



A Tradition of Stewardship  
A Commitment to Service

Agenda Date: 3/21/2017

Agenda Placement: 6F

## NAPA COUNTY BOARD OF SUPERVISORS Board Agenda Letter

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**TO:** Board of Supervisors

**FROM:** JoAnn Melgar for Howard Himes - Director  
Health & Human Services Operations

**REPORT BY:** JoAnn Melgar, Staff Services Analyst II - 707-253-4722

**SUBJECT:** Renewal Agreements for Medi-Cal Administrative Activities (MAA)

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### **RECOMMENDATION**

Director of Health and Human Services requests approval of and authorization for the Chair to sign the renewal of the following agreements for the term July 1, 2016 through June 30, 2017 to provide outreach for and linkage to the Medi-Cal program and services as well as facilitate the Medi-Cal application process:

1. Agreement No. 8018 with Cope Family Center, Inc., for a maximum of \$58,422;
2. Agreement No. 8019 with On The Move, Inc., for a maximum of \$15,358;
3. Agreement No. 8020 with Spirit of Unity in Napa, Inc., dba Puertas Abiertas, for a maximum of \$32,883;
4. Agreement No. 8021 with Community Health Initiative Napa County, Inc., for a maximum of \$46,921;
5. Agreement No. 8047 with American Canyon Family Center, Inc., for a maximum of \$13,977;
6. Agreement No. 8048 with Napa Valley Child Advocacy Network, Inc., dba Parent-Child Advocacy Network, Inc., for a maximum of \$17,174;
7. Agreement No. 8056 with Up Valley Family Centers of Napa Valley, Inc., for a maximum of \$42,349; and
8. Agreement No. 8146 with Queen of the Valley Medical Center, Inc., for a maximum of \$21,927.

### **EXECUTIVE SUMMARY**

Approval of the recommended actions will enable the County's Health and Human Services Agency to continue a community-wide effort to outreach and enroll uninsured and potentially eligible residents in Medi-Cal coverage and link them to needed health/behavioral health services. The essential component of this effort is subcontracting with qualified and interested Community Based Organizations (CBOs) to perform Medi-Cal Administrative Activities (MAA). Currently, many CBOs are the first doors that low-income individuals and families enter for services, information, referrals and facilitation of applications for public assistance. Services such as these may be reimbursable under the MAA program. HHSA is the MAA administrator and the link to federal reimbursement.

All agreements are with local vendors.

### **FISCAL IMPACT**

Is there a Fiscal Impact?	Yes
Is it currently budgeted?	Yes
Where is it budgeted?	HHS- Health Care Enhancement Program
Is it Mandatory or Discretionary?	Discretionary
Discretionary Justification:	These agreements are discretionary in that there is no mandate to contract with these providers. However, these agreements will allow Health and Human Services to continue a community-wide effort to outreach and enroll uninsured and potentially eligible residents in Medi-Cal coverage and link them to needed health/behavioral health services.
Is the general fund affected?	No
Future fiscal impact:	These agreements terminate June 30, 2017.
Consequences if not approved:	If these actions are not approved, the contractors will be unable to be reimbursed for the Medi-Cal Administrative Activities they perform in the community.
Additional Information:	

### **ENVIRONMENTAL IMPACT**

ENVIRONMENTAL DETERMINATION: The proposed action is not a project as defined by 14 California Code of Regulations 15378 (State CEQA Guidelines) and therefore CEQA is not applicable.

### **BACKGROUND AND DISCUSSION**

Medi-Cal Administrative Activities, or MAA, is the proper and efficient administration of the Medi-Cal State Plan. The Medi-Cal State Plan identifies the Department of Health Care Services (DHCS) as the single state agency responsible for administering the federal Medicaid program (Medi-Cal in California) and also lays out the eligibility criteria for beneficiaries and the services that can be provided. Essentially, every activity and service that is to be claimed for federal financial participation (FFP) must be covered in the State Plan. MAA, also provided for in the State Plan and implemented through the 1995 Medi-Cal Administrative Claiming (MAC) agreement, are the activities that support the overall Medi-Cal system such as connecting potential individuals to eligibility and services, planning related to system capacity and general administration.

The Local Government Agency (LGA), or the designated entity responsible for administering MAA locally, is Napa County Health and Human Services Agency (HHSA). The LGA may subcontract with Community-Based Organizations (CBOs) and other local agencies to perform MAA.

In September 2013, HHSA launched a community-wide effort to outreach and enroll uninsured and potentially eligible residents in Medi-Cal coverage and link them to needed health/behavioral health services. The essential

component of this effort is subcontracting with qualified and interested CBOs to perform MAA. Currently, many CBOs are the first doors that low-income individuals and families walk into for services including information, referral and facilitation of application for public assistance. Services such as these may be reimbursable under the MAA program. Napa County Health and Human Services Agency (HHSA) is the MAA administrator and the link to federal reimbursement.

This effort also supports expanded eligibility for Medi-Cal under the Affordable Care Act, which has resulted in more residents becoming eligible for Medi-Cal. The CBO's that are party to these agreements are well regarded by the communities they serve and are very accessible to the target populations, making them the perfect vehicle to have a positive, proactive impact in reaching the uninsured.

These agreements are funded with the MAA reimbursement that HHSA claims based on MAA claimable activities performed by these CBO's. In order for HHSA to claim for the FFP from DHCS, it must expend up-front Certified Public Expenditures (CPE) to pay for the services. CPE is provided by county contributions, the Tobacco Master Settlement Agreement funds (MSA) and Mental Health Services Act (MHSA) grants. These contract maximums represent the cost of providing the services and these agreements will enable the CBOs to continue their Medi-Cal outreach and enrollment efforts.

These agreements are presented late to the Board because they are partially based on the MSA and MHSA contracts, which determine how much CPE is available in order to draft the Scopes of Work under the MAA agreements. In addition this year, in order to make up for a shortfall in Intergovernmental Transfer (IGT) funds received by the county, a determination was made to reduce the total compensation for each MAA agreement. Staff needed time to communicate these reductions to the CBOs and ensure an equitable distribution of available IGT funds across the MAA project. Staff met individually with representatives from each CBO to discuss budgets and revisions to project proposals necessitated by cuts in funding.

All agreements are with local vendors.

#### **SUPPORTING DOCUMENTS**

None

CEO Recommendation: Approve

Reviewed By: Bret Prebula