



**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 23, 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: Karen Elliott PHONE: 624-8000 | | |

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

REQUEST(S):

That the Board of Supervisors:

1. Approve agreement 20-MCIPTULARE-54 with the Department of Health Care Services for the Medi-Cal Inmate Program, to allow Tulare County to draw down federal match funds for inpatient medical or psychiatric services from July 1, 2020 until terminated by either party pursuant to and in accordance with the Participation Agreement.
2. Authorize the Chair of the Board to sign four (4) copies of the agreement.

SUMMARY:

The Medi-Cal Inmate Program (MCIP) agreement with the Department of Health Care Services (DHCS) is a voluntary program available to counties that allows counties the ability to access federal Medicaid funding for inmates and juveniles who are treated for more than twenty-four hours at medical facilities that are offsite or separate from county jails. Federal law prohibits claiming Medicaid funds for healthcare services provided to inmates residing in correctional facilities. However, there is an exception when an inmate receives inpatient services at a medical facility located off the grounds of the correctional facility for an expanded stay of more than twenty-four (24) hours, and the inmate or juvenile is found to be eligible for Medicaid.

The purpose of the MCIP agreement is to establish the amounts needed to satisfy each county's responsibility to reimburse DHCS for the nonfederal share of the

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MCIP service costs incurred by DHCS. Once enrolled in this program, the hospitals will now bill Medi-Cal for services rendered to inmates and youth if they remain in the hospital for greater than twenty four (24) hours. Medi-Cal will reimburse the hospitals at the approved rate for services provided. Quarterly, DHCS will invoice the County for their share of the Medi-Cal rate. The County's fair share of the Medi-Cal rate is between 8%-50% of approved costs. Based on recent annual payments the maximum amount the County should foreseeably pay each year is \$125,000 to reimburse DHCS, but the County may not necessarily reach that amount as the final costs to the County will be contingent on the number of submitted claims. If the County does not participate in MCIP, the County remains fully responsible for arranging and paying for inpatient medical or psychiatric services for its inmates and juveniles.

MCIP consists of the following programs:

- Adult County Inmate Program (ACIP) authorized in Welfare and Institutions Code (WIC) section 14053.7, provide Medi-Cal coverage to eligible adult county inmates.
- Juvenile County Ward Program (JCWP) authorized in WIC section 14053.8, provides Medi-Cal coverage to eligible juvenile county inmates.
- County Compassionate Release Program/County Medical Probation Program (CCRP/CCMP) authorized in Government Code sections 26605.6, 26605.7, and 26605.8.

Both the ACIP and JCWP provide Medi-Cal allowable inpatient services, including inpatient psychiatry services and physician services during inpatient hospital service stay of adult inmates who are determined eligible for Medi-Cal, and for juvenile inmates in county correctional facilities who are determined eligible for Medi-Cal. The CCRP/CCMP allows County Sheriffs to grant medical release or medical probation in lieu of jail time if certain conditions are met.

The following terms deviate substantively from the standard County boilerplate: 1) The County must sign first; 2) The County indemnifies the State; 3) Either party may terminate without cause with 30 days prior written notice and 4) The agreement is contingent on funds.

FISCAL IMPACT/FINANCING:

The County's participation in MCIP will allow the County's ability to draw federal funds for allowable services, consistent with federal law, allows counties to have a budget savings for costs otherwise incurred. The costs of this agreement will be paid using Public Health Realignment funds. These funds will be included in future fiscal year budgets. There is no additional net cost to the County General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes Quality of Life Initiative to promote health and well-being for the citizens of Tulare County. The agreement will help

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fulfill this initiative by providing required health and mental health services to county adult inmates and juvenile detainees. This agreement also addresses the County's Strategic Plan by improving the Agency's organizational structure to optimize the efficiency and effectiveness of services delivery at the criminal justice facilities.

ADMINISTRATIVE SIGN-OFF:

/s/Robert Stewart OBO

Karen M. Elliott
Director of Public Health

cc: County Administrative Office

Attachment(s) Agreement

**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) Agreement No. _____
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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