%	610	80.00%	2,441
Subtotal	165,588			5,908		3,545		30,722		20,118		10,604
<b>Other Health Care Professionals</b>												
1. Lynda Salcido, Public Health Director	126,000	5.00%	13.51%	851	8.11%	511	70.27%	4,427	0.00%	0	100.00%	4,427
Subtotal	126,000			851		511		4,427		0		4,427
<b>Ancillary Support</b>												
1. Olivia Moreno, CCS Coordinator	60,036	75.00%	13.51%	6,085	8.11%	3,651	70.27%	31,641		31,641	100.00%	31,641
Subtotal	60,036			6,085		3,651		31,641		31,641		31,641
<b>Clerical and Claims Support</b>												
1. Patricia McGee, Fiscal Administrator	65,000	5.00%	13.51%	426	8.11%	255	70.27%	2,214	0.00%	0	100.00%	2,214
2. Maria Gonzalez, Clerical/Interpreter	49,860	20.00%	13.51%	1,348	8.11%	809	70.27%	7,007	0.00%	0	100.00%	7,007
3. Nancy Cruz Garcia, Clerical/Interpreter	37,044	5.00%	13.51%	250	8.11%	150	70.27%	1,301	0.00%	0	100.00%	1,301
Subtotal	149,904			2,024		1,214		10,522		0		10,522
Total Salaries and Wages	117,697		13.51%	15,932	8.11%	9,559	70.27%	82,846	24.25%	20,118	75.72%	62,728
Staff Benefits (Specify %)	64,608		13.51%	8,731	8.11%	5,238	70.27%	45,400		11,025		34,375
<b>Total Personnel Expense</b>	182,505		13.51%	24,663	8.11%	14,799	70.27%	128,246		31,143		97,103

### CCS Administrative Budget Worksheet

Fiscal Year: 2013-14

County: Mono

CCS CASELOAD	Actual Caseload	Percent of Total CCS Caseload
<b>STRAIGHT CCS -</b>	10	13.51%
Total Cases of Open (Active) Straight CCS Children		
<b>HEALTHY FAMILIES -</b>	6	8.11%
Total Cases of Open (Active) Healthy Families Children		
<b>MEDI-CAL/TLICP (TITLE XXI) -</b>	6	8.11%
Total Cases of Open (Active) MCLICP Children		
<b>MEDI-CAL (TITLE XIX) -</b>	52	70.27%
Total Cases of Open (Active) Medi-Cal Children		
<b>TOTAL CCS CASELOAD</b>	<b>74</b>	<b>100%</b>

Column	Straight CCS			Title XXI - Healthy Families			Title XXI - Medi-Cal/Targeted Low Income Children Program (TLICP)			Title XIX - Medi-Cal				
	4A	4	5	5A	5	6A	6	7A	7	8A	8	9A	9	
Category/Line Item	Caseload %	Straight CCS County/State (50/60)	Healthy Families County/State/Fed (17,517,565)	Caseload %	Healthy Families County/State/Fed (17,517,565)	Caseload %	Medi-Cal/Targeted Low Income Children's Program (TLICP) Co/State/Fed (17,517,565)	Caseload %	Title XIX Medi-Cal State/Federal	Enhanced % FTE	Enhanced Title XIX Medi-Cal State/Federal (2575)	Non-Enhanced % FTE	Non-Enhanced Title XIX Medi-Cal State/Federal (50/60)	
<b>II. Operating Expense</b>														
1. Travel	13.51%	500	41	8.11%	41	8.11%	41	70.27%	351	24.28%	85	75.72%	266	
2. Training	13.51%	0	0	8.11%	0	8.11%	0	70.27%	0	24.28%	0	75.72%	0	
3. Communications	13.51%	1,000	81	8.11%	81	8.11%	81	70.27%	703			100.00%	703	
4. Equip Mntnce	13.51%	1,000	81	8.11%	81	8.11%	81	70.27%	703			100.00%	703	
5. Office	13.51%	2,500	203	8.11%	203	8.11%	203	70.27%	1,757			100.00%	1,757	
6. Rent	13.51%	8,893	721	8.11%	721	8.11%	721	70.27%	6,249			100.00%	6,249	
7.	13.51%	0	0	8.11%	0	8.11%	0	70.27%	0			100.00%	0	
<b>II. Total Operating Expense</b>		<b>13,893</b>	<b>1,127</b>		<b>1,127</b>		<b>1,127</b>		<b>9,763</b>		<b>85</b>		<b>9,678</b>	
<b>III. Capital Expense</b>														
I.	13.51%	0	0	8.11%	0	8.11%	0	70.27%	0				0	
<b>III. Total Capital Expense</b>		<b>0</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				<b>0</b>	
<b>IV. Indirect Expense</b>														
1. Internal	13.51%	0	0	8.11%	0	8.11%	0	70.27%	0				0	
2. External	13.51%	27,064	3,660	8.11%	2,196	8.11%	2,196	70.27%	19,032				19,032	
<b>IV. Total Indirect Expense</b>		<b>27,064</b>	<b>3,660</b>		<b>2,196</b>		<b>2,196</b>		<b>19,032</b>				<b>19,032</b>	
<b>V. Other Expense</b>														
1. Maintenance & Transportation	13.51%	7,000	946	8.11%	568	8.11%	568	70.27%	4,919				4,919	
<b>V. Total Other Expense</b>		<b>7,000</b>	<b>946</b>		<b>568</b>		<b>568</b>		<b>4,919</b>				<b>4,919</b>	
<b>Budget Grand Total</b>		<b>230,462</b>	<b>31,147</b>		<b>16,689</b>		<b>16,688</b>		<b>161,960</b>		<b>31,228</b>		<b>130,732</b>	

Prepared By (Signature):  Patricia McGee  
 Prepared By (Printed Name): Patricia McGee  
 Date Prepared: 1/21/2014  
 Phone Number: 760-932-5587

CCS Administrator (Signature):  Gianni Bitzberger, MPH, RN  
 CCS Administrator (Printed Name): Gianni Bitzberger, MPH, RN  
 Date: 1/21/2014  
 Phone Number: 760-924-1841

**Children's Medical Services  
Mono County  
Budget Narrative  
Fiscal Year 2013-2014**

<b>I. PERSONNEL EXPENSES</b>		<b>Identify and explain any changes in Personnel including FTE percentage changes.</b>
Total Salaries:	\$117,897	PHN time reduced to reflect lower caseload
Total Benefits:	\$64,608	
<b>Total Personnel Expenses:</b>	<b>\$182,505</b>	

<b>II. OPERATING EXPENSES</b>		<b>List all Operating Expense line items. Identify and explain any increase, decrease, or newly listed line item.</b>
Travel	\$500	Includes per diem and mileage for any travel associated with CCS, reduced to reflect last year's actual expense.
Training	\$0	
Communications	\$1,000	includes cell phone allowances for CCS employees, share of fax line cost; reduced to reflect last year's actual expense.
Equip Mntce	\$1,000	Cost of software use for Public Health programs, allocated based on FTE's
Office	\$2,500	Office supplies, computers; reduced to reflect 1st year's actual expense.
Rent	\$8,893	Space rent for CCS personnel - not included in A-87 plan; allocated based on FTE's
<b>Total Operating Expenses:</b>	<b>\$13,893</b>	

<b>III. CAPITAL EXPENSES</b>		<b>List all Capital Expense line items. Identify and explain any newly listed Capital Expense. Include County/City Capital Expenses Justification Form.</b>
<b>Total Capital Expenses:</b>	0	None

<b>IV. INDIRECT EXPENSES</b>		
A. Internal		According to Cost Allocation Plan on file.
B. External 14.84%	\$27,084	County Cost Allocation plan allocated to program based on FTE's.
<b>Total Indirect Expenses:</b>	<b>\$27,084</b>	

<b>V. OTHER EXPENSES</b>		<b>List all Other Expense line items. Identify and explain increased, decreased, or newly listed line items. Include County/City Other Expenses Justification Form.</b>
Maintenance and Transportation	\$7,000	Reduced to reflect last year's actual expense.
<b>Total Other Expenses:</b>	<b>\$7,000</b>	

<b>Budget Grand Total</b>	<b>\$230,482</b>
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OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: EMS**

**TIME REQUIRED** 30 minutes (15 minute presentation;  
15 minute discussion)

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

Dr. Richard O. Johnson

**SUBJECT** Local EMS Agency Presentation

---

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Presentation by Dr. Richard Johnson, Health Officer, regarding Local EMS Agencies.

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### RECOMMENDED ACTION:

None (informational only). Provide any desired direction to staff.

---

### FISCAL IMPACT:

None. Informational only.

---

**CONTACT NAME:** Lynda Salcido

**PHONE/EMAIL:** 760-924-1842 / lsalcido@mono.ca.gov

---

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY**  
**32 DAYS PRECEDING THE BOARD MEETING**

### SEND COPIES TO:

---

### MINUTE ORDER REQUESTED:

YES  NO

---

### ATTACHMENTS:

Click to download

[Staff Report](#)

[LEMSA Power Point](#)

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History

Time

Who

Approval

4/9/2014 10:05 AM	County Administrative Office	Yes
4/9/2014 9:41 AM	County Counsel	Yes
4/9/2014 10:32 AM	Finance	Yes

# COUNTY of MONO

HEALTH DEPARTMENT  
P.O. BOX 3329  
MAMMOTH LAKES, CA 93546

Public Health (760) 924-1830 Fax (760) 924-1831  
Environmental Health (760) 924-1800 Fax (760) 924 1801



April 15, 2014

**To:** Honorable Board of Supervisors

**From:** Lynda Salcido, Public Health/EMS Director

**Subject:** EMS System Workshop regarding Local EMS Agency options

**Recommended Action:** Conduct Local EMS Agency Workshop, facilitated by Richard O. Johnson, M.D., MPH, Health Officer

**Discussion:** Dr. Johnson was tasked with researching and considering various options as we look into the future regarding our local EMS agency (LEMSA). He will present the findings and recommendations for discussion.

