



# Napa County

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## Legislation Text

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**TO:** Board of Supervisors  
**FROM:** Jennifer Yasumoto, Director Health and Human Services Agency  
**REPORT BY:** Jennifer Ivancie, Staff Services Analyst I  
**SUBJECT:** Agreements for Medi-Cal Administrative Activities

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### **RECOMMENDATION**

Director of Health and Human Services Agency (HHSA) requests approval of and authorization for the Chair to sign the following agreements for Fiscal Year 2022-2023 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. 230303B with Cope Family Center, Inc., for a maximum of \$50,295;
2. Agreement No. 230302B with Spirit of Unity in Napa, Inc., dba Puertas Abiertas, for a maximum of \$24,857;
3. Agreement No. 230308B with Parents Child Advocacy Network for a maximum of \$23,500; and
4. Agreement No. 230310B with Up Valley Family Centers of Napa Valley, Inc., for a maximum of \$11,775.

### **EXECUTIVE SUMMARY**

Approval of today's actions will enable HHSA to continue a community-wide effort to reach and enroll uninsured and potentially eligible residents in Medi-Cal coverage and link them to needed health and/or behavioral health services for Fiscal Year 2022-2023. The essential component of this effort is subcontracting with qualified and interested Community Based Organizations (CBOs) to perform Medi-Cal Administrative Activities (MAA).

### **FISCAL & STRATEGIC PLAN IMPACT**

Is there a Fiscal Impact?	Yes
Is it currently budgeted?	Yes
Where is it budgeted?	Health & Human Services Public Health

Is it Mandatory or Discretionary?	Discretionary
Discretionary Justification:	There is no mandate to contract with these providers. However, these agreements will allow HHSA to continue to support a community-wide effort for outreach and enroll uninsured and potentially eligible residents in Medi-Cal coverage and link them to needed health and behavioral health services.
Is the general fund affected?	No
Future fiscal impact:	None, these Agreements terminate on June 30, 2023, and are included in the approved Fiscal Year 2022-2023 budget.
Consequences if not approved:	Contractors will be unable to be reimbursed for additional outreach and facilitation of application activities performed in the community and HHSA will be unable to claim the providers' portions from the agreements that provide outreach and facilitation of application activities, which are reimbursable by MAA.
County Strategic Plan pillar addressed:	Healthy, Safe, and Welcoming Place to Live, Work, and Visit
Additional Information	None

## **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**

MAA, provided for in the Medi-Cal 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 Medi-Cal State Plan identifies Department of Health Care Services (DHCS) as the single state agency responsible for administering the federal Medicaid program (Medi-Cal in California) and lays out the eligibility criteria for beneficiaries and 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. The Local Government Agency (LGA), or the designated entity responsible for administering MAA locally, is HHSA. The LGA may subcontract with CBOs and other local agencies to perform 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. The CBO's represented in 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 MAA reimbursements that HHSA claims based on MAA claimable activities performed by these CBO's. In order for HHSA to claim 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 costs of providing the

services and these agreements will enable the CBOs to continue their Medi-Cal outreach and enrollment efforts.

These agreements are being presented to the Board at this time because they are based on the amount of available CPE which is not known until near the end of the fiscal year. The funds used to support the work include MSA, MHSA, and reimbursement received from DHCS for the prior year's MAA expenditure. The contract Scope of Work and Compensation cannot be determined until the funding amounts are known.

All agreements are with local vendors.