

# SANTA BARBARA COUNTY BOARD AGENDA LETTER



Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

## Agenda Number:

**Prepared on:** 4/23/03  
**Department:** Public Health  
**Budget Unit:** 041  
**Agenda Date:** 06/03/2003  
**Placement:** Administrative  
**Estimate Time:**  
**Continued Item:** NO  
**If Yes, date from:**

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**TO:** Board of Supervisors

**FROM:** Roger E. Heroux,  
Public Health Department, Director

**STAFF CONTACT:** Nancy Leidelmeijer  
681-5188

**SUBJECT:** Agreement with California Department of Health to Participate in Medi-Cal Administrative Claiming (MAA) for Fiscal Years 2003-06.

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## Recommendation(s):

That the Board of Supervisors:

- A. Execute an Agreement 03-75090 with the State of California Health Services Department for Medi-Cal Administrative Activities (MAA) allowable for Federal financial participation (FFP), for the period of July 1, 2003 through June 30, 2006, in the amount of \$2,550,000.

## Alignment with Board Strategic Plan:

The recommendation(s) are primarily aligned with Goal No. 2. Ensure a Safe and Healthy Community in which to live, work and visit.

## Executive Summary and Discussion:

The agreement is for a three-year period from July 1, 2003 – June 30, 2006 and is the eighth renewal of an Agreement for MAA. This Agreement establishes the responsibilities and mutual objectives of Santa Barbara County and the State Department of Health Services (SDHS) relating to the provision of MAA for eligible Medi-Cal beneficiaries.

The administrative purpose of this agreement is a technical requirement permitting the County to claim monies for services, which for the most part, have been required to have been carried out in the course of other service requirements or mandates. They permit the County to access Federal matching dollars for services the State of California has chosen not to match through appropriated State funds.

**Mandates and Service Levels:**

Authorizing the MAA agreement does not alter programs or service levels, rather it is an additional revenue source that supports various other mandates by accessing Federal funds in circumstances where State funds have not been appropriated. Programs for which FFP is claimed through this agreement operate under various mandates (Title 42, USC, Section 1396 et seq. and Welfare and Institutions (W&I) Code, Division 9, Part 3, Chapter 7 (commencing with Section 14000) and service level requirements in the Public Health Department and under the Treasurer-Tax Collector-Public Administrator Department.

**Fiscal and Facilities Impacts:**

There will be no use of General Fund or Public Health Department Special Revenue funds to support this program for Fiscal Years 2003-06. The revenues for MAA are used to reimburse the Public Health and Treasurer-Tax Collector-Public Administrator in support of Administrative Services provided to Medi-Cal clients. It is the commitment of the Public Health Department to act as the lead agency for the administration and distribution of these funds. The Public Health Department has acted in this capacity since 1993 and will continue to do so in subsequent years. The fiscal year 2003-04 Recommended Budget contains \$400,000 budgeted for the MAA program, which can be found in the Division Administration programs cost center. We expect the program to grow significantly during the contract period. This recommended action does not alter requirements for facilities in any way.

**Special Instructions:**

- A. MAA Agreement: Please sign and return six (6) copies of the face sheet, one (1) copy of the Agreement, and two (2) copies of the minute order to the Public Health Department, attention: Nancy Leidelmeijer.

**Concurrence:**

Auditor-Controller  
County Counsel  
Risk Management  
Treasurer-Tax Collector

**COUNTY OF SANTA BARBARA  
PUBLIC HEALTH DEPARTMENT**

**State of California Department of Health Services  
Agreement to Allow Medi-Cal Administrative Activities (MAA)**

**July 1, 2003 through June 30, 2006 (MAA)**

**Fund 0042; Department 041.**

SIGNATURE PAGE

Approved as to Form  
John Forner  
Risk Management

By: \_\_\_\_\_

Date: \_\_\_\_\_

County of Santa Barbara  
Noami Schwartz, Chair  
Board of Supervisors

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Accounting Form  
Robert W. Geis, C.P.A.  
Auditor-Controller

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form  
Michael F. Brown  
County Administrator

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form  
County Counsel

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form  
Roger E. Heroux, Director Public Health

By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form  
Bernice James, Treasurer/Tax Collector

By: \_\_\_\_\_

Date: \_\_\_\_\_