



Mendocino County

Legislation Text

File #: 19-0330, **Version:** 1

To: Board of Supervisors

From: Health and Human Services Agency

Meeting Date: April 23, 2019

Department Contact: Tammy Moss Chandler

Phone: 463-7774

Department Contact: Barbara Howe

Phone: 472-2789

Item Type: Consent Agenda

Time Allocated for Item: N/A

Agenda Title:

Approval of Revenue Agreement No. 19-96013 with the California Department of Health Care Services in the Amount of \$1,500,000 for County-Based Medi-Cal Administrative Activities for the Period of July 1, 2019 Through June 30, 2022; and Adoption of Resolution Authorizing Board Chair to Sign Agreement and the Health and Human Services Agency Director or Designee to Sign any Future Amendments that do not Exceed the Maximum Amount

Recommended Action/Motion:

Approve Revenue Agreement No. 19-96013 with the California Department of Health Care Services in the amount of \$1,500,000 for County-Based Medi-Cal Administrative Activities for the period of July 1, 2019 through June 30, 2022; adopt Resolution authorizing Board Chair to sign Agreement and the Health and Human Services Agency Director or designee to sign any future amendments that do not exceed the maximum amount; and authorize Chair to sign same.

Previous Board/Board Committee Actions:

Last action on December 20, 2016, BOS Agreement No. 16-104, Item No. 4(l).

Summary of Request:

Mendocino County Health and Human Services Agency, Public Health, performs County-Based Medi-Cal Administrative Activities (CMAA) on behalf of the California Department of Health Care Services to assist in the proper and efficient administration of the Medi-Cal Program by improving the availability and accessibility of Medi-Cal services to eligible and potentially eligible individuals and families.

Specific CMAA services to be performed and that are eligible for reimbursement include, but are not limited to: Medi-Cal outreach; referral coordination and monitoring of Medi-Cal services; facilitating Medi-Cal applications (eligibility intake); arranging non-emergency, non-medical transportation to a Medi-Cal covered service; contract administration for Medi-Cal services; and program planning and policy development for Medi-Cal services. The County will be reimbursed for services through Federal Financial Participation only when the services are identified in a CMAA Claiming Plan approved by the State and the Centers for Medicare and Medicaid Services.

Alternative Action/Motion:

Return to staff for alternative handling.

Supervisory District: All

vote requirement: Majority

Supplemental Information Available Online At: N/A

Fiscal Details:

source of funding: County-Based Medi-Cal
Administrative Activities (CMAA)

current f/y cost: FY 19-20, \$500,000 revenue

annual recurring cost: \$500,000 revenue

budget clarification:

budgeted in current f/y: Yes

if no, please describe:

revenue agreement: Yes

Agreement/Resolution/Ordinance Approved by County Counsel: Yes

CEO Liaison: Darcie Antle, Deputy CEO

CEO Review: Yes

CEO Comments:

FOR COB USE ONLY

Executed By: Lindsey Dunham, Deputy Clerk I

Date: April 24, 2019

Final Status: **Approved**

Executed Item Number: **Interim Agreement**
Number: *19-128

Note to Department Interim Agreement. Please remember
to forward fully executed copy to COB Number of Original
Agreements Returned to Dept: 5 Original Agreement
Delivered to Auditor? No

