



**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 Parenting Network, Inc.

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Parenting Network, Inc. for Tulare County Health & Human Services Agency, as the Local Government Agency, to act as the claims processing agent of Medi-Cal Administrative Activities (MAA) claims on behalf of their agency, effective from July 1, 2018 through June 30, 2020; and
2. Authorize the Chairman of the Board to sign three (3) copies of the agreement.

SUMMARY:

Under Federal Medicaid Law (Title 42, US Code Section 1396 et.seq., and Welfare and Institutions Code 1400 et. Seq), counties providing Medi-Cal Administrative Activities (MAA) under California's Medi-Cal Program are entitled to claim Federal Financial Participation, or reimbursement, for a portion of the costs of providing those services, under the MAA Program and Title XIX funding. Any entity wishing to claim MAA reimbursement must file their quarterly claims through a Local Government Agency (LGA). This agreement allows Tulare County Health & Human Services Agency, as a participating LGA in the MAA program, to act as the MAA claims processing agent for Parenting Network of Tulare. In the capacity of claims processing agent, Tulare County HHS receives a 6% administrative fee for filing MAA claims on behalf of Parenting Network of Tulare.

SUBJECT: Approve an agreement with Parenting Network, Inc.

DATE: May 15, 2018

This agreement has been approved as to form by County Counsel. The following items deviate substantively from standard County boilerplate: (1) This is a multi-year agreement; and (2) It is noted that this agreement is contingent upon the availability of funds appropriated.

FISCAL IMPACT/FINANCING:

The total funding for this agreement is \$468,978 and will be included in the Fiscal Years 2018/2019 and 2019/2020 proposed budgets. This agreement will be funded using federal funds. There is no net County Cost to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year plan includes the Quality of Life initiative to promote and encourage the provision of quality supportive services for individuals in Tulare County. This agreement increases the ability to fulfill that obligation by making health services accessible to qualified residents of Tulare County.

ADMINISTRATIVE SIGN-OFF:



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 PARENTING
NETWORK, INC.

)
) 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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