

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

133



FROM: Community Health Agency

SUBMITTAL DATE:
May 9, 2006

SUBJECT: Ratify Agreement with Marin County for Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) Participation Fees for Fiscal Year 2005 - 06

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Agreement with Marin County for Fiscal Year 2005 - 06 MAA/TCM Participation Fees of \$52,093;
- 2) Authorize the Chairperson to execute three (3) copies of the contract; and
- 3) Direct the Clerk of the Board to return three (3) executed documents to the Department of Health Contracts Administration for final processing.

BACKGROUND: The MAA/TCM Participation Fee covers Riverside County's share of expenses for the California Department of Health Services to administer the MAA and TCM Programs, and covers expenses for a MAA/TCM consultant who assists all California Counties participating in MAA and TCM programs. All counties in California participating in MAA and TCM programs must pay their share of this participation fee. Marin County is the county selected to coordinate the collection and distribution of these funds. In order for Riverside County to continue participating in MAA and TCM programs, this fee must be paid. MAA and TCM programs generate annual funds of \$1,800,000 (approximately) for Riverside County Agencies and \$4,200,000 (approximately) for Riverside County School Districts.

[Signature]
Gary M. Feldman, M.D.
Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 52,093	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	05/06

SOURCE OF FUNDS: 100% Federal funds.	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

[Signature]

County Executive Office Signature

Dept Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.: none | **District:** | **Agenda Number:**

**ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD**

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