

County of Santa Cruz

HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR
1000 EMELINE ST., SANTA CRUZ, CA 95060
(408) 454-4130 OR 4544045 FAX: (408) 454-4642

Agenda: November 10, 1998

October 27, 1998

BOARD OF SUPERVISORS County of Santa Cruz 701 Ocean Street Santa Cruz, California 95060

CONTRACT AMENDMENT TO ALLOW MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING

Dear Members of the Board:

Food and Nutrition Services' (FNS) Adelante program receives Community Programs funding to provide a variety of services to low-income residents of the County, including outreach and assistance with the Medi-Cal application process. As you may recall, under the program known as Medi-Cal Administrative Activities (MAA), the County is eligible to claim federal reimbursement of a portion of the funds supporting Adelante's Medi-Cal related activities. In order to claim MAA reimbursement, the County's contract with FNS/Adelante must specifically identify the Medi-Cal activities to be provided. Because the contract with FNS/Adelante for FY 98/99 does not currently include specific identification of these activities, it is now necessary to amend these contracts to add Medi-Cal activities to the contract scope of work. The necessary amendments have been approved by County Counsel and signed by the contractor. The amendments will not change the contract amounts previously approved by your Board.

IT IS THEREFORE RECOMMENDED that your Board approve the amendment to the County's contract with Food and Nutrition Services/Adelante for FY 98/99 to allow Medi-Cal Administrative Activities claiming, and authorize the Human Resources Agency Administrator to sign the amendments.

Very truly yours,

CECILIA ESPINOLA Administrator

Cecilia Espinoles

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BOARD OF SUPERVISORS

Agenda: November 10, 1998

Contract Amendments to Allow Medi-Cal Administrative Activities

Attachments

CE/thp/n::/adelamnd.bos

RECOMMENDED:

Susan A. Mauriello

County Administrative Officer

cc: County Administrative Officer

Auditor-Controller County Counsel

Food and Nutrition Services

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AMENDMENT #1 TO CONTRACT #80223

The County of Santa Cruz Human Resources Agency hereinafter referred to as "COUNTY" and FOOD AND NUTRITION SERVICES, hereinafter referred to as "CONTRACTOR" hereby modify contract number 80223 which provides services from July 1, 1998 through June 30, 1999. The purpose of this amendment is to modify Exhibit "B" ("Scope of Work Plan") for Contractor's Adelante Program in order to identify Medi-Cal Administrative Activities provided under this agreement. The provisions of this Amendment shall be effective from July 1, 1998 through June 30, 1999. All other provisions of said contract shall remain the same.

Exhibit "B" ("Scope of Work Plan") for the Adelante program is amended as attached. The Scope of Work Plan for all other FNS programs shall remain unchanged.

COUNTY OF SANTA CRUZ	CONTACTOR MARY HAVE	
Human Resources Agency	Food and Nutrition Services, Inc.	
	236 Santa Cruz Avenue	
Date	Aptos, CA 95003	
	(83 1) 688-8840	
	Date /0//3/98	

APPROVED AS TO FORM:

County Counsel

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Distribution: County Administrative Office

Auditor

County Counsel Contractor

Human Resources Agency Health Services Agency Agency: Food and Nutrition Services. Inc.
Program: Adelante

