



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ⁰¹⁶⁷

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

October 27, 1999

AGENDA: November 16, 1999

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

RE: APPROVAL OF AGREEMENT WITH SOLANO COUNTY TO ACT
AS STATEWIDE HOST COUNTY FOR MEDI-CAL ADMINISTRATION
PROGRAM AND AUTHORIZATION TO PAY PARTICIPATION FEE

Dear members of the Board:

This letter requests approval to enter into an agreement with Solano County to act as the statewide "Host County" for the Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) programs and to authorize the expenditure of \$9,556 as Santa Cruz County's fee to participate in the MAA/TCM claiming process for FY 1999-00.

Background - In prior years, 1992 through 1996, your Board approved agreements with San Mateo County to act as Host County for the implementation of SB 910 and subsequently MAC. During FY 1997-98 and FY 1998-99 Santa Cruz County acted as Host County. Solano County has now been selected to act as Host County for FY 1999-00 and has agreed to assume this role for a minimum of two years. The primary role of the Host County is collection and disbursement of "participation fees" on behalf of participating counties statewide.

Access to MAA/TCM funding through the State DHS is limited to "participating" local governmental agencies. This participation occurs through a signed agreement with the Host County and payment of the required fee. For FY 1999-00 the established fee for Santa Cruz County is \$9,556.

The participation fee is pooled with funds from other participating counties and deposited in a statewide MAA/TCM trust fund. These funds are used to pay costs associated with administering the statewide MAA/TCM programs, including FY 1999-00 contract agreements and payments as follows:

1) State Department of Health Services (State DHS) for processing, monitoring and auditing of claims (\$629,193);

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2) California State Association of Counties (CSAC) to assist with meeting space and staffing (\$10,000);

3) MAA/TCM consultant to assist with statewide program administration and training (\$115,200); and

4) Costs associated with Host County and Co-Chair responsibilities (\$35,000).

TOTAL FY 1999-00 STATEWIDE MAA/TCM ADMIN. EXPENDITURES = \$789,393

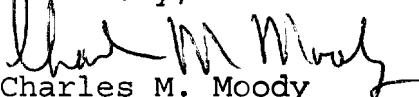
The FY 1999-00 statewide fee amount (\$577,163) is based on the projected expenditure amounts outlined above (\$789,393), less prior-year carry-over (\$212,230). The resultant annual fee amount is factored by projected statewide claim amounts. The resultant percentage is used as the basis to establish annual participation fee amounts for counties. The FY 1999-00 statewide/local fee amounts total less than 2% of estimated statewide/local claims for FY 1999-00, respectively.

The cost of the local participation fee is borne by the various county, public and non-profit agencies involved in MAA/TCM claiming through administrative charges based on actual claim revenue received. Funds are available in the MAA/TCM trust fund for this purpose.

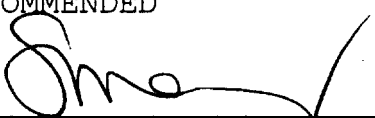
It is therefore RECOMMENDED that your Board:

1. Adopt the attached resolution accepting and appropriating unanticipated revenue in the amount of \$9,556; and
2. Authorize the Health Services Agency Administrator to enter into and sign the attached agreement with Solano County to act as Host County at a total cost of \$9,556 for FY 1999-00.

Sincerely,


Charles M. Moody
Agency Administrator

CM/JD
Attachments
RECOMMENDED



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Officer Auditor-Controller
County Counsel HSA Administration
Solano County Health and Social Services Department - Attn.
Helen Shahan

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BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted: _____

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from Dept.
~~of Health Services~~ for MAA/TCM Program program; and

WHEREAS, the County is recipient of funds in the amount of \$ 9,556
which are either in excess of those anticipated or are not specifically set
forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$ 9,556 into

Department HSA - Fiscal

T/C	Index Number	Revenue Subobject Number	Account Name	Amount
001	360111	2010	Admin Services	\$ 9,556

and that such funds be and are hereby appropriated as follows:

T/C	Index Number	Expenditure Subobject Number	PRJ/UCD	Account Name	Amount
021	360111	3665		Professional Services	\$ 9,556

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) (has been) (will be) received within the
current fiscal year.

By Charles M. Moody (aq)
Department Head

Date Nov 2 1999

COUNTY ADMINISTRATIVE OFFICER

☒ Recommended to Board

☐ Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz,
State of California, this _____ day of _____ 1 9____
by the following vote (requires three-fifths vote for approval):

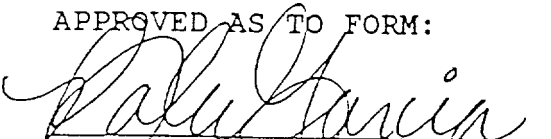
AYES: SUPERVISORS
NOES: SUPERVISORS
ABSENT: SUPERVISORS

CHAIR OF THE BOARD

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:


County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

 11/3/99
Auditor-Co@roller

Distribution:
Auditor-Controller
County Council
County Administrative Officer
Originating Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

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

FROM:

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Charles M. Moody (Signature)

11/2/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the Health Services Agency (Agency)
and, County of Solano (Name & Address)
- The agreement will provide State-wide MAA Administration
- The agreement is needed. because the County cannot provide this service
- Period of the agreement is from July 1, 1999 to June 30, 2000
- Anticipated cost is \$ 9,556 (Fixed amount; Monthly rate; Not to exceed)
- Remarks: Funds to pay this agreement will be taken from the MAA/TCM administrative revenues.
- Appropriations are budgeted in 360111 (Index#) 3665 (Subobject)

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

Appropriations are available a Contract has been encumbered.
are not will be

Contract No. CO91974 Date 11/3/99
GARY A. KNUTSON, Auditor-Controller
By Ronald J. Silva 11/3/99 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 (Agency).

