



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

KUYLER CROCKER  
District One

PETE VANDER POEL  
District Two

AMY SHUKLIAN  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** May 15, 2018

Public Hearing Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Advertised Published Notice	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
CONTACT PERSON: Robert Stewart PHONE: 624-8000		

**SUBJECT:** Approve an agreement with the California Department of Health Care Services

**REQUEST(S):**

That the Board of Supervisors:

- (1) Approve an agreement with the California Department of Health Care Services in the amount not to exceed \$8,449,321 for the School-Based Medical Administrative Activities program retroactive from July 1, 2017 through June 30, 2020. This agreement is retroactive due to updates received from the State on February 7, 2018 which includes the addition of the Department of Health Care Services Form 2319, California Civil Rights Certification, and the Contract Award Report-STD 16, all of which are attached. It was impracticable for the Board to take action prior to July 1, 2017 due to the time needed to process, prepare, and submit the agenda item;
- (2) Find that the Board had authority to enter into the proposed agreement as of July 1, 2017, and that it was in the County's best interest to enter in to the agreement on the date;
- (3) Authorize the Health & Human Services Agency Director or designee to sign invoices; and
- (4) Authorize the Chairman of the Board to sign five (5) copies of the agreement, California Civil Rights Laws Certification, and the Contractors Certification Clause.

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**SUMMARY:**

The Department of Health Care Services authorizes Tulare County Health and Human Services Agency (HHSA), as the local government agency for Tulare County, to participate in the School-Based Medi-Cal Administrative Activities (SMAA Program) and to claim up to a maximum amount of \$8,449,321 from July 1, 2017 through June 30, 2020. The SMAA Program's purpose is to assist in the proper and efficient administration of the Medi-Cal Program by improving the availability and accessibility of Medi-Cal Services to Medi-Cal eligible and potentially eligible individuals and their families in a school setting. These activities include: Medi-Cal Outreach, Facilitating Medi-Cal Application, Medi-Cal Non-Emergency Transportation, and Contracting for Medi-Cal Services, Program Planning and Policy Development, Medi-Cal Administrative Activities Coordination and Claims Administration and Training. Counties participating in the MAA Program are entitled to claim Federal Financial Participation for a portion of the costs providing MAA.

The Tulare County Board of Supervisors had approved Tulare County Agreement No. 28105 on May 23, 2017. This Agreement will replace and supersede this previous Tulare County Agreement No. 28105 as it now includes the Department of Health Care Services Form 2319, California Civil Rights Certification, and Contract Award Report-STD 16, all of which are attached to the Agreement.

This agreement is approved as to form by County Counsel. The following terms deviate substantively from standard County boilerplate: (1) This agreement is for three (3) years; (2) County must sign first; (3) County indemnifies the State for any intellectual property infringement claims. This indemnification includes payment of attorney's fees; (4) Agreement is dependent on availability of funds to the State; and (5) This agreement may be cancelled or terminated without cause by either party by giving thirty (30) calendar days advance written notice to the other party.

**FISCAL IMPACT/FINANCING:**

HHSA will receive funds from the Department of Health Services for the approved SMAA invoices in the amount of \$8,449,321 for the three year period of the agreement: \$2,433,210 for the Fiscal Year 2017/2018, \$2,798,191 for the Fiscal Year 2018/2019, and \$3,217,920 for the Fiscal Year 2019/2020. The amount for Fiscal Year 1 was included in the FY 2017/2018 budget; the amount for Fiscal Year 2 will be included in the proposed FY 18/19 budget; and, the subsequent year will be included in the appropriate year's budget. There is no Net County Cost to the General Fund.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year strategic plan includes the Safety and Security, Quality of Life and Economic Well-Being initiatives. This program will improve the quality of life of students and families of the schools participating through a more efficient delivery of medical services.

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**ADMINISTRATIVE SIGN-OFF:**

A handwritten signature in black ink, appearing to read 'R. Stewart', is written over a horizontal line.

Robert Stewart  
Director of Fiscal Operations

cc: Auditor-Controller  
County Counsel  
County Administrative Office (2)

Attachment(s) Agreement

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN  
AGREEMENT WITH THE CALIFORNIA  
DEPARTMENT OF HEALTH CARE  
SERVICES

)  
) Resolution No. \_\_\_\_\_  
) Agreement No. \_\_\_\_\_

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: MICHAEL C. SPATA  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

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