



A Tradition of Stewardship
A Commitment to Service

Agenda Date: 4/5/2016

Agenda Placement: 6C

NAPA COUNTY BOARD OF SUPERVISORS Board Agenda Letter

TO: Board of Supervisors

FROM: JoAnn Melgar for HOWARD HIMES - Director
Health & Human Services Administration

REPORT BY: Shelli Brobst, Contracts Manager - 253-4720

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

RECOMMENDATION

Director of Health and Human Services requests approval of and authorization for the Chairman to sign the renewal of Agreement No. 8146 with Queen of the Valley Medical Center, Inc. through its Care Network Local Health Connections Program for a maximum of \$35,953 for the term July 1, 2015 through June 30, 2016, to provide outreach for and linkage to the Medi-Cal program and services as well as to facilitate the Medi-Cal application process.

EXECUTIVE SUMMARY

Approval of the recommended action 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.

Queen of the Valley Medical Center, Inc. is a local vendor.

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:	This agreement is discretionary in that there is no mandate to contract with this provider. However, this agreement 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:	None, this agreement terminates June 30, 2016.
Consequences if not approved:	If this action is not approved, the contractor will be unable to be reimbursed for the Medi-Cal Administrative Activities it performs 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 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. 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.

This agreement is funded with the MAA reimbursement that HHSA claims based on MAA claimable activities performed by this CBO. 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 through the Tobacco Master Settlement Agreement funds and other county dollars. This contract maximum represents anticipated MAA reimbursement amounts that HHSA expects to receive and make available to this CBO.

This agreement is presented late to the Board because staff was conducting an internal compliance review of MAA activities, which needed to be completed prior to execution of this agreement.

Queen of the Valley Medical Center, Inc. is a local vendor.

SUPPORTING DOCUMENTS

None

CEO Recommendation: Approve

Reviewed By: Karen Collins