



DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

August 26, 2009

CMS Information Notice No.: 09-07

To: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS

Subject: CALIFORNIA CHILDREN'S SERVICES (CCS) FISCAL YEAR 2009-2010
DIAGNOSTIC, TREATMENT, VENDORED THERAPY, AND DENTAL
FUNDING CERTIFICATIONS

The purpose of this notice is to request counties submit their fiscal year (FY) 2009-2010 California Children's Services (CCS) diagnostic, treatment, vendored therapy, and dental certification of county funds.

In accordance with Health and Safety (H&S) Code, Section 123940, each county is required to certify that county funds are available for its share of diagnosis, treatment, and therapy services.

Please complete the below CCS Certification of County Appropriation and return it to the address shown on the bottom of the certification by **September 30, 2009.**

Should you have any questions, please contact Margaret Gross at (916) 327-1911.

Sincerely,

Original Signed by Erin Whitsell

Erin Whitsell, Chief
Program Support Section
Children's Medical Services Branch

Enclosure

**CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
FISCAL YEAR 2009- 2010
CCS DIAGNOSTIC, TREATMENT, VENDORED THERAPY, AND DENTAL
CERTIFICATION OF COUNTY APPROPRIATION**

County: _____

Fiscal Year 2009 – 2010 CCS Allocation

County Funds Only

CCS Diagnostic and Treatment (includes Diagnostic, Treatment, and Vendored Therapy)	\$ _____
CCS Dental	\$ _____
Healthy Families (includes Diagnostic, Treatment, and Vendored Therapy)	\$ _____

I hereby certify that the amount(s) of funds identified above have been appropriated as the County's share of the CCS Diagnostic, Treatment, Vendored Therapy, Dental and Healthy Families costs for the California Children Services Program in Fiscal Year 2009-2010.

County Auditor or Deputy Director Signature

Date

Printed Name

Title

Organization Name

Address

City, State, Zip

Telephone No.

Please mail completed form **with original signature** to:

Department of Health Care Services
Children's Medical Services Branch
Administration/Fiscal Unit
ATTN: Margaret Gross
P.O. Box 997413 MS 8104
Sacramento, CA 95899-7413

Fax: (916) 327-1119