**Fiscal Impact/ Budget Projections:** none

For questions regarding this item, please call Lynda Salcido at (760) 924-1842.

Submitted by: \_\_\_\_\_  
Lynda Salcido, Public Health Director Date

**Richard O. Johnson, M.D., MPH, Public Health Officer**

Contact  
Office: (760) 924-1828  
Fax: (760) 924-1831  
E-Mail: rjohnson@mono.ca.gov

24/7/365 Emergency Contact  
Cell phone : 760-914-0496

## Local Emergency Medical Services Agency (LEMSA) Workshop for Mono County Board of Supervisors

Richard O. Johnson, M.D., MPH  
Health Officer  
Mono County  
April 15, 2014



## Outline

- Purpose
- Process
- Mission of an EMS system
- Responsibility for EMS
- What is a LEMSA, and what are its roles?
- EMS system in California
- EMS system in Mono County
- Other jurisdictions – why these?
- Mono County – local issues
- Conclusion

## Purpose

- To examine the various EMS systems in small counties in California
- To consider the various options available to us in Mono County regarding local EMS agencies (LEMSA's)

## Process

- Interviews (in person and via phone) and review of written materials (Websites, etc.):
  - EMSA (Emergency Medical Services Authority)
  - EMS Commission
  - EMSAAC (EMS Administrator's Association of CA)
  - Multi-county LEMSA's (Local EMS Agency) (ICEMA, Sierra-Sacramento Valley (SSV), Northern California (Nor-Cal), Mountain Valley
  - Counties (Inyo, Kern, Napa, Nevada, Sierra, Siskiyou, Trinity, Tuolumne, Yolo
  - Local partners and stakeholders (Mammoth Hospital)

## What is the mission of an EMS system?

- To ensure the availability of a system that is focused on rapid access, quality assessment, stabilization, and transportation when emergency medical services are necessary
- To provide services to all visitors and residents of Mono County
- To do so in accordance with all established and applicable federal, state, county, and LEMSA standards
- Future role as partners in mobile integrated health care (community paramedicine), involving health prevention and managed care services

## Who is responsible for ensuring that “adequate” EMS are provided in a jurisdiction?

- Health and Safety Code (HSC) 1797.200:
  - “Each county may develop an emergency medical services program” .....
- The county is only responsible for seeing that “medically necessary” services are provided, e.g., at the BLS level.

## What are LEMSA's

- HSC Division 2.5, Section 1797.200
  - “Each county developing such a program shall designate a local EMS agency which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local EMS administration, or a joint powers agency created for the administration of EMS by agreement between counties or cities and counties” .....
- Allows for local control in our diverse state
- Regulatory versus response

## LEMSA – Essential Functions (1)

- Serving as an advocate for patients
- Planning, implementing, evaluating, and continually improving local EMS systems
- Collaborating with other health officials to ensure a unified, coordinated approach in the delivery of health care
- Carrying out regulations relative to EMS systems (State EMSA promulgates regulations, but LEMSAs carry out those regulations)

## LEMSA – Essential Functions (2)

- Certifying, accrediting, and authorizing EMS field personnel
- Authorizing and approving local EMS training programs
- Developing/approving medical treatment protocols and policies for local EMS service providers (EMTs, paramedics, dispatchers)
- Establishing and maintaining local EMS communication systems

## LEMSA – Essential Functions (3)

- In collaboration with public health, developing local medical and health disaster plans and coordinating medical and health response to disasters (natural and man-made)
- Designating trauma centers and other specialty care centers
- Determining ambulance patient destinations based upon hospital resources

## LEMSA – Essential Functions (4)

- Establishing policies for emergency department diversion and implementing mitigation strategies where diversion is excessive
- Coordinating activities and communications between various agencies that provide EMS system services so that care appears seamless to the patient (e.g., emergency medical dispatch, first responders, ground and air ambulance, receiving hospitals, trauma centers)

## LEMSA – Essential Functions (5)

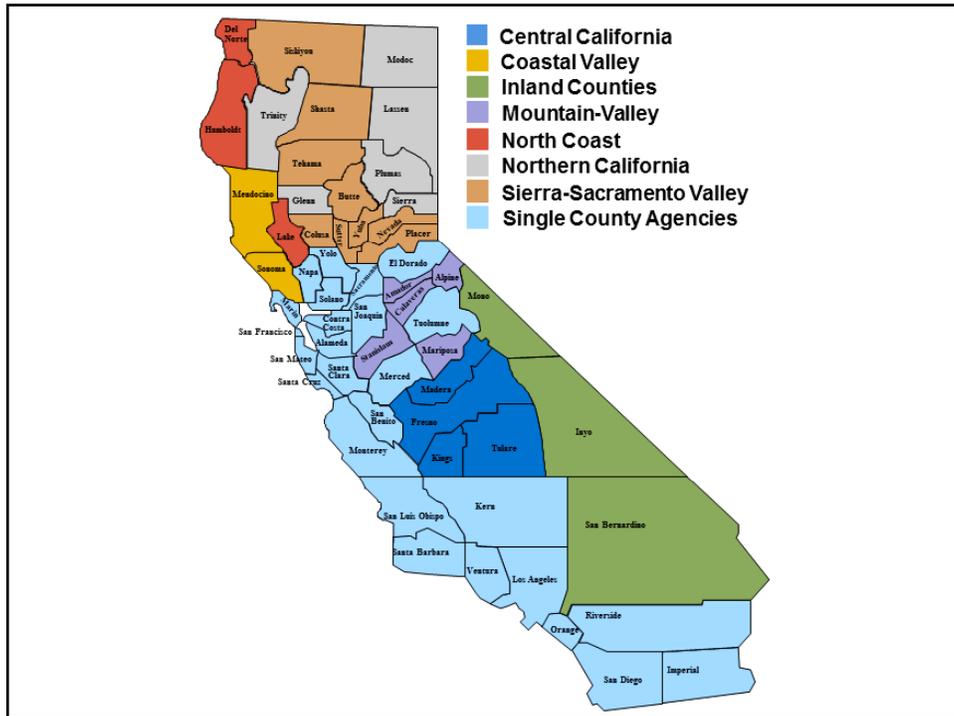
- Coordinating community education programs regarding injury prevention, CPR, public access defibrillation, etc.
- Collecting, analyzing, and reporting on EMS data and providing that data to EMSA electronically for system evaluation
- Establishing exclusive operating areas for emergency ambulance service as appropriate, and then contracting for those services

## LEMSA – Essential Functions (6)

- Providing oversight for EMS medical quality improvement and quality assurance activities
- Providing technical assistance to EMSA
- Mediating conflicts between various EMS stakeholders (e.g., ambulance, fire, hospitals, physicians, etc.)
- Resolving consumer complaints
- Providing information to public officials
- Advocating for sufficient and stable funding for emergency medical services
- EMS Plan review

## EMS System in California

- EMS Authority of California (EMSA)
  - The EMS Authority is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel.
- LEMSA's: Day-to-day EMS system management is the responsibility of the local and regional EMS agencies. It is principally through these agencies that the EMS Authority works to promote quality EMS services statewide.



## EMS Providers

- Emergency Medical Responder (EMR) – same as public safety first responder
  - 52 hours didactic training
- Emergency Medical Technician (EMT)
  - 170 hours didactic training
  - 16 clinical hours, 5 documented patient contacts
- Advanced EMT (EMT-A)
  - 160 additional hours (limited ALS – airway, 6 meds)
  - Includes 40 hours clinical, 15 ALS contacts
- Paramedic (EMT-P)
  - 1090 minimum hours
  - True ALS (intubation, IV, medications, medical control with base station)
- Community Paramedicine – pilot projects

## EMS – Mono County (1)

- ICEMA is Mono County's LEMSA
- Joint Powers Agreement (ICEMA)
  - 1975 with 4 counties (Mono, Inyo, San Bernardino (SB), and Riverside)
  - 1988 – Riverside withdrew
  - 2012 – renewed, with 6 months notification for withdrawal/termination
  - Officers:
    - Chair and Vice-Chair – Chair and Vice Chair of SB BOS
    - Executive Officer – CEO of SB County, or designee

## EMS – Mono County (2)

- ICEMA Medical Advisory Committee (MAC)
  - Advises the ICEMA Medical Director on all matters pertaining to the clinical or medical aspects of the EMS in the ICEMA region
  - Meets at least quarterly
  - 20 members, including one from Mono County and one from Inyo County (currently Rosemary Sachs and Andrew Stevens)

## EMS – Mono County (3)

- ICEMA Systems Advisory Committee (SAC)
  - Advises the ICEMA Administrator on all non-clinical and non-medical matters related to EMS in the ICEMA region
  - Meets at least quarterly
  - 16 members, including one from Mono and one from Inyo County (currently Rob DeForrest and Judd Symons)

## EMS – Mono County (4)

- EMCC :
  - Meets bi-monthly, has Bylaws and officers
  - Reports to the Board of Supervisors
  - Attended by ICEMA staff +/- ICEMA Director
  - Usual guests – MWTC, air ambulance providers, MLFD, medics
  - 6 voting members:
    - Mono County Fire Chief's Association
    - Mono County Health Officer
    - Mono County Public Health/EMS Director
    - Mono County EMS Manager
    - Mammoth Hospital (Base Station) Paramedic Liaison Nurse
    - Mammoth Hospital EMS Director

