



**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: September 22, 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 Family Services of Tulare County

REQUEST(S):

That the Board of Supervisors:

1. Approve an agreement with Family Services of Tulare County for Tulare County Health & Human Services Agency, as the Local Government Agency, to act as the claims processing agent of Medi-Cal Administrative Activities claims on behalf of their agency, retroactive from July 1, 2020 through June 30, 2023. This agreement is retroactive due to the contract between the Department of Health Care Services and the County of Tulare to provide Medi-Cal Administrative Services was not approved until May 19, 2020. It was impracticable for the Board to take action prior to July 1, 2020 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, 2020 and that it was in the County's best interest to enter into the agreement on that date.
3. Authorize the Chair of the Board to sign one (1) copy 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

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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 (HHSA), as a participating LGA in the MAA program, to act as the MAA claims processing agent for Family Services of Tulare County. In the capacity of claims processing agent, HHSA receives a six percent (6%) administrative fee for filing MAA claims on behalf of Family Services of Tulare County.

The following term deviates substantively from the standard County boilerplate:
This agreement is contingent upon the availability of funds.

FISCAL IMPACT/FINANCING:

HHSA will receive funds from the Department of Health Services for the approved County Based Medi-Cal Administrative Activities invoices. The total funding for this agreement is \$405,000 and amounts not to exceed \$129,000 for Fiscal Year 2020/2021, \$135,000 for Fiscal Year 2021/2022, and \$141,000 for Fiscal Year 2022/2023 proposed budgets. HHSA will retain a six percent (6%) administrative fee on all funds received. There is no net cost to the County 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:

/s/Robert Stewart

Robert Stewart

Director of Fiscal Operations

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 FAMILY SERVICES OF) Resolution No. _____
TULARE COUNTY) 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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