

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY
AND RECORD OF ACTION**

June 25, 2024

FROM

JOSHUA DUGAS, Director, Department of Public Health

SUBJECT

Medi-Cal Supplemental Changes Form for Department of Health Care Services

RECOMMENDATION(S)

1. Approve the Department of Health Care Services Medi-Cal Supplemental Changes form, which updates the administrative address for the Medical Therapy Units to 451 E. Vanderbilt Way in San Bernardino.
2. Authorize the Director of the Department of Public Health to execute and submit the Department of Health Care Services Medi-Cal Supplemental Changes form and any subsequent non-substantive amendments or documents in relation to the Medi-Cal Supplemental Changes form, subject to review by County Counsel.

(Presenter: Joshua Dugas, Director, 387-9146)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Provide for the Safety, Health and Social Service Needs of County Residents.

Pursue County Goals and Objectives by Working with Other Agencies and Stakeholders.

FINANCIAL IMPACT

Approval of this item will not result in the use of Discretionary General Funding (Net County Cost) as the Medi-Cal Supplemental Changes form with the Department of Health Care Services (DHCS) is non-financial in nature.

BACKGROUND INFORMATION

The Department of Public Health's (DPH) California Children's Services (CCS) program is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. These services are provided through the department's Medical Therapy Units (MTUs), which are certified by the State, and registered with DHCS. At the time of certification, each MTU is given a National Provider Identifier number allowing them to submit claims to be reimbursed for provided Medi-Cal services.

DHCS requires all providers to complete the Medi-Cal Supplemental Changes form to report changes to their provider certification, including the administrative address. Delegating this authority to DPH is recommended, as this form supports basic department operations through many non-substantive changes including an update to the facility or administrative address. Substantive changes, such as enrolling new or additional providers or facilities, beyond what DPH currently operates, will require approval from the Board of Supervisors.

**Medi-Cal Supplemental Changes Form for Department of Health Care
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PROCUREMENT

Not applicable.

REVIEW BY OTHERS

This item has been reviewed by County Counsel (Adam Ebright, Deputy County Counsel, 387-5455) on June 6, 2024; Finance (Carl Lofton, Administrative Analyst, 387-5404) on June 5, 2024; County Finance and Administration (Robert Saldana, Deputy Executive Officer, 387-5423) on June 8, 2024.

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Record of Action of the Board of Supervisors
San Bernardino County

APPROVED (CONSENT CALENDAR)

Moved: Curt Hagman Seconded: Joe Baca, Jr.
Ayes: Col. Paul Cook (Ret.), Jesse Armendarez, Dawn Rowe, Curt Hagman, Joe Baca, Jr.

Lynna Monell, CLERK OF THE BOARD

BY  _____
DATED: June 25, 2024



cc: File - Public Health w/ attachment
JLL 07/12/2024