## EMS – Mono County (5)

- Exclusive Operating Area Plan
  - HSC 1797.201 – “Upon the request of a city or fire district that contracted for or provided, as of June 1, 1980, prehospital EMS, a county shall enter into a written agreement” .....
  - EOA I through VII
    - Mono County EMS
    - Mammoth Lakes Fire Department (BLS)
    - White Mountain Fire Department (BLS)
    - Chalfant Fire Department (BLS)

## EMS – Mono County (6)

- Mono County Paramedic Program (only county ALS program in California outside of Los Angeles)
  - Housed in Public Health
    - EMS Director – Public Health Director
    - EMS Manager
  - 4 ALS Units staffed by EMT-P and EMT’s – full-time
    - 2 spare rigs (Long Valley and Bridgeport)
    - White Mountain (BLS)
    - Chalfant (BLS) (owned and operated by Chalfant FD)
  - Base Station – Mammoth Hospital
  - 2013 responses – 1800 total
    - 112 BLS
    - 1688 ALS

## EMS – Mono County (7)

- Mono County Paramedic Program runs, 2013
  - Medic 1 (Walker) – 228
  - Medic 2 (June Lake) – 441
  - Medic 3 (Mammoth Lakes) – 879
  - Medic 7 (Bridgeport) – 251
  - 134 to Carson Valley
  - 865 to Mammoth Hospital
  - 113 to Renown

## EMS – Mono County (8)

- 11 volunteer fire departments
  - Have some, but decreasing EMT (BLS) capability
  - Do not transport, except for White Mtn/Chalfant and Mammoth Lakes Fire Department (MLFD)
    - 110 calls in 2013 for White Mtn/Chalfant
    - 17 transports in 2013 for MLFD (?# of calls)

## EMS – Mono County (9)

- ICEMA - \$2.8 M
  - SB Maddy funds – 21%
  - HPP funds – 28% (plus \$7,000 from Mono)
  - Fees – 20%
  - State Maintenance grant – 10% (\$292,000)
  - SB Performance Based Contracts – 21%

## EMS – Mono County (10)

- ICEMA Fees (sample)
  - Transportation (annual) (free to Mono, Inyo pays)
    - Provider Permit - \$2,000
    - Drug and Equipment Inspection - \$400 per unit
  - EMS Certification/Authorization (bi-annual)
    - Mobile Intensive Care Nurse (MICN) - \$100/100
    - EMT-P - \$200/60
    - EMT - \$60/60
    - EMR - \$60/60

## EMS – Mono County (11)

- ICEMA fees (sample)
  - Hospital (one time, then bi-annual)
    - Base Hospital Application/re-designation - \$5,000/5,000
    - Trauma Hospital app/re-desig - \$5,000/25,000
  - Training Program Approval (every 4 years)
    - MICN - \$400
    - EMR - \$650
    - EMT - \$650
    - EMT-P - \$1,500
    - Continuing Education Provider - \$500

## Other jurisdictions – why these?

- Contiguous or nearly so, with Mono County
- Small county
- Single county LEMSA in a small jurisdiction
- Multi-county LEMSA, but recently became single county
- Changed from one multi-county LEMSA to another

## EMS – Inyo County (18,049)

- Multi-county LEMSA (ICEMA)
- One private ALS provider (Symons) – Bishop
  - Contract just extended for 1 year
- Volunteer fire departments – rest of county
  - Most BLS – EMT's – and transport
  - Some ALS capability (EMT-P)
  - Increasing EMT-A capability through creative acquisition of funds for recruitment and training
  - Active involvement of fire chiefs in EMS system
    - Have transport ambulances – most in Mono County do not

## EMS – Kern County (827,173)

- Separate EMS Department
- Single county LEMSA since 1991
- Staffed by Medical Director plus 6 Coordinators and support staff
- Provides training and certification to 5,960 EMS personnel

## EMS – Napa County (137,531)

- Napa EMS Agency is part of the Napa County Public Health Division
- Used to be part of Coastal Valley LEMSA (with Mendocino and Sonoma), until 2011
- Staffed by EMS Admin,, EMS Specialist, Medical Director, Deputy Med. Dir., Health Officer, and office
- RFP process in 2011, contract to AMR (I was a member of the 5 person panel evaluating the proposals)
- Key – AMR tasked with support and enhancement of local fire capability, and community education and outreach

## EMS – Nevada County (98,718)

- Member of SSV multi-county LEMSA
- Very happy with role distinctions:
  - LEMSA – regulatory, present at quarterly mtgs
  - Public Health – response, MHOAC, local plans, drills, and exercises
- Strong Public Health partnership with EMS through Hospital Preparedness Program

## EMS – Sierra County (3,358)

- Nor-Cal multi county LEMSA
  - Contributes \$1,500 from HPP funds
  - Quarterly mtg., Nor-Cal shows up twice a year
- EMS by volunteer fire at BLS level
- Local planning and response and MHOAC is in Public Health

## EMS – Siskiyou County (45,973) (1)

- SSV: multi-county LEMSA, very happy
  - Monthly phone calls re: HPP grant
  - Quarterly EMS Advisory group
- Used to be with Nor-Cal
  - Need for increased flexibility with small county
- Has 1 private ALS provider, rest fire (some ALS)
- EMS based in Public Health, as is OES
- HPP funds to SSV - \$7,000

## EMS – Siskiyou County (45,973) (2)

- Residents in south county are taxed through CSA 3
- Money was used to upgrade ePCR
- Uses EF Recovery to send to Imagetrend
- SSV uses ESO Solutions, but going to Imagetrend
- Siskiyou pays SSV \$28,814 – from the tax

## EMS – Trinity County (13,959)

- Multi-county LEMSA: Nor-Cal
- In county, EMS separate from Public Health, but likely to change with new Health Officer
- ALS by 2 non-profits in 3 towns (Trinity County Life Support 85% of calls – run by experienced medics), BLS by volunteer fire in 2 towns
- Nor-Cal may not survive an audit on the use of HPP funds delegated to them by Trinity et al

## EMS – Tuolomne County (56,335) (1)

- Smallest single county local EMS Agency
  - Left Mountain Valley 13-14 years ago due to lack of responsiveness to small county needs
- Staffed by:
  - EMS Administrator – former medic and RDMHS – 1 FTE
  - Medical Director – 0.25 FTE
- Provider:
  - ALS: non-profit in Manteca, provides staffing and supervision, county provides vehicles and equipment
  - BLS fire
- “Any change will come at significant cost”

## EMS – Tuolomne County (56,335) (2)

- Funding:
  - 95% Ambulance Enterprise Fund
  - County owns ambulances and does billing – fee for service
  - Contracts with provider for staffing
  - Groveland – away from other services, has a parcel tax that pays 50% of cost of services

## EMS – Yolo County (200,709)

- Used to be part of SSV – until July 2013
  - Left - not responsive – without enough oversight, not getting what they wanted/needed
  - Had an evaluation by Fitch
- Formed a single county LEMSA
  - Contract with Solano for oversight in building a new system – cost approx. \$60,000
  - RFP – AMR – plus 11 vol fire and 4 pd. Fire, 1 ALS
  - Staffed by EMS Administrator (medic), EMS Coordinator (medic), PT Medical Director, and 0.5 FTE support staff
  - 14 member EMCC (fire, law, PH, hospitals, providers, cities)
  - Integrated with Public Health
  - Funded by billing and fees only

## Other jurisdictions - summary

- Smallest jurisdiction with single county LEMSA – population of 56,335
- Frequent complaint with multi-county LEMSA's of non-responsiveness to needs of small counties
- Multi-county LEMSA's functions: regulatory – not response, only support role in planning
- Private ALS providers actively support and enhance capability of volunteer fire
- Close partnership with public health
- General Fund contribution – minimal
- Cost of changing LEMSA – considerable start-up costs
- Staffing single county LEMSA – 1.5 – 3 FTE's

## Mono County Local Issues

- Protocols
- Role of fire departments
- Governance and decision making
- Fire issues:
  - ePCR
  - Live Scan

## Protocols

- All triage, treatment, and transportation activities are under protocol
  - Developed by the Medical Advisory Committee (our representative is a Mammoth Hospital MICN)
  - 30 day comment period for all (input from Mono County except from the MICN is rare)
  - Approved by the Medical Director of ICEMA
  - Issue:
    - Protocols used by other LEMSA's would be preferred
    - Lack of opportunity for input versus lack of input when the opportunity is provided
    - ICEMA is currently in the process of redesigning them

## Role of Fire Departments

- Mono County volunteer fire departments provide BLS services
  - lack of support for developing EMS capability from some fire chiefs
  - Trouble staffing EMT's, migrating to EMR's
  - ?level of interest in EMT-A program?
- All other counties surveyed have close and supportive relationships between ALS providers and volunteer fire in order to enhance capability to provide services in outlying rural/frontier areas
- Our local FD's are accustomed to county ALS support and have not had to develop their own capacities or training.

## Governance (1)

- JPA:
  - 3 counties, but admin all in San Bernardino
  - Opt-out available with 6 months notice
  - If opt-out, state maintenance grant of \$292,000 goes away (all goes to ICEMA), no funding for Mono County
- EOA – will continue as long as all parties continue to provide services
- EMCC – only 6 members, Board of Supervisors has authority to increase, or based on recommendation from existing membership
  - law enforcement used to be members, but removed due to lack of pertinent agenda items and lack of participation
  - Need to invite periodically based on specific issues being discussed, e.g. Tactical EMS

## Governance (2)

- Visibility/accountability of ICEMA -fire chiefs, BOS
- MAC and SAC
  - Single Mono County representative on each
  - Along with 30 day comment period this is the existing structure to give input on protocols, ePCR, etc.
  - Unable to justify travel time to attend in person
  - Inadequate teleconferencing technology
  - Except for the MH PLN, little feedback is ever given to the MAC on proposed protocols/revisions

## ePCR

- Imagetrend – used by 29 other states, California migrating that way, with ICEMA contracted by EMSA to facilitate the process
  - Used by LEMSA's: San Diego, Orange, Santa Clara, Ventura, Santa Cruz, Nor-Cal, North Coast, Mountain Valley, Kern, ICEMA
- Imagetrend provided free to us
- Issues expressed by Mammoth Lakes Fire Department regarding:
  - Use of Imagetrend being “forced”
  - Lack of flexibility/latitude on the part of ICEMA
  - Inadequate technical assistance/IT support
  - Desire to use another product, e.g., Firehouse (no module currently exists, perhaps in 2015?)

