

HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ 255

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

January 25, 1999

AGENDA: February 23, 1999

BOARD OF SUPERVISORS
Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95060

RE: Amendment of Medi-Cal Administrative Activities Host County Agreement with California State Association of Counties

This letter requests authorization to amend the existing agreement between the County Health Services Agency, which has been designated as the statewide "Host" county for the Medi-Cal Administrative Activities (MAA) and Targeted case Management (TCM) programs, and the California State Association of Counties. The amendment would increase the amount of the contract by \$3,000 to allow for expanded services to participating counties and cities.

Background - As you may recall, the MAA and TCM programs reimburse counties, cities and their associated contractors for providing certain health-related services to Medi-Cal eligible persons. This federal program is administered by the State. The County Health Services Agency (HSA) is the State's designated entity to administer MAA and TCM locally.

Welfare and Institutions Code, Sections 14132.44 and 14132.47 and associated State regulations govern the MAA and TCM programs. These guidelines require that each Local Government Agency (LGA) that participates in these programs pay an annual participation fee through a mechanism agreed to by the State and LGAs. The LGAs agreed to designate a "Host" county to collect participation fees, maintain contracts with LGAs, the State, a consultant and the California State Association of Counties (CSAC). The State has also agreed to this arrangement and requires that counties pay their participation fee in order to receive claim reimbursement. As compensation for being the Host county, the Host county is, at a minimum, exempt from the participation fee for their LGA for the respective fiscal year.

In 1997, the LGAs unanimously selected Santa Cruz County to take over Host county responsibilities, and your Board authorized the Health Services Agency to act as host county on October 28, 1997.

Host county responsibilities include:

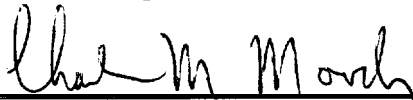
- 1) Maintaining a trust account to deposit required participation funds received from LGAs;
- 2) Invoicing of LGAs for their share of the participation fee in an amount agreed to by the LGAs;
- 3) Entering into and maintaining contract agreements with the LGAs (currently forty four), State Department of Health services, LGA consultant and CSAC; and
- 4) Disbursing contract payments to the State, LGA consultant and CSAC for services rendered.

Contract Agreement with CSAC - The current agreement pays for: staff time to attend monthly MAA/TCM Advisory meetings, meeting space, telephone conference lines, etc. The LGA's and your Board previously approved the current agreement amount totaling \$8,357. CSAC staff contacted the Host County in December, 1998, indicating that the amount setaside for meeting space was insufficient, due to meetings required regarding the MAC Takeback settlement. The LGA's, at their December 17, 1998 statewide meeting authorized the Host County to increase the current agreement by \$3,000, with funding to be provided by reserves from the MAA/TCM trust fund. The proposed amendment is attached to this letter. This action represents no cost to the County.

It is therefore RECOMMENDED that your Board:

- 1) Approve an amendment to the agreement with CSAC to increase the current contract amount by \$3,000 to \$11,357; and
- 2) Authorize the Health Services Agency Administrator to sign the amendment.

Sincerely,



Charles M. Moody, HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc County Counsel
Auditor-Controller
Health Services Agency
CSAC

AMENDMENT

**SANTA CRUZ COUNTY HEALTH SERVICES AGENCY
INDEPENDENT CONTRACTOR AGREEMENT**

THIS CONTRACT AMENDMENT is entered into this 23rd day of February, 1999, by and between the COUNTY OF SANTA CRUZ, hereinafter called COUNTY, and California State Association of Counties, hereinafter called CONTRACTOR. The parties agree to amend the existing agreement, incorporated herein by this reference, as follows:

2. COMPENSATION. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:

A total sum not to exceed \$11,357, based on actual costs incurred. The compensation amount will be paid to CONTRACTOR, contingent upon provision of deliverables listed in Attachment A, upon presentation of invoices based on actual cost, and at the conclusion of services rendered.

Compensation includes all private mileage and per diem necessary to accomplish the result contracted for.

