

# 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:** 6/27/05  
**Department Name:** Public Health  
**Department No.:** 041  
**Agenda Date:** 7/12/05  
**Placement:** Administrative  
**Estimate Time:**  
**Continued Item:** NO  
**If Yes, date from:**

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**TO:** Board of Supervisors

**FROM:** Elliot Schulman, MD, MPH, Director and Health Officer  
Public Health Department

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

**SUBJECT:** First Amendment to Agreement with California Department of Health for  
Medi-Cal Administrative Claiming (MAA) for Fiscal Year 2003-04

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## **Recommendation(s):**

That the Board of Supervisors:

Approve and execute an amendment to the prior year Agreement with the State of California Health Services Department (Contract Number: 00-90513) for Medi-Cal Administrative Activities (MAA) allowable for Federal financial participation (FFP), to increase the contract amount by \$330,431 from \$750,000 to \$1,080,431 for the period of July 1, 2003 through June 30, 2004.

## **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 Medi-Cal Administrative Activities Agreement established the responsibilities and mutual objectives of Santa Barbara County and the State Department of Health Services (SDHS) related to the provision of MAA for eligible Medi-Cal beneficiaries.

The administrative purpose of this Agreement is to permit the County to claim monies for services that the Public Health Department has provided in order to meet service requirements or mandates. This amendment will permit the County to access additional revenues for services provided to Medi-Cal beneficiaries in the 2003-04 fiscal year. The costs of providing these services were incurred in fiscal year 2003-04, and the revenues have been accrued for 2 years. This amendment will allow the Public Health Department to finally receive the revenues.

**Mandates and Service Levels:**

Authorizing the MAA amendment 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.

**Fiscal and Facilities Impacts:**

The revenues for MAA were incorporated in the FY 2003-04 budget for the Public Health Department. These revenues were accrued in subsequent fiscal years. Currently MAA claims will be paid up to the original contract amount of \$750,000. This amendment will allow PHD to be reimbursed for all actual MAA costs incurred during fiscal year 2003-04. This recommended action does not alter requirements for facilities in any way.

**Special Instructions:**

Please return the **7 executed original Amendments** along with a copy of the minute order to PHD Contracts Unit, 300 North San Antonio Road, Building 8, Santa Barbara, CA 93110 **Attn: Margaret Granger (805) 681 5367.**

**Concurrence:** None required.

**STANDARD AGREEMENT AMENDMENT**

STD 213 A (DHS Rev 7/04)

 CHECK HERE IF ADDITIONAL PAGES ARE ADDED \_\_\_\_\_ PAGES

AGREEMENT NUMBER



AMENDMENT NUMBER

**03-75090****A1**

REGISTRATION NUMBER:

1. This Agreement is entered into between the State Agency and Contractor named below:
- STATE AGENCY'S NAME (Also referred to as CDHS, DHS, or the State)  
**California Department of Health Services**
- CONTRACTOR'S NAME (Also referred to as Contractor)  
**Santa Barbara County**
2. The term of this Agreement is **July 1, 2003** through **June 30, 2006**
3. The maximum amount of this Agreement is: **\$ 2,880,431.00**  
**Two Million Eight Hundred Eighty Thousand Four Hundred Thirty One Dollars**
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
- I. Amendment effective date: **July 1, 2003**
- II. Purpose of amendment: **The county has made significant effort to optimize MAA compliance and has added new claiming plans.**
- III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
- IV. Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$330,431.00 and is amended to read: ~~\$2,550,000.00 (Two Million Five Hundred Fifty Thousand Dollars)~~ **\$2,880,431.00 (Two Million Eight Hundred Eighty Thousand Four Hundred Thirty One Dollars)**.
- V. Paragraph 4.A. of Exhibit B (Budget Detail and Payment Provisions) is amended to read:
4. Amounts Payable
- A. The amounts payable under this agreement shall not exceed:
- 1) ~~\$750,000.00~~ **\$1,080,431.00** for the budget period of 07/01/03 through 06/30/04,  
2) \$850,000.00 for the budget period of 07/01/04 through 06/30/05,  
3) \$950,000.00 for the budget period of 07/01/05 through 06/30/06.
- All other terms and conditions shall remain the same.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>CALIFORNIA</b> Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) <b>Santa Barbara County</b>		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Susan Rose, Chair, Board of Supervisors</b>		
ADDRESS <b>300 North San Antonio Road Santa Barbara, CA 93110-1316</b>		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME <b>California Department of Health Services</b>		<input type="checkbox"/> Exempt per:
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Terri L. Anderson, Chief, Contracts and Purchasing Services Section</b>		
ADDRESS <b>1501 Capitol Avenue, Room 71.2101, MS 1403, P.O. Box 997413 Sacramento, CA 95899-7413</b>		