## Live Scan

- Currently required for all EMT's, EMT-A's, and EMT-P's by EMSA
- Currently required for all EMR's by ICEMA – which we support
- Issue:
  - Fee
  - need
- Options:
  - Don't have EMR's certified by ICEMA, and no Live Scan required
  - Require Live Scan, and find funding to pay the fee for them
  - Require Live Scan

## Conclusion

- What options are available to us?
  - Form our own single county LEMSA
  - Move to another LEMSA
  - Stay with ICEMA

## Create our own LEMSA

- Start-up costs significant – at least \$50,000 – EMS Plan (e.g., 300 pages) needs to be approved by EMSA
- Local control – yes and no
- Ongoing staffing costs:
  - Administrator
  - Coordinator
  - Medical Director (M.D.) – at least 0.1 – 0.2 FTE
- “Be careful what you wish for!”

## Move to another LEMSA

- start-up costs significant (e.g., recertifications)
- Possible loss of base station (Why would Mammoth Hospital pay to re-up with a new LEMSA – patients will be brought there anyway – but they would no longer be able to give orders to the medics – would be a base station in another jurisdiction)
- Possibly trading one partner we are unhappy with for another, with discontinuous borders, different size counties (large and small), and long travel distances
- Most regulations are from EMSA, not the LEMSA
- “The grass is always greener”

## Stay with ICEMA – Recommendations (1)

- Issues:
  - ePCR – None of us like the migration to electronic records – inevitable!
    - We all agreed to work on hybrid paths to get there
  - Live Scan – Dr. Johnson, Lynda Salcido, and Rob DeForrest agree with ICEMA
    - Legislation pending will require all public safety personnel soon
  - Protocols – Lack of input – our fault for not taking advantage of the opportunity
    - ICEMA states they are already in process of major revisions
  - Fire departments – requires a change of culture
    - Will they be interested in an EMT-A training program if we developed one?
  - governance – some structure can be changed, but if we ask for more positions, will we show up?
    - ICEMA will work with us in teleconferencing/videoconferencing capability

## Stay with ICEMA – Recommendations (2)

- MWTC – clarification of the issues, examples from other jurisdictions with a military facility and a civilian fire/EMS department
- ICEMA visibility/accountability
  - ICEMA agreed to increased presence at meetings, e.g., fire chiefs, BOS, etc.
- All of these issues require a renewed commitment from all partners to work together to accomplish the mission of our EMS system.

## Stay with ICEMA – Recommendations (3)

- ICEMA offers us Directors – Medical and Administrative – with years of experience – including rural.
- ICEMA has verbalized a commitment to work with us in achieving solutions to all of the issues that have been raised.
- ICEMA services are essentially cost free to us.
- Any change in LEMSA would have significant known and unforeseen risks (e.g., loss of Base Station, start-up and sustainment costs)
- Unless we have a compelling reason to change, we should “stay the course”, with increased oversight, attention, and accountability.



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: Public Works**

**TIME REQUIRED** 20 minutes (5 minute presentation; 15 minute discussion) **PERSONS APPEARING BEFORE THE BOARD** Jeff Walters

**SUBJECT** Temporary Road Closures for, and Assistance with, the 152nd Bridgeport 4th of July Celebration

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

The 152nd Annual 4th of July Celebration in Bridgeport takes place this year. In past years Mono County Public Works has offered assistance, after Board authorization, to the Bridgeport Chamber of Commerce.

### RECOMMENDED ACTION:

1. Receive staff report regarding a request for assistance with the 2014 Fourth of July celebration in Bridgeport. 2. Consider and potentially adopt Resolution No. R14- , "A Resolution of the Mono County Board of Supervisors Authorizing the Temporary Closure of County Roads in Bridgeport and the Temporary Detour of Traffic onto County Roads in Bridgeport from Highway 395 for the 152nd Annual Bridgeport Fourth of July Celebration." 3. Consider and potentially adopt Resolution No. R14-\_\_\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Department of Public Works to Assist with Setting Up and Disassembling Facilities Associated with the 152nd Annual Bridgeport Fourth of July Celebration." 4. Provide any desired direction to staff.

### FISCAL IMPACT:

Approximately \$20,000 or less from both Road Fund and the General Fund will be necessary to cover county labor and expenses.

**CONTACT NAME:** Jeff Walters

**PHONE/EMAIL:** 760.932.5459 / jwalters@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH ATTACHMENTS TO THE OFFICE OF THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY  
32 DAYS PRECEDING THE BOARD MEETING**

### SEND COPIES TO:

### MINUTE ORDER REQUESTED:

YES  NO

## ATTACHMENTS:

### Click to download

- [Temporary Road Closures for, and Assistance with, the 152nd Fourth of July Celebration in Bridgeport - Stff Rept 04.15.14](#)
- [Exhibit 1 - 2014 BP July 4th - Rd Closure Resolution 04.15.14](#)
- [Exhibit 2 - 2014 BP July 4th - PW Eqpt Resolution 04.15.14](#)

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### History

Time	Who	Approval
4/7/2014 8:33 AM	County Administrative Office	Yes
4/8/2014 9:50 AM	County Counsel	Yes
4/2/2014 5:52 PM	Finance	Yes



# MONO COUNTY DEPARTMENT OF PUBLIC WORKS

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760.932.5440 • Fax 760.932.5441 • [monopw@mono.ca.gov](mailto:monopw@mono.ca.gov) • [www.monocounty.ca.gov](http://www.monocounty.ca.gov)

**Date:** April 15, 2014  
**To:** Honorable Chair and Members of the Board of Supervisors  
**From:** Jeff Walters, Acting Public Works Director  
**Subject:** Temporary Road Closures for, and Assistance with, the 152<sup>nd</sup> Bridgeport Fourth of July Celebration

## **Recommended Action:**

1. Receive staff report regarding a request for assistance with the 2014 Fourth of July celebration in Bridgeport.
2. Consider and potentially adopt Resolution No. R14-\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Temporary Closure of County Roads in Bridgeport and the Temporary Detour of Traffic onto County Roads in Bridgeport from Highway 395 for the 152<sup>nd</sup> Annual Bridgeport Fourth of July Celebration."
3. Consider and potentially adopt Resolution No. R14-\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Department of Public Works to Assist with Setting Up and Disassembling Facilities Associated with the 152<sup>nd</sup> Annual Bridgeport Fourth of July Celebration."
4. Provide any desired direction to staff.

## **Fiscal Impact:**

Assistance with this event will result in fiscal impacts to both the Road Fund and General Fund, as personnel, equipment, and supplies from both Road District 4/5 and Public Works' Facilities Division will be used to perform tasks prior to, during, and following Fourth of July activities.

This year every effort will be made by Public Works to keep costs, staffing and equipment usage to a minimum. Last year's event resulted in a total cost of \$17,234 from the Road Fund and General Fund. This year's event runs four days long (Thursday through Sunday) and is expected that the costs to assist should be similar to last year although additional costs (approximately \$3,500) may be incurred due to the need to purchase additional signs as required by Caltrans. The California Highway Patrol, Mono County Sheriff's Department and Mono County Public Works Road staff will provide appropriate personnel, signage, and equipment to maintain traffic control on Highway 395.

## **Discussion:**

As in past years, the Department of Public Works has received a request from the Bridgeport Chamber of Commerce to close certain County roads in Bridgeport and to allow the temporary detour of traffic from Highway 395 onto other County roads in Bridgeport in conjunction with special events planned for the 152<sup>nd</sup> annual Fourth of July celebration, which is scheduled to take place from Thursday, July 3<sup>rd</sup> through Sunday, July 6<sup>th</sup>.

Public Works proposes to temporarily close portions of School and Bryant streets for vendors to set up over the four-day celebration. Portions of Twin Lakes Road and South Twin Lakes Road will also be closed from 8 am to 11 am for the annual 3-mile walk and 5-mile run on July 4<sup>th</sup>. If approved, traffic

will be detoured from Highway 395 and around Bridgeport's business sector via County roads for the duration of the Fourth of July parade, which is scheduled for 10 am to 11 am.

A draft resolution, attached with this report as Exhibit 1, has been prepared should the Board choose to approve the requested road closures and detour. The resolution satisfies requirements specified in Section 982 of the Streets and Highways Code for such an action.

In addition to the above, the Chamber of Commerce has requested Public Works' assistance with setting up facilities prior to the event, equipment usage and janitorial assistance during the event, and disassembly of facilities following the event. As with prior events, tasks requiring Public Works' personnel and equipment are as follows:

- Sweep School Street, Bryant Street, and Memorial Hall parking lot;
- Set up the stage and public address system on the courthouse lawn;
- Set out 55-gallon trash cans throughout the downtown area and at the ball field;
- Set out picnic tables on the Annex I lawn and in Memorial Hall parking lot;
- Provide forklift and operator to offload and place chutes at the rodeo grounds;
- Stage water truck at the rodeo arena for dust control during the rodeo;
- Clean restrooms and remove garbage from trash cans, Friday through Sunday;
- Set up parking control on the south side of Stock Drive on July 4 to provide emergency access during the fireworks display; and,
- Disassemble, remove and/or store all of the above following the event.

