



Health & Human Services Agency COUNTY OF TULARE AGENDA ITEM

BOARD OF SUPERVISORS

ALLEN ISHIDA
District One

PETE VANDER POEL
District Two

PHILLIP A. COX
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: July 12, 2011

Public Hearing Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

CONTACT PERSON: Kevin Marks PHONE: 624-8001

SUBJECT: Approval of agreement with California Department of Health Care Services to Retain Federal Financial Participation Received as a Result of Certified Public Expenditures made by Public Agencies Other than the State for February 1, 2010 through October 31, 2015.

REQUEST(S):

That the Board of Supervisors:

1. Approve the agreement with California Department of Health Care Services (DHCS), for retaining Federal Financial Participation retroactive to February 1, 2010 through October 31, 2015. This agreement is retroactive due to inadvertent delays in obtaining authorized signatures on the agreement. It was impracticable for the Board to take action before February 1, 2010 due to the time needed to process, prepare, and submit the agenda item;
2. Find that the Board has authority to enter into the proposed agreement as of February 1, 2010 and that it was in the County's best interest to enter into the agreement on that date; and
3. Authorize the Chairman of the Board to sign four (4) copies of the agreement.

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SUMMARY:

Counties, under contract with the State Department of Mental Health, mandated by Welfare & Institutions Code 5718 (c) are required to submit year-end cost reports by December 31 following the close of the fiscal year. DHCS is requesting all counties in the State of California to participate in this Agreement to allow them to utilize cost reports filed by county's to leverage additional Federal Financial Participation (FFP).

DHCS entered into an agreement with Centers for Medicaid Services (CMS) to draw down additional FFP from the Centers for Medicare and Medicaid (CMS) as a result of certain federal flexibilities granted by CMS in its 1115 Demonstration Waiver Special Terms and Conditions (STCs) amended February 1, 2010 and its subsequent 1115 Demonstrative Waiver STC, approved November 1, 2010 (Bridge to Reform STCs). This Agreement specifies the terms and conditions by which DHCS will claim FFP for services that were either not eligible for, or not needed to claim the full amount of, FFP prior to the Amended STCs and the Bridge to Reform STCs so as to obtain unused federal funding under the Safety Net Care Pool.

DHCS will not seek financial reimbursement from the County for any federal disallowance or deferral based on a certified public expenditure (CPE) subject to this Agreement.

We would like to bring to the Board's attention that this is a State Agreement and deviates from the County Contract Protocol.

FISCAL IMPACT/FINANCING:

There is no dollar amount attached to this Agreement.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan includes the Organizational Performance initiative to provide for the objective evaluation and measurement of County program performance.

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ALTERNATIVES:

The Board could choose not to approve this agreement, but that is not recommended because the benefits of this Agreement lie in accordance with the Strategic Plan of Tulare County.

INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:

This agreement has been approved as to form by County Counsel and no changes have been made since this approval.

ADMINISTRATIVE SIGN-OFF:

Kevin Marks
Director of Administration

Cc: Auditor/Controller
County Counsel
County Administrative Office (3)

Attachment(s)

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

IN THE MATTER OF:)
Approval of agreement with California)
Department of Health Care Services)
to Retain Federal Financial)
Participation received as a result of)
Certified Public Expenditures made)
By Public Agencies other than the)
State for February 1, 2010 through)
October 31, 2015)

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: JEAN M. ROUSSEAU
 COUNTY ADMINISTRATIVE OFFICER/
 CLERK, BOARD OF SUPERVISORS

BY: _____
 Deputy Clerk

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2. Found that the Board has authority to enter into the proposed agreement as of February 1, 2010 and that it was in the County's best interest to enter into the agreement on that date.
3. Authorized the Chairman of the Board to sign four (4) copies of the agreement.