

California Children's Services Funding of the CCS Program

Background

The existing financial structure of the CCS program (established in 1927) over the decades has become increasingly complex with the creation of various health care programs such as the Medicaid program (1964), Healthy Families program (1994), and the Affordable Care Act of 2011. Adding to this complexity is the financial responsibility at the local county level created with county realignment in Fiscal Year 1990 – 1991 which imposed a financial maintenance of effort (MOE) obligation on the counties to share in the cost of providing health care services under the CCS Program.

While the 1990 – 1991 county realignment imposed a financial obligation (MOE) on counties for the CCS program, it also imposed a “cap” on the counties obligation and fixed the financial obligation in perpetuity. However, since the 1990 – 1991 realignment counties have voluntarily increased their financial contribution to fund CCS diagnostic and treatment services by approximately 100 percent for most counties.

County Administration – State-Only

Counties are also responsible for sharing in the cost of administration of the CCS program; counties contribute 50% of the administrative costs for the CCS State-Only population. The county contribution, in the aggregate, for the CCS State-Only population for Fiscal Year 2013 – 2014 has been projected at approximately \$16,350,000.

County Administration – Title XXI Funding

Counties also receive administrative funding from the state to support the CCS Medi-Cal and CCS-Healthy Families portion of the CCS population. Counties, for Fiscal Year 2013 – 2014 have been allocated a total of \$186,510,000 to perform administrative functions on behalf of the state. These functions include determining financial, residential, and medical eligibility, also included as a key function is providing care coordination to the CCS eligible population. The table below demonstrates county financial contributions to support the CCS program.

	Diagnosis and Treatment	Percent
State	\$2,441,075,000	98.5%
County	\$ 37,998,000	1.5%
Total	\$2,479,073,000	

	County Admin	Percent
State	\$151,570,974	90.3%
County	\$ 16,350,000	9.7%
Total	\$167,920,974	

Data source for both tables above was used from FY 2013 – 2014 as this was the most complete fiscal year data available.

Medical Therapy Program

The Medical Therapy Program (MTP) is a special program within [California Children's Services](#) that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have handicapping conditions, generally due to neurological or musculoskeletal disorders. The program is administered through the local county CCS Programs by county employed therapists. Services are provided to eligible children at the local county school agencies.

Once it has been determined that the child is medically eligible for the MTP, the child is then referred to the local Medical Therapy Unit for a therapy evaluation.

Examples of qualifying conditions for CCS and the MTP include:

- Cerebral palsy
- Spina bifida
- Muscular dystrophy
- Rheumatoid arthritis
- Spinal cord injuries
- Arthrogyrosis
- Osteogenesis imperfecta
- Head injuries

There is no financial eligibility requirement for MTP services. There is a financial eligibility requirement for specialized equipment.

	Therapy Services	Percent
State	\$63,167,000	52.1%
County	\$58,053,000	47.9%
Total	\$121,220,000	