Other tasks may be performed to facilitate the event as the need arises. This effort is expected to require the Road District 4/5 crew and Facilities personnel for four days preceding the event and two to three days following the event. In addition to those tasks identified above, the garbage collection contract for service at County facilities includes provision of six 6-cy dumpsters for use by the public, vendors, and County personnel throughout the downtown area.

Exhibit 2 presents a draft resolution that makes the necessary findings should the Board choose to authorize the use of County resources in support of this event.

If you have any questions regarding this item, please contact me at 760.932.5459. I may also be contacted by email at [jwalters@mono.ca.gov](mailto:jwalters@mono.ca.gov).

Respectfully submitted,



Jeff Walters  
Acting Public Works Director

Attachments: Exhibit 1 – Draft Resolution Authorizing Road Closures & Detours  
Exhibit 2 – Draft Resolution Authorizing Use of Personnel & Equipment



**RESOLUTION NO. R14-**

**A RESOLUTION OF THE MONO COUNTY BOARD OF SUPERVISORS  
AUTHORIZING THE TEMPORARY CLOSURE OF COUNTY ROADS IN  
BRIDGEPORT AND THE TEMPORARY DETOUR OF TRAFFIC ONTO  
COUNTY ROADS IN BRIDGEPORT FROM HIGHWAY 395 FOR THE  
152<sup>nd</sup> ANNUAL BRIDGEPORT FOURTH OF JULY CELEBRATION**

**WHEREAS**, the Bridgeport Chamber of Commerce has requested the temporary closure and use of certain County roads for community expositions associated with the 152<sup>nd</sup> annual Fourth of July celebration and the temporary closure of State Highway Route 395 for a parade route; and,

**WHEREAS**, in conformance with Section 982 of the California Streets and Highways Code, the Board of Supervisors is authorized to temporarily close County roads and grant the use thereof to the managers of said functions and to consent to the temporary detour of traffic from Highway 395 onto County roads; and,

**WHEREAS**, through the years Bridgeport's annual Fourth of July celebration sponsored by the Chamber of Commerce has resulted in substantial benefits to the residents and businesses of Mono County and visitors to the County.

**NOW, THEREFORE, BE IT RESOLVED** by the Mono County Board of Supervisors that the following County streets in the community of Bridgeport may be closed, used for re-routing traffic and/or have restricted parking areas issued in conformance with the County's Special Events Policy and made available to the Bridgeport Chamber of Commerce consistent with the times and dates listed below:

1. School Street, from Highway 395 to Emigrant Street, and the west half of Bryant Street for that portion between School Street and Sinclair Street, from 4:00 p.m., Wednesday, July 2, 2014 until 8:00 a.m., Monday, July 7, 2014 for Independence Day activities.
2. South Twin Lakes Road and Twin Lakes Road, from South Twin Lakes Road to North Patterson Drive, from 8:00 a.m. to 11:00 a.m., Friday, July 4, 2014, for the 34<sup>th</sup> Annual Bridgeport 5-Mile Run and 3-Mile Walk.

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- 3. Highway 395 through the community of Bridgeport, between Hayes Street and Twin Lakes Road, with the approval of the California Department of Transportation, will be closed to vehicle parking from 10:00 pm July 3<sup>rd</sup>, 2014 through 12:00 noon July 4<sup>th</sup>, 2014.
- 4. Highway 395 through the community of Bridgeport, between Hayes Street and Twin Lakes Road, with the approval of the California Department of Transportation, will be closed and traffic rerouted between the hours of 10:00 a.m. and 12:00 noon on Friday, July 4, 2014. Traffic will be re-routed as follows: Northbound US Route 395 traffic will be detoured right at onto eastbound State Route 182 at post mile 76.3, left onto Court Street at Post Mile 0.23, right on Stock Drive at the end of Court Street, left on Day Lane at the end of Stock Drive, right at first intersection on Emigrant Street, right on Northbound US 395 at Post Mile 77.1, end of Emigrant Street; southbound traffic will turn right onto Twin Lakes Road, left onto Kingsley Street, left onto Hayes Street and right onto southbound US Route 395 at Post Mile 76.42, end of Hayes Street.

**BE IT FURTHER RESOLVED** that the Mono County Board of Supervisors authorizes the Director of the Department of Public Works to utilize County equipment and personnel and to work with California Department of Transportation and California Highway Patrol officials to effectuate said road closures and detours.

**APPROVED AND ADOPTED** this 15th day of April, 2014, by the following vote of the Board of Supervisors, County of Mono:

- AYES** :
- NOES** :
- ABSENT** :
- ABSTAIN** :

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Larry K. Johnston, Chairman  
Mono County Board of Supervisors

ATTEST:

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Lynda Roberts  
Clerk of the Board

Approved as to Form:

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Marshall Rudolph  
County Counsel



RESOLUTION NO. R14-\_\_

**A RESOLUTION OF THE MONO COUNTY BOARD OF SUPERVISORS  
AUTHORIZING THE DEPARTMENT OF PUBLIC WORKS TO ASSIST WITH  
SETTING UP AND DISASSEMBLING FACILITIES ASSOCIATED WITH THE  
152<sup>nd</sup> ANNUAL BRIDGEPORT FOURTH OF JULY CELEBRATION**

**WHEREAS**, as in past years, the Bridgeport Chamber of Commerce has requested assistance from the Department of Public Works in preparing for, conducting, and cleaning up after, the Chamber's annual Bridgeport Fourth of July celebration; and,

**WHEREAS**, this Board finds that it is not only appropriate, but an honor, for the County to assist the Chamber of Commerce in providing Mono County's residents and visitors a safe, enjoyable, and well-run celebration of the founding of the United States of America, so that they may express and reflect upon their great fortune to be Americans; and,

**WHEREAS**, through the years Bridgeport's annual Fourth of July celebration, now in its 152<sup>nd</sup> year, has resulted in substantial benefits to the residents and businesses of, as well as visitors to, Mono County.

**NOW, THEREFORE, BE IT RESOLVED** that the Mono County Board of Supervisors hereby finds that a public purpose would be served by, and authorizes, the use of Department of Public Works personnel, equipment, and supplies to assist the Bridgeport Chamber of Commerce in setting up and disassembling structures and facilities to be used in, as well as conducting, cleaning up following, and otherwise facilitating, the Chamber's 152<sup>nd</sup> Annual Fourth of July celebration.

**APPROVED AND ADOPTED** this 15th day of April, 2014, by the following vote of the Board of Supervisors, County of Mono:

**AYES** :

**NOES** :

**ABSENT** :

**ABSTAIN** :

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Larry K. Johnston, Chairman  
Mono County Board of Supervisors

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ATTEST:

Approved as to Form:

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Lynda Roberts  
Clerk of the Board

---

Marshall Rudolph  
County Counsel



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: Public Works**

**TIME REQUIRED** 15 minutes (5 minute presentation; 10 minute discussion) **PERSONS APPEARING BEFORE THE BOARD** Jeff Walters

**SUBJECT** Request for Snow Removal Assistance - Yosemite National Park

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Upon its opening each spring State Highway 120 through Yosemite National Park (YNP) provides a significant benefit to businesses and visitation in Mono County. In prior years, The Board of Supervisors has actively supported and assisted the National Park Service and Caltrans with snow removal and opening of Highway 120. The Park Service may request assistance from Mono County again this year. In order to promptly respond, should YNP request assistance, the Board of Supervisors would need to authorize Public Works to provide snow removal assistance.

### RECOMMENDED ACTION:

Consider and potentially adopt Resolution No. R14-\_\_, "A Resolution of the Mono County Board of Supervisors Authorizing the Public Works Director to Execute and Administer Cooperative Agreements and to Utilize Department of Public Works Personnel and Equipment to Assist with Snow Removal Activities Associated with the 2013 Opening of Highway 120 Within Yosemite National Park." Provide any desired direction to staff.

### FISCAL IMPACT:

Fiscal impact will depend upon the depth of snow, weather conditions, and road debris.

**CONTACT NAME:** Jeff Walters

**PHONE/EMAIL:** 760.932.5459 / jwalters@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH ATTACHMENTS TO THE OFFICE OF THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY  
32 DAYS PRECEDING THE BOARD MEETING**

**SEND COPIES TO:**

### MINUTE ORDER REQUESTED:

YES  NO

### ATTACHMENTS:

**Click to download**

- [Request for Snow Removal Assistance - YNP - BOS Staff Report 04.15.14](#)
- [Exhibit 1 - 2014 Tioga Pass Snow Removal Reso DRAFT 04.15.14](#)
- [Exhibit 2 - Snow Water Content 03.28.14](#)

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**History**

<b>Time</b>	<b>Who</b>	<b>Approval</b>
4/7/2014 8:32 AM	County Administrative Office	Yes
4/8/2014 10:39 AM	County Counsel	Yes
4/2/2014 5:54 PM	Finance	Yes



# MONO COUNTY DEPARTMENT OF PUBLIC WORKS

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POST OFFICE BOX 457 • 74 NORTH SCHOOL STREET • BRIDGEPORT, CALIFORNIA 93517  
760.932.5440 • Fax 760.932.5441 • [monopw@mono.ca.gov](mailto:monopw@mono.ca.gov) • [www.monocounty.ca.gov](http://www.monocounty.ca.gov)

**Date:** April 15, 2014  
**To:** Honorable Chair and Members of the Board of Supervisors  
**From:** Jeff Walters, Acting Public Works Director  
**Subject:** Request for Snow Removal Assistance – Yosemite National Park

### **Recommended Action:**

Consider and potentially adopt Resolution No. R14-\_\_\_\_, “A Resolution of the Mono County Board of Supervisors Authorizing the Public Works Director to Execute and Administer Cooperative Agreements and to Utilize Department of Public Works Personnel and Equipment to Assist with Snow Removal Activities Associated with the 2014 Opening of Highway 120 Within Yosemite National Park.” Provide any desired direction to staff.

