



**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

EDDIE VALERO
District Four

DENNIS TOWNSEND
District Five

AGENDA DATE: May 12, 2020

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 checked="" type="checkbox"/>	N/A <input 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 \$2,694,453 for the County-Based Medi-Cal Activities program effective July 1, 2020 through June 30, 2023.
2. Authorize the Chair of the Board to sign six (6) copies of the agreement, Contractor Certification Clause, and the Civil Rights Certification.

SUMMARY:

The California 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 County-Based Medi-Cal Administrative Activities program (CMAA) and to claim up to a maximum amount of \$2,694,453 from July 1, 2020 through June 30, 2023. The purpose of the CMAA program 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 recipients and potentially Medi-Cal eligible individuals and their families in the community. 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 CMAA Program are entitled to claim Federal Financial Participation for a portion of the costs of providing CMAA services.

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The following terms deviate substantively from standard County boilerplate: (1) The County must sign first; and (2) The County agrees to indemnify the State.

FISCAL IMPACT/FINANCING:

HHSA will receive funds from the Department of Health Services for the approved CMAA invoices in the amount of \$2,694,453 for the three year period of the agreement: \$859,986 for Fiscal Year 2020/2021, \$897,250 for Fiscal Year 2021/2022, and \$937,217 for Fiscal Year 2022/2023. These amounts will be included in the proposed budget for each respective Fiscal Year. HHSA will retain a 6% administrative rate on all CMAA funds received and then pass the remainder on to the actual claiming units as indicated by individual contract. 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. The County has a very high Medi-Cal population as compared to other counties across the State. This program will improve the quality of life for many residents of Tulare County through outreach and administrative services to Medi-Cal beneficiaries.

ADMINISTRATIVE SIGN-OFF:

/s/Robert Stewart

Robert Stewart

Director of Fiscal Operations

cc: County Administrative Office

Attachment(s) Agreement
Contractor Certification Clause
Civil Rights Certification

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

IN THE MATTER OF APPROVE AN)
AGREEMENT WITH THE CALIFORNIA) Resolution No. _____
DEPARTMENT OF HEALTH CARE)
SERVICES) 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: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

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