



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: June 2, 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: (559) 624-8000

SUBJECT: Ratify and Approve Agreements with the California Department of Health Care Services

REQUEST(S):

That the Board of Supervisors:

1. Ratify and Approve the Program Participation Agreement with the California Department of Health Care Services for the School-Based Medi-Cal Administrative Activities reimbursement program under California's Medi-Cal program, effective July 1, 2020 until termination by either party.
2. Ratify and Approve the Data Use Agreement and Business Associate Addendum thereto with the California Department of Health Care Services, as required for participation in the School-Based Medi-Cal Administrative Activities reimbursement program under California's Medi-Cal program, effective July 1, 2020 until termination of the Participation Agreement, or three years from the date the Data Use Agreement is executed, whichever event occurs later.
3. Find that the Board had the authority to enter into the proposed Participation Agreement and the proposed Data Use Agreement with Business Associate Addendum as of May 15, 2020, and that it was in the County's best interest to enter into the agreements on that date.
4. Ratify the Chair of the Board's signatures on the Program Participation Agreement, Data Use Agreement, and the Business Associate Addendum to the Data Use Agreement.

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SUMMARY:

The Department of Health Care Services (DHCS) authorizes the 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) reimbursement program. 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.

The SMAA Program activities will be performed by local educational agencies participating in the SMAA Program. Counties participating in the SMAA Program are entitled to claim Federal Financial Participation for a portion of the costs of providing SMAA. DHCS will reimburse the County for eligible activities performed in accordance with the SMAA Program, the County will retain an administration fee, and the County will pass the remaining reimbursement through to the participating local educational agencies. The Participation Agreement goes into effect July 1, 2020 and remains in effect until termination by either party.

The Participation Agreement contains the following deviations from the standard County boilerplate: (1) It is effective July 1, 2020 and remains in place until terminated by either party; (2) DHCS may terminate the Agreement immediately for cause; (3) DHCS may terminate the Agreement immediately in the event it determines the health and welfare of Medi-Cal beneficiaries or of the public is jeopardized by the continuation of the Agreement; (4) DHCS may terminate the Agreement in the event the State Budget Act of the current State Fiscal Year and subsequent years do not provide sufficient funds for the Program; (5) The County assumes sole financial responsibility for all federal audit disallowances related to the rendering of services under the Agreement, including financial responsibilities for penalties and interest charged as a result of the disallowance; (6) The County must indemnify DHCS; and, (7) The County must sign first.

In order to participate in the SMAA Program, the County must also agree to the terms of the Data Use Agreement (DUA) with the DHCS, and the Business Associate Addendum thereto. The purpose of the DUA is to secure data and documents that reside in the DHCS Medi-Cal systems, to ensure the integrity, security, and confidentiality of such data and documents, and to permit only appropriate disclosure and use as may be permitted by law. Under the DUA, the County will be able to access the necessary data to verify the Medi-Cal eligibility of beneficiaries in order to establish the Medi-Cal Eligibility Ratio (MER), which is required to submit claims for the SMAA Program. The DUA remains in effect until the termination of the Participation Agreement, or for three years from the date the DUA is executed, whichever event occurs later.

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Care Services
DATE: June 2, 2020

The Data Use Agreement contains the following deviations from the standard County boilerplate: (1) DHCS may terminate the agreement immediately in the event of a material breach by the County; (2) The County must sign first.

DHCS required the County to submit the signed Participation Agreement and Data Use Agreement by June 1, 2020. Due to the time needed to process and submit the agenda item, it was impracticable for the Board to take action prior to June 1, 2020. The Chair of the Board signed the agreements on May 15, 2020 to accommodate the State's June 1, 2020 deadline. HHSA now seeks ratification and approval of the agreements.

FISCAL IMPACT/FINANCING:

HHSA will receive funds from the Department of Health Care Services for the approved SMAA invoices. HHSA will be reimbursed for actual expenditures incurred in accordance with the allowable costs specified pursuant to the certified public expenditure provisions. HHSA will retain a 6% administrative fee on all SMAA 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 of many student, and families of the schools participating in Tulare through a more efficient delivery of medical services.

ADMINISTRATIVE SIGN-OFF:

/s/Robert Stewart
Robert Stewart
Director of Fiscal Operations

cc: County Administrative Office

Attachment(s)
Attachment A- Program Participation Agreement
Attachment B-Data Use Agreement
Attachment C-Business Associate Addendum

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

IN THE MATTER OF RATIFY AND)
APPROVE AGREEMENTS WITH THE) Resolution No. _____
CALIFORNIA DEPARTMENT OF HEALTH) Agreement No. _____
CARE SERVICES

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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