### **Fiscal Impact:**

Fiscal impact will depend upon the depth of snow, weather conditions, and road debris. Due to Road Fund budget limitations, it is recommended that all project work be completed during the normal work day and that no overtime be allowed. Impact will result from personnel salaries and fuel already budgeted in the Road Fund. All work will be closely monitored by Mono County Road Supervisors and the Acting Public Works Director.

### **Discussion:**

The National Park Service and Caltrans are planning to begin snow removal operations during April and May in an attempt to open Highway 120 access to, and through, Yosemite National Park. Status updates can be found on the Park website at their website [www.nps.gov/yose/planyourvisit/tioga.htm](http://www.nps.gov/yose/planyourvisit/tioga.htm).

In prior years, the Board of Supervisors has actively supported and assisted the National Park Service and Caltrans with snow removal and opening of Highway 120. The Park Service may request County assistance again this year in an effort to expedite snow removal and highway access. However, the limited snowpack this season may render our assistance unnecessary.

In anticipation of the potential to assist with Yosemite National Park snow removal activities this year, Road Division personnel will attend mandatory avalanche training sponsored by the National Park Service. The status of road conditions will be addressed at the Board meetings, but at the time of report preparation it was estimated that the road snowpack was at approximately 27-32% of normal (see Exhibit 2). It is expected that Public Works crews and equipment will be able to mobilize and commence operations shortly after Yosemite

National Park requests assistance and authorization is granted from the Mono County Board of Supervisors.

If you have any questions regarding this item, please contact either Brett McCurry, Road Operations Supervisor, at 760.932.5449 or me at 760.932.5459. We may also be contacted by email at [bmccurry@mono.ca.gov](mailto:bmccurry@mono.ca.gov) or [jwalters@mono.ca.gov](mailto:jwalters@mono.ca.gov), respectively.

Respectfully submitted,



Jeff Walters  
Acting Public Works Director

Attachments: Exhibit 1 – Draft Resolution  
Exhibit 2 – Snowpack Water content March 28, 2014



**RESOLUTION NO. R14-**

**A RESOLUTION OF THE MONO COUNTY BOARD OF SUPERVISORS  
AUTHORIZING THE PUBLIC WORKS DIRECTOR TO EXECUTE AND ADMINISTER  
COOPERATIVE AGREEMENTS AND TO UTILIZE DEPARTMENT OF PUBLIC WORKS  
PERSONNEL AND EQUIPMENT TO ASSIST WITH SNOW REMOVAL ACTIVITIES  
ASSOCIATED WITH THE 2014 OPENING OF HIGHWAY 120  
WITHIN YOSEMITE NATIONAL PARK**

**WHEREAS**, Section 1670 of the California Streets and Highways Code authorizes the Board of Supervisors to enter into cooperative agreements with federal officers for the maintenance of highways within the county or outside county limits; and,

**WHEREAS**, in prior years, the Mono County Board of Supervisors has provided cooperative assistance to Yosemite National Park officials concerning the removal of snow along State Highway 120 over Tioga Pass and within Yosemite National Park; and,

**WHEREAS**, through the years the early and expeditious removal of snow along this nationally designated transportation corridor has resulted in substantial benefits to the residents and businesses of Mono County, visitors to the Yosemite National Park, and the traveling public in general.

**NOW, THEREFORE, BE IT RESOLVED** that the Mono County Board of Supervisors authorizes the Director of the Department of Public Works to execute and administer cooperative agreements, in consultation with County Counsel, and to work with California Department of Transportation and National Park Service officials in a cooperative effort to initiate the most cost-effective and expeditious method of implementing Spring snow removal operations on State Highway 120.

**DRAFT**

**EXHIBIT 1**

1 **APPROVED AND ADOPTED** this 15th day of April, 2014, by the following vote of the Board of  
2 Supervisors, County of Mono:

- 3 **AYES** :
- 4 **NOES** :
- 5 **ABSENT** :
- 6 **ABSTAIN** :

**DRAFT**

\_\_\_\_\_  
Larry K. Johnston, Chairman  
Mono County Board of Supervisors

11 ATTEST:

Approved as to Form:

12 **DRAFT**

**DRAFT**

\_\_\_\_\_  
Lynda Roberts  
Clerk of the Board

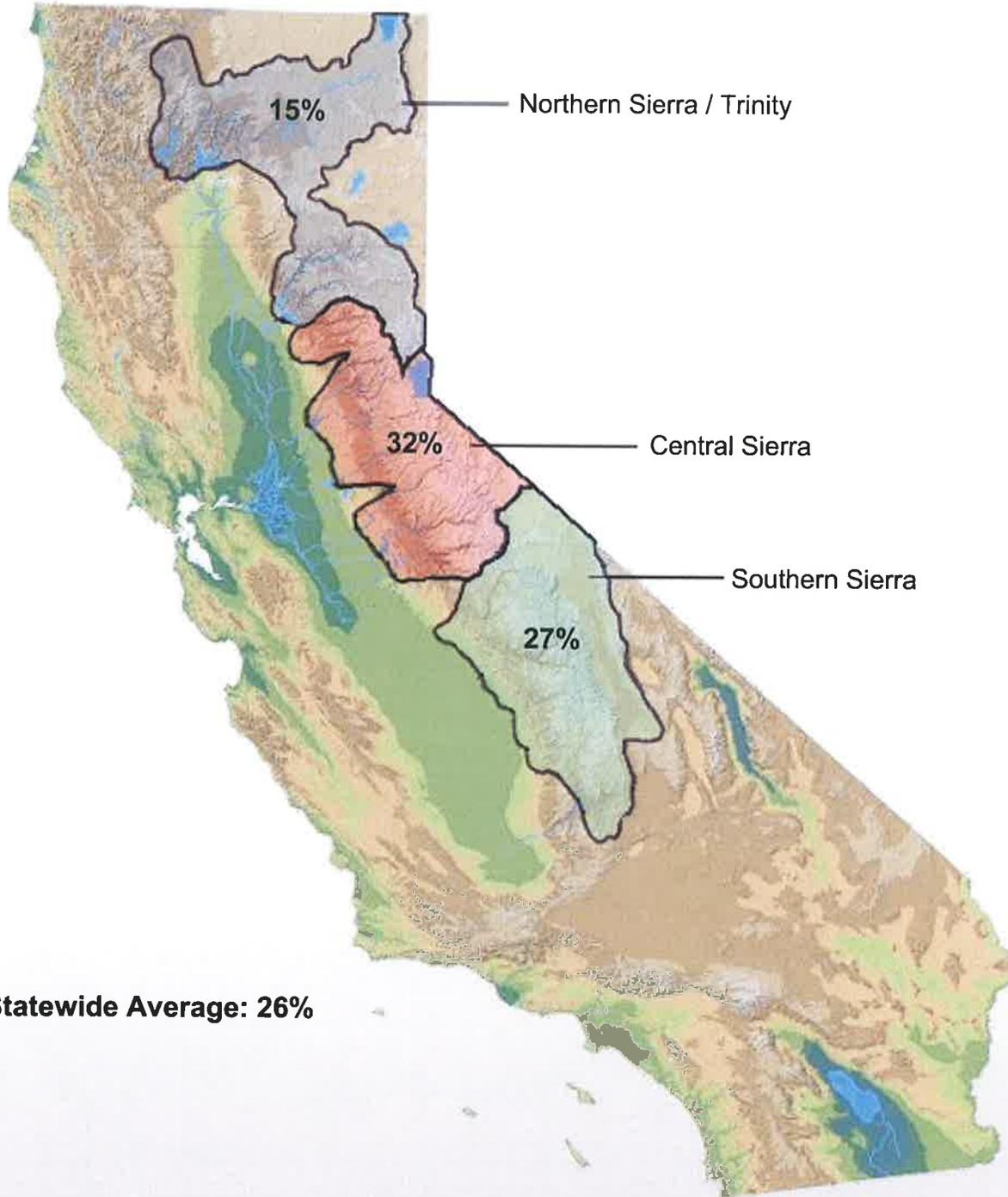
\_\_\_\_\_  
Marshall Rudolph  
County Counsel

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# Statewide Summary of Snow Water Content

Current Regional Snowpack from Automated Snow Sensors - % of April 1 Average



**Statewide Average: 26%**

Data as of March 28, 2014

Updated 03/28/2014 12:15 PM



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: CAO/Finance**

**TIME REQUIRED** 30 minutes (10 minute presentation;  
20 minute discussion)

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

Jim Leddy, Leslie Chapman

**SUBJECT** 3rd Quarter Budget Review and  
2014-15 Budget Preview

---

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Review 3rd quarter budget status, and look forward to the 2014-15 Budget outlook and process.

---

### RECOMMENDED ACTION:

1) Hear 3rd quarter budget update and approve changes. 2) Discuss budget status and what to expect in FY 2014-15. 3) Approve a hard hiring freeze for the remainder of the 2013-14 fiscal year and consider extending through the 2014-15 fiscal year. 4) Review, adjust and approve the 2014-15 draft budget calendar including community workshops, budget hearings and other important deadlines.

---

### FISCAL IMPACT:

While certain budget line items have changed, there is no overall fiscal impact to the General Fund as a result of this action, and there is sufficient fund balance to cover the requested \$26,000 increase in the Conway Ranch Fund.