Remarks: CS (Analyst)

County Administrative Officer
By CS Date 11/04/99

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

I, _____ 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 _____

BY _____ Deputy Clerk

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AGREEMENT

THIS AGREEMENT is made and entered into by and between the COUNTY OF SANTA CRUZ a political subdivision of the State of California, hereinafter referred to as "LOCAL GOVERNMENTAL AGENCY (LGA)" and the COUNTY OF SOLANO, hereinafter referred to as "HOST ENTITY".

WITNESSETH:

WHEREAS, LGA desires to extend health services to local residents, through the provision of Medi-Cal Administrative Activities (MAA) and/or Targeted Case Management (TCM), by contracting with HOST ENTITY; and

WHEREAS, LGA is prepared to provide such services under the terms and conditions set forth in this AGREEMENT and Exhibit A which is part of this AGREEMENT; and

WHEREAS, HOST ENTITY was selected by LGA Consortium to collect and disburse LGA participation fees; and

WHEREAS, the Solano County Board of Supervisors has authorized entering into this AGREEMENT as HOST ENTITY; and

WHEREAS, the authorizing entity of the LGA has authorized entering into this agreement;

NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

I. HOST ENTITY Responsibilities: HOST ENTITY shall perform duties listed in attached Exhibit A.

II. LGA Responsibilities: LGA shall perform duties listed in attached Exhibit A.

III. HOST ENTITY is the "host entity" only in regards to collecting and disbursing funds for the Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) trust fund. In return for this host entity responsibility, HOST ENTITY will receive a total annual compensation of \$20,000, to be paid from the MAA/TCM trust fund.

With the exception of Solano County claims, HOST ENTITY will not be responsible for producing claims, gathering data or providing other materials related to LGA as needed by the State to process LGA MAA or TCM claims. Additionally, HOST ENTITY will not be financially responsible for paying any participation fee or other costs for any LGA which has failed to pay the total amount of its fee in a timely manner.

With the exception of audit exceptions arising from Solano County claims, HOST ENTITY will not be financially responsible for any audit exceptions.

In collecting and disbursing funds for the MAA and TCM trust fund pursuant to the terms of this agreement, the HOST ENTITY will comply with all applicable laws and regulations governing the use of such funds and governing the use of public funds generally.

IV. Insurance and Indemnification: Each of the parties to this agreement is an entity which is self-insured and/or carries liability insurance. Each party will provide liability coverage to cover its acts and duties under this agreement.

The parties hereto shall indemnify and hold one another, their officers, agents and employees harmless from and against any and all claims, losses, liabilities, damages, demands and actions (all collectively referred to as "liability" herein) arising out of each parties'

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respective performance of this agreement, but only in proportion to and to the extent such liability is caused by or results from the negligent or intentional act or omission of the indemnifying party, its officers, agents or employees.

V. Termination: Either LGA or HOST ENTITY may terminate this AGREEMENT upon thirty (30) days' written notice.

VI. Effective Date of AGREEMENT: This AGREEMENT will be effective upon Execution by HOST ENTITY and LGA and covers the period July 1, 1999 through June 30, 2000.

VII. Extent of Contractual Documents: This AGREEMENT shall consist of this basic document and Exhibit A - "Agreement Concerning Medi-Cal Administrative Activities/Targeted Case Management", attached hereto and incorporated into this AGREEMENT.

"HOST ENTITY"

Duly Authorized
COUNTY OF SOLANO

BY _____
Chairperson
BOARD OF SUPERVISORS

APPROVED AS TO CONTENT

Donald R. Rowe, Director
HEALTH AND SOCIAL SERVICES

BY _____
Sheila Duke
Deputy County Counsel

"LGA"

Duly Authorized
COUNTY OF SANTA CRUZ

BY _____
Name _____
Title _____
Address _____

Approved as to form – LGA

EXHIBIT A

AGREEMENT CONCERNING MEDI-CAL ADMINISTRATIVE ACTIVITIES /
TARGETED CASE MANAGEMENT

HOST ENTITY will:

- I. Prepare and transmit Host Entity/LGA AGREEMENT and invoice to LGA in the amount identified in the sliding participation fee scale approved by the LGA Consortium, due and payable no later than October 31, 1999.
2. Maintain Medi-Cal Administrative Activities (MAA) Targeted Case Management (TCM) Trust Fund solely to hold funds received from LGA participation fees.
3. Direct the Federal Liaison Unit (FLU) to withhold payment and/or offset pending MAA and TCM claim payments of the LGA if the participation fee remains unpaid thirty (30) days after the due date.
4. Enter into a separate agreement with the State Department of Health services to coordinate administration of the MAA/TCM programs for the LGA.
5. Pay the California State Department of Health Services (DHS) for FY 1999-2000 MAA/TCM administrative costs as agreed to by the LGA, within sixty (60) days of approval of the State's invoices for reimbursement of documented costs incurred by DHS.
6. Pay the California State Association of Counties (CSAC) for FY 1999-2000 costs as agreed to by the LGA, within forty-five (45) days of approval of invoices for reimbursement of documented costs incurred by CSAC.
7. Pay the LGA MAA/TCM Consultant for FY 1999-2000 costs as agreed to by LGA, within twenty-one days of approval of invoices submitted by the LGA MAA/TCM Consultant.

LGA will:

- I. Pay HOST ENTITY **\$9,556.00** October 31, 1999, upon receipt of invoice for MAA/TCM participation fee.
2. Agree that FY 1999-2000 LGA MAA/TCM claim payments from State may be withheld if participation fee remains unpaid thirty (30) days after the due date.
3. Be financially responsible for all MAA/TCM claims of LGA, including any audit exceptions.