Contractor shall work toward achieving the following goals and accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome. Please indicate the number of Service Units to be provided.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
GOAL: Provide 9,000 units of service			
Objective A: maintain citizenship application numbers at current levels (250)	A: Complete forms.	7/1/98 - 6/30/99	Document number of clients served.
,	B1: train staff and schedule assistance.	7/1/98 - 6/30/99	Document number of clients served.
Objective B: expand services by adding 5 types of forms related to immigration and civil harassment.	B2: provide assistance with more types of basic immigration forms.	ии	Document number of clients served.
	B3: coordinate with Defensa to begin providing civil harassment form assistance.	દા દા	Document number of clients served.
Objective C: Provide outreach and education to 600 contacts regarding Medi-Cal and assist with filling out 500 Medi-Cal forms.	CI: hire, train and direct outreach worker to publicize services.	7/1/98 - 6/30/99	Provide quarterly invoice/activity report including client statistical information and a narrative on how program goals are being met.
	C2: explain Medi-Cal rules and process, assist to fill out applications, provide forms, package application for intake with County Human Resources Agency.	cs cs	Maintain a client log documenting the provision of Medi-Cal eligibility assistance. Make records available for annual monitoring
	Traman Resources Agency.		by the County.
Objective D: Provide outreach and education to 600 contacts regarding citizenship eligibility.	D: direct Outreach Worker to design and implement comprehensive outreach plan.	7/1/98 - 6/30/99	Document outreach plan and number of contacts.
Objective E: Make 10 contacts to coordinate community efforts to provide child nutrition assistance.	E: meet with other community groups to assess needs & develop a plan to meet nutritional needs of children.	7/1/98 - 6/30/99	Evaluate the impact of the plan on child nutrition needs.

Initials: 16 Contractor/County



FOOD & NUTRITION SERVICES, INC.

Family Services

Senior Services

Transportation Services

October 8, 1998

Santa Cruz County Health Services 1080 Emeline Avenue Santa Cruz, CA 95060

Attention:

Jim DeAlba

SUBJECT:

MEDI-CAL ADMINISTRATIVE CLAIMS OBJECTIVES (REVISED)

Dear Mr. DeAlba:

Below is the new revised information of Adelante personnel receiving payment from County funds and the percent of their time spent doing Medi-Cal objectives:

Adelante Director 40 no change Program Assistant 40 35% Office Assistant 40 30% Outreach Worker 20 50%	A and C A and C C A

If you have any questions or require additional information, please give me a call at 83 1-688-8840 x213.

Thank you for your assistance in this matter.

Sincerely,

FOOD AND NUTRITION SERVICES, INC.

Carole Taylor

Contracts Manager

CC:

J. Albores

G. Batchelder

T. Hinojosa-Pereira

COUNTY OF SANTA CRUZ REQUEST FOR APPROVAL OF AGREEMENT

FROM: TO: Board of Supervisors Human Resources Agency County Administrative Officer County Counsel **Auditor-Controller** The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same. 1. Said agreement is between the ____ Human Resources Agency (Agency) and Food and Nutrition Services, 236 Santa Cruz Ave., Aptos, CA 95003 -- (Name & Address) 2. The agreement will provide food and nutrition services, child care, adult day healthy care, translation and advocay for Latino residents, parenting skills training & support The agreement is needed to provide for MAA claiming. Period of the agreement is from July 1, 1998 to June 30, 1999 5. Anticipated cost is \$ 836,412 (Fixed amount; Monthly rate; Not to exceed) 6. Remarks: Ammendment 1 - no change to term or amount Staff: Teresita Hinojosa-Pereira x4058 7. Appropriations are budgeted in _____ 395200 _____(Index#) <u>氢菜铅</u> 4505 (Subobject) NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74 Contract NCO 80223 A Date 10/28/ Appropriations are available and have been encumbered. already encumbered GARY A. KNUTSON, Auditor - Controller

ecify activities only

By Finda T. Chou Deputy. ment to specify activities only Proposol reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the Human Resources Agency County Administrative Officer Remarks: Agreement approved os to form. Date _____ Distribution: Bd. of Supv. - White State of California Auditor-Controller • Blue County of Santa Cruz County Counsel - Green -Co. Admin. Officer - Canary ___ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, Auditor-controller - Pink State of California, do hereby certify that the foregoing request for approval of agreement was approved by Originoting Dept. - Goldenrod said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered *To Orig. Dept. if rejected. in the minutes of said Board on County Administrative Officer By _____ Deputy Clerk