---

**CONTACT NAME:** Leslie Chapman

**PHONE/EMAIL:** 760-932-5494 / lchapman@mono.ca.gov

---

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY**  
**32 DAYS PRECEDING THE BOARD MEETING**

**SEND COPIES TO:**

---

### MINUTE ORDER REQUESTED:

YES  NO

---

### ATTACHMENTS:

Click to download

- [Staff Report - 3rd Quarter Budget Report](#)
- [2014-15 Budget Calendar](#)

---

**History**

<b>Time</b>	<b>Who</b>	<b>Approval</b>
4/8/2014 6:10 PM	County Administrative Office	Yes
4/9/2014 9:40 AM	County Counsel	Yes
4/8/2014 6:09 PM	Finance	Yes



# COUNTY OF MONO

P.O. BOX 696, BRIDGEPORT, CALIFORNIA 93517  
(760) 932-5410 • FAX (760) 932-5411

Jim Leddy  
County Administrative Officer

Leslie Chapman, CPA  
Finance Director

April 15, 2014

TO: The Mono County Board of Supervisors

FROM: Jim Leddy, County Administrative Officer  
Leslie Chapman, Finance Director

**Subject:**

Third Quarter 2013-14 Budget Review & 2014-15 Budget Preview

**Recommendations:**

1. Hear the 3<sup>rd</sup> quarter budget update and approve changes.
2. Discuss budget status and what to expect in FY 2014-15.
3. Approve a hard hiring freeze for the remainder of the 2013-14 fiscal year and consider extending through the 2014-15 fiscal year.
4. Review, adjust and approve the 2014-15 draft budget calendar including community workshops, budget hearings and other important deadlines.

**Discussion:**

Overall, 2013-14 operations are in line with the adopted budget as of March 31, 2014. Revenues were at 55% of budget and expenditures were at 56%, with the General Fund at 56% and 60%, respectively. The remaining balance in contingencies is \$14,780 and the balance in Reserves will be \$2,243,785 by the end of June. It is anticipated that the 2013-14 mid-year savings of approximately \$740,000 will be used to balance the 2014-15 budget. There were some line-item adjustments within budget units, a \$46,300 software contract was moved from the Building Department to Information Technology (IT), and a \$26,000 addition to the Conway Ranch budget was made for an expenditure that was inadvertently overlooked, but will be covered by fund balance (it will not affect the General Fund).

Besides making sure that budget parameters are observed through the end of this budget year, staff is actively seeking solutions to bridge that projected \$4.7 million structural deficit. We are projecting carryover fund balance to be as low as \$1.9 million. That along with the \$740,000 savings from mid-year budget cuts will leave a gap of about \$2 million. As was discussed at mid-year budget review, we are expecting to fill this gap with concessions from our employee bargaining groups, possible furloughs and attrition. For long range savings the County is focusing on re-design of County service models through strategic planning and innovation efforts

which have been launched. Last resort options include use of depleted reserves and, if all else fails, layoffs.

Staff recommends that your Board approve a hard hiring freeze to help maximize the carryover fund balance by capturing salary savings through the end of the fiscal year. If approved, this freeze would allow departments to only fill positions with overt Board approval for General Funded positions.

With all this in mind, we look forward to bridging the gap and building a budget that will get us through until the economy improves. We have attached a proposed budget calendar that will result in budget adoption in June with a fully-transparent process that will involve all communities.

**Fiscal Impact:**

While certain line items have changed, there is no overall fiscal impact to the General Fund as a result of this action, and there is sufficient fund balance to cover the requested \$26,000 increase to the Conway Ranch budget.



## MONO COUNTY FY 2014-2015 Budget Calendar

### 1. April

- a. April 15<sup>th</sup> – 3<sup>rd</sup> Quarter Check in at Board meeting
- b. April 18<sup>th</sup> – Budget Instructions emailed out
- c. April 21<sup>st</sup> – Open of Budget system for Departments
- d. April 22<sup>nd</sup> – Finance meeting with departmental Fiscal Staff

### 2. May – Draft Budget due dates; Town Halls; Departmental Meetings

- a. May 8<sup>th</sup> – Budget Due
- b. Departmental meetings with Finance and CAO
  - i. May 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup> – Department Heads should save these dates
- c. Budget Town Halls;
  - i. May 5<sup>th</sup> – Mammoth Lakes – Sierra center – 6:00pm to 8:30pm
  - ii. May 7<sup>th</sup> – Lee Vining Community Center
  - iii. May 12<sup>th</sup> – Antelope Valley – 6:00pm to 8:30pm
  - iv. May 13<sup>th</sup> – Bridgeport – 6:00pm to 8:00pm
  - v. May 19<sup>th</sup> – Crowley Community Center – 6:00pm to 8:00pm
  - vi. May 27<sup>th</sup> – Chalfant Community Center – 6:00pm to 8:00pm

### 3. June – CAO recommended Budget; Budget Hearings

- a. June 11<sup>th</sup> – CAO Recommended Budget released
- b. June 16<sup>th</sup>, 17<sup>th</sup> and 19<sup>th</sup> – Budget Hearings – Save these dates

### 4. October – 1<sup>st</sup> Quarter Check in

- a. **October 14<sup>th</sup> or 21<sup>st</sup> – 1<sup>st</sup> quarter check in.**

### 5. FY 2014-2015 Midyear Check in

- a. **February 10<sup>th</sup>, 2015**



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

**REGULAR AGENDA REQUEST**

Print

**MEETING DATE** April 15, 2014

**TIME REQUIRED**

**SUBJECT** Closed Session--Human Resources

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

**AGENDA DESCRIPTION:**

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LABOR NEGOTIATORS. Government Code Section 54957.6. Agency designated representative(s): Marshall Rudolph, John Vallejo, Leslie Chapman, Bill Van Lente and Jim Leddy. Employee Organization(s): Mono County Sheriff's Officers Association (aka Deputy Sheriff's Association), Local 39--majority representative of Mono County Public Employees (MCPE) and Deputy Probation Officers Unit (DPOU), Mono County Paramedic Rescue Association (PARA), Mono County Public Safety Officers Association (PSO), and Mono County Sheriff Department's Management Association (SO Mgmt). Unrepresented employees: All.

**RECOMMENDED ACTION:**

**FISCAL IMPACT:**

**CONTACT NAME:**

**PHONE/EMAIL:** /

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY**  
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**SEND COPIES TO:**

**MINUTE ORDER REQUESTED:**

YES  NO

**ATTACHMENTS:**

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No Attachments Available

History

Time

Who

Approval

4/7/2014 8:32 AM	County Administrative Office	Yes
4/8/2014 9:49 AM	County Counsel	Yes
3/24/2014 3:45 PM	Finance	Yes



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**TIME REQUIRED**

**SUBJECT**

Closed Session - Public Employment

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

---

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

PUBLIC EMPLOYMENT. Government Code section 54957. Title: Public Works Director.

---

### RECOMMENDED ACTION:

---

### FISCAL IMPACT:

---

### CONTACT NAME:

**PHONE/EMAIL:** /

---

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#### History

Time	Who	Approval
4/7/2014 8:31 AM	County Administrative Office	Yes
4/8/2014 9:49 AM	County Counsel	Yes
3/24/2014 3:45 PM	Finance	Yes



**OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS**

**REGULAR AGENDA REQUEST**

Print

**MEETING DATE**      April 15, 2014

**TIME REQUIRED**

**SUBJECT**

Closed Session - Claim For Damages

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

**AGENDA DESCRIPTION:**

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION. Significant exposure to litigation pursuant to paragraph (2) of subdivision (d) of Government Code section 54956.9. Number of potential cases: 1. Facts and circumstances: claim for damages number CL14-02 filed by Steven Crist.

**RECOMMENDED ACTION:**

**FISCAL IMPACT:**

**CONTACT NAME:**

**PHONE/EMAIL:** /

SUBMIT THE ORIGINAL DOCUMENT WITH  
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**History**

Time	Who	Approval
4/8/2014 6:10 PM	County Administrative Office	Yes
4/8/2014 9:51 AM	County Counsel	Yes
4/8/2014 6:11 PM	Finance	Yes



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**TIME REQUIRED**

**SUBJECT**

Closed Session - Conference with  
Legal Counsel

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION. Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Government Code section 54956.9. Number of potential cases: One.

### RECOMMENDED ACTION:

### FISCAL IMPACT:

### CONTACT NAME:

**PHONE/EMAIL:** /

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
***PRIOR TO 5:00 P.M. ON THE FRIDAY  
32 DAYS PRECEDING THE BOARD MEETING***

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#### History

Time	Who	Approval
4/7/2014 8:31 AM	County Administrative Office	Yes
4/1/2014 4:22 PM	County Counsel	Yes
4/2/2014 5:53 PM	Finance	Yes





**OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS**

**REGULAR AGENDA REQUEST**

Print

**MEETING DATE**      April 15, 2014

**TIME REQUIRED**

**SUBJECT**              Closed Session - Conference With  
Legal Counsel

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

**AGENDA DESCRIPTION:**

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: Mono County v. Schat.net Internet LLC.

**RECOMMENDED ACTION:**

**FISCAL IMPACT:**

**CONTACT NAME:**

**PHONE/EMAIL:** /

SUBMIT THE ORIGINAL DOCUMENT WITH  
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<b>Time</b>	<b>Who</b>	<b>Approval</b>
4/8/2014 6:10 PM	County Administrative Office	Yes
4/8/2014 9:53 AM	County Counsel	Yes
4/8/2014 6:11 PM	Finance	Yes





**OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS**

**REGULAR AGENDA REQUEST**

Print

**MEETING DATE**      April 15, 2014

**TIME REQUIRED**

**SUBJECT**              Closed Session - Conference with  
Legal Counsel

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**

**AGENDA DESCRIPTION:**

(A brief general description of what the Board will hear, discuss, consider, or act upon)

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION. Paragraph (1) of subdivision (d) of Government Code section 54956.9. Name of case: MC Ellis v. Mono County.