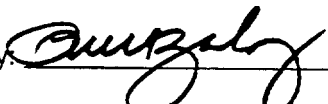
ATTACHMENT A - An amended "Attachment A", incorporating an increase in Operating Costs by \$3,000 to the new total of \$9, 689 is attached, and is incorporated into this amendment by this reference.

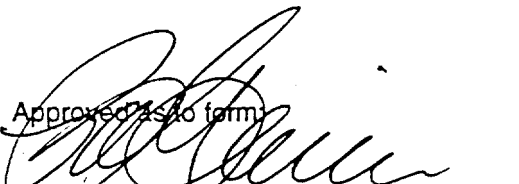
ALL OTHER TERMS AND CONDITIONS OF THE AGREEMENT SHALL REMAIN THE SAME.

COUNTY OF SANTA CRUZ

CONTRACTOR

By: _____
Health Services Agency Administrator

By:  _____
California State Association of Counties
1100 K Street, Suite 101
Sacramento, CA 95814
Telephone: (916) 327-7500
Tax ID number:

Approved as to form:
 _____
Assistant County Counsel

ATTACHMENT A - SCOPE OF WORK

I. Detailed Description of Services to be Performed by CONTRACTOR.

- A. Provide communication support services for the Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM) Advisory Committee, Local Governmental Agency (LGA) Consortium, MAA/TCM Task Force Groups and LGAs.
1. Provide California State Association of Counties (CSAC) conference call line, as needed.
 2. Provide fax board, as needed.
 3. Maintain mailing lists and labels for MAA/TCM Advisory Committee and LGA participants.
 4. Provide copying, printing and mailing services, as needed.
- B. Provide meeting planning services.
1. Arrange for meeting space for the MAA/TCM Advisory Committee and LGA Consortium.
 2. Arrange meeting space for MAA/TCM-related training sessions and statewide meetings.
- C. Provide liaison services between CSAC and the MAA/TCM Advisory Committee and LGAs.
1. Attend MAA/TCM Advisory Committee and LGA Consortium meetings, as appropriate.
 2. Provide legislative updates on issues related to MAA and TCM.

II. Amount and Method of Payment

- A. Personnel Services: Up to ONE THOUSAND SIX HUNDRED SIXTY-EIGHT DOLLARS (\$1,668) for a Legislative Analyst to provide liaison services. (Legislative Analyst: four hours per month @ twelve months @ \$34.75 per hour inclusive of salary, benefits and overhead).
- B. Operating Expenses: Up to NINE THOUSAND SIX HUNDRED EIGHTY-NINE DOLLARS (\$9,689) for conference calls, facility rentals, copying, printing, mailing and other office supplies related to MAA/TCM.
- C. Invoices are to be submitted quarterly detailing actual costs for personnel and operating expenses and sent to: MAA/TCM Coordinator, Health Services Agency, 1080 Emeline Avenue, Room 2 12, Santa Cruz, CA 95060.

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

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TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Health Services Agency

Charles M. Meedy (Signature) 2/8/99 (Date)

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 County Health Services Agency (Agency)
and, California State Association of Counties (Name & Address)
2. The agreement will provide administrative services, including facility rental services on behalf of participating counties. This amendment will increase contract services by \$3,000.

3. The agreement is needed as the County cannot provide this service

4. Period of the agreement is from July 1, 1998 to June 30, 1999

5. Anticipated cost is \$ \$ 11,357 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: This is an amendment to the current contract. (Increase 4 3,000.- to a new total of 8 11,357.-)

7. Appropriations are budgeted in 702200 (Budget) 3517 (Account)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. c t N o . C081572A Date 2/10/99
are not available and will be encumbered.

GARY A. KNUTSON, Auditor - Controller
By Linda Chou Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HSA Administrator to execute the same on behalf of the County of Santa Cruz
Health Services Agency (Agency).
County Administrative Officer

Remarks: [Signature] (Analyst) BY [Signature] Date 2/11/99

Agreement approved as to form. Date _____

- Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

'To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
_____) ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk

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