**RECOMMENDED ACTION:**

**FISCAL IMPACT:**

**CONTACT NAME:**

**PHONE/EMAIL:** /

SUBMIT THE ORIGINAL DOCUMENT WITH  
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THE COUNTY ADMINISTRATOR  
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32 DAYS PRECEDING THE BOARD MEETING***

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**MINUTE ORDER REQUESTED:**

YES  NO

**ATTACHMENTS:**

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**History**

Time	Who	Approval
4/8/2014 6:10 PM	County Administrative Office	Yes
4/8/2014 9:53 AM	County Counsel	Yes
4/8/2014 6:12 PM	Finance	Yes





**OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS**

**REGULAR AGENDA REQUEST**

Print

**MEETING DATE**      April 15, 2014

**Departments: Risk Managment**

**TIME REQUIRED**      5 minutes

**PERSONS  
APPEARING  
BEFORE THE  
BOARD**                      John-Carl Vallejo

**SUBJECT**              Claim For Damages

**AGENDA DESCRIPTION:**

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Claim for damages number CL14-02 filed by Steven Crist.

**RECOMMENDED ACTION:**

Reject claim for damages and direct staff to send out notice of action.

**FISCAL IMPACT:**

None at this time.

**CONTACT NAME:** John-Carl Vallejo

**PHONE/EMAIL:** 7609241702 / jvallejo@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY**  
**32 DAYS PRECEDING THE BOARD MEETING**

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**MINUTE ORDER REQUESTED:**

YES  NO

**ATTACHMENTS:**

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[Staff Report](#)

**History**

Time	Who	Approval
4/8/2014 6:10 PM	County Administrative Office	Yes
4/8/2014 10:08 AM	County Counsel	Yes
4/8/2014 6:10 PM	Finance	Yes

**County Counsel**  
Marshall Rudolph

**Assistant County Counsel**  
Stacey Simon

**Deputy County Counsel**  
John-Carl Vallejo

**OFFICE OF THE  
COUNTY COUNSEL**

*Mono County*  
South County Offices  
P.O. BOX 2415

MAMMOTH LAKES, CALIFORNIA 93546

**Telephone**  
760-924-1700  
**Facsimile**  
760-924-1701

**Legal Assistant**  
Jennifer Senior

TO: Board of Supervisors  
FROM: John-Carl Vallejo  
DATE: 04/15/2014  
RE: Crist Claim For Damages

**Recommendation:**

Reject claim for damages and direct staff to notify claimant of action.

**Fiscal/Mandates Impact:**

None at this time.

**Discussion:**

Mr. Crist filed a claim for damages stemming from his alleged injury while working for D&S Waste Removal at the County's Walker Transfer Station. A copy of the claim was provided to the Board in closed session. He seeks greater than \$500,000 in damages for an injury alleged to have been caused by operation of equipment that he was properly trained to use, but appears to have failed to properly operate.

If you have any questions regarding this item, please call me at 760.924.1712.



OFFICE OF THE CLERK  
OF THE BOARD OF SUPERVISORS

## REGULAR AGENDA REQUEST

Print

**MEETING DATE** April 15, 2014

**Departments: Public Works**

**TIME REQUIRED** 20 minutes (5 minute presentation; 15 minute discussion) **PERSONS APPEARING BEFORE THE BOARD** Jeff Walters

**SUBJECT** Bodie Road

### AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

The 2.2 mile unpaved section of Bodie Road from highway 270 to the entrance of the State Park is a very rough road. Mono County Public Works has developed a short term maintenance option that would provide some improvement to the condition of the road prior to the busy summer season.

### RECOMMENDED ACTION:

Hear staff report regarding potential road maintenance on the 2.2 mile unpaved section of Bodie Road. Provide any desired direction to staff.

### FISCAL IMPACT:

\$28,000 from the Road Fund if the Board authorizes county staff to perform maintenance work described in Option #1.

**CONTACT NAME:** Jeff Walters

**PHONE/EMAIL:** 760.932.5459 / jwalters@mono.ca.gov

SUBMIT THE ORIGINAL DOCUMENT WITH  
ATTACHMENTS TO THE OFFICE OF  
THE COUNTY ADMINISTRATOR  
**PRIOR TO 5:00 P.M. ON THE FRIDAY**  
**32 DAYS PRECEDING THE BOARD MEETING**

### SEND COPIES TO:

### MINUTE ORDER REQUESTED:

YES  NO

### ATTACHMENTS:

Click to download

- [Bodie Road Staff Report 04.15.14](#)
- [Exhibit 1 - Bodie Road photos](#)

**History**

<b>Time</b>	<b>Who</b>	<b>Approval</b>
4/7/2014 8:31 AM	County Administrative Office	Yes
4/8/2014 10:37 AM	County Counsel	Yes
4/2/2014 5:53 PM	Finance	Yes



# MONO COUNTY DEPARTMENT OF PUBLIC WORKS

---

POST OFFICE BOX 457 • 74 NORTH SCHOOL STREET • BRIDGEPORT, CALIFORNIA 93517  
760.932.5440 • Fax 760.932.5441 • [monopw@mono.ca.gov](mailto:monopw@mono.ca.gov) • [www.monocounty.ca.gov](http://www.monocounty.ca.gov)

**Date:** April 15, 2014  
**To:** Honorable Chair and Members of the Board of Supervisors  
**From:** Jeff Walters, Acting Public Works Director  
**Subject:** Bodie Road

## **Recommended Action:**

Receive staff report regarding potential maintenance of the Bodie Road from the easterly end of State Route 270 to the entrance of the Park. Provide any desired direction to staff.

## **Fiscal Impact:**

If the Board authorizes staff to perform the maintenance work described below, then the cost would be approximately \$28,000 in equipment and labor out of the Road Fund. The State Park would assist and be responsible for providing their own equipment and labor.

## **Discussion:**

The unpaved portion of the Bodie Road is approximately 2.2 miles long as it extends from the easterly end of State Route 270 to the entrance of Bodie State Park.

Under a 1983 Agreement, California State Parks agreed to assume responsibility for the maintenance, development, repair, improvement, construction, and reconstruction of the unpaved portion of Bodie Road. In exchange, the County agreed that it would not improve or pave that portion of the road, so as to fulfill State Parks' desire to preserve the "Bodie Experience."

In 1991 the County and State Parks entered into a Joint Powers Agreement (JPA) whereby the County agreed, for the amount of \$25,200 per year, to maintain and repair the road from "one mile plus westerly of the State Park boundary into and through [The Park]." The term of the Agreement was from July 1991 through June 30, 1992. Upon expiration of the 1991 JPA, a new agreement with similar terms was executed (the "1993 JPA") for a period of twenty years. The 1993 JPA covered County roads serving Bodie as well as to the Mono Lake Tufa State Reserve and provided for the same \$25,200 yearly payment by State Parks.

In 2002, during the term of the 1993 JPA, State Parks informed the County that due to a budget shortfall, it could not pay for maintenance under the 1993 JPA, and would perform the work itself. This situation persisted for many years, with Mono County occasionally rendering assistance to State Parks or performing work itself (without compensation).

Over the years the unpaved section of the Bodie Road has become very rough for vehicles not properly equipped. As a result many visitors have stated they will not return. Current cost estimates to “repair” the road by bringing in new road base and grading/compacting are in excess of \$200,000.

Over the last several months Public Works has held several meetings with State Parks, the Bureau of Land Management (BLM), the Bodie Foundation, and other county departments and staff. The immediate need is to resolve, at least temporarily, the rough road in time for the upcoming summer season.

After a meeting onsite Thursday, March 20, 2014, Public Works has drafted a relatively simple proposal that would offer some immediate relief to improve the road condition:

#### Option #1

1. Work for two weeks 10am until 4pm Monday through Friday;
2. Utilize county staff for traffic control and equipment operation;
3. State Park could assist with a single operator and equipment;
4. Use a grader along this 2.2 mile section of dirt road to gather as much existing material as possible without working beyond the existing disturbed road width;
5. With a loader and dump truck haul “extra” material to trouble spots;
6. Spread, wet and compact the material.

This initial grading will give all agencies a better idea on the full scope of any potential future maintenance/repairs required to bring the road up to a more acceptable condition in the future.

In order for this option to be undertaken other county roads (Burcham Flat, Green Creek etc.) would experience delayed maintenance.

A second option would be developed after the initial grading work was performed in Option #1 above. This second option would require pulling material up from the road shoulder on the downhill side, screening it to remove large debris/rocks, hauling the screened material to rough areas, wetting and compacting. The full scope of work in this second option would require BLM approval.

The work in option #1 qualifies for a Class 1 categorical exemption from CEQA pursuant to 14 CCR § 15301. In addition, BLM representatives have indicated that the work would be considered “routine maintenance” not triggering additional approvals or review from their agency.

A final issue relates to the 1983 Agreement with State Parks regarding responsibility for road maintenance and repair. State Parks disavows any obligation to maintain or repair to the Bodie Road under that 1983 Agreement, but is willing to contribute labor and equipment in support of this proposed maintenance work in recognition of its interest in providing access to the Park for this season. Because the County believes State Parks does have an obligation to maintain the road, it is recommended that an agreement be entered into between the

County and State Parks which preserves both parties' legal positions prior to commencing work -- if at all possible given the short timeline.

If you have any questions regarding this item, please contact Jeff Walters at 932-5459.

Respectfully submitted,



Jeff Walters  
Acting Public Works Director

Attachment Bodie Road photos/distances

## Bodie Road

### Distance of Unpaved Surface

- 1.7 Miles End of pavement to top of Bodie Bowl (1<sup>st</sup> cattle guard)
- 2.2 Miles End of pavement to State Park Boundary (2<sup>nd</sup> cattle guard)
- 2.7 Miles End of pavement to kiosk



**End of Pavement/State Highway 270**



**Typical Rough Section**



**Typical Rough Section**



**Top of Bodie Bowl (1.7 Miles)**



**State Park Boundary (2.2 Miles)**