

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

621



**FROM:** Community Health Agency (CHA)

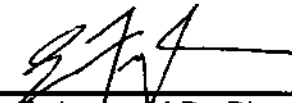
**SUBMITTAL DATE:**  
May 2, 2007

**SUBJECT:** Agreement with California Department of Health Services (CDHS) for Contracted County Medi-cal Targeted Case Management (TCM) Allowable for Federal Financial Participation (FFP)

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Approve the Agreement for fiscal years July 1, 2007, through June 30, 2012, with the CDHS as it pertains to Medi-Cal Targeted Case Management (TCM) allowable for FFP;
- 2) That the Chairman of the Board of Supervisors sign seven (7) copies of the Agreement;
- 3) Direct the CHA Director to enter into MOU's that will claim FFP under this Agreement;
- 4) Authorize receipt of funds into an Agency trust fund to be held for distributions; and
- 5) Authorize the Director of CHA to collect a proportional amount of monies from participating department for costs incurred in the coordination of this Agreement.

**BACKGROUND:** On July 21, 1992, the Board authorized the Director of the Health Services Agency to coordinate SB-910 implementation activities for the County, of which Medi-Cal TCM is a part. In order to continue participation in the Medi-Cal TCM program, a new Agreement with the CDHS must be signed. **(Continued)**

  
Eric Frykman, M.D., Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 1,400,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	07/08 - 11/12

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

**C.E.O. RECOMMENDATION:** APPROVE

**County Executive Office Signature**   
Debra Cournoyer

FORM APPROVED COUNTY COUNSEL

APR 27 2007  
BY  Marsha Victor

Dept's Recomm.:  Consent  Policy

Per Exec. Ofc.:  Consent  Policy

Prev. Agn. Ref.: 3.3 of 06/15/2004 | District: All | Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.7

**FORM 11**

Community Health Agency

Subject: Agreement with State DHS for Contracted County Medi-Cal Targeted Case Management (TCM) Allowable for Federal Financial Participation (FFP)

Page 2 of 2

**BACKGROUND: (CONT'D)**

This Agreement will continue to allow the County to receive FFP for Targeted Case Management, via the State's Administrative Plan for eligible clients. The Community Health Agency is acting as the single County Agency through which claims will be made under this Agreement. The Agency is anticipating annual funding of \$1,400,000 from this contract. No budget adjustment is required as it is already in the Agency budget. Additionally, annual TCM funds of \$700,000 are distributed to Public Guardian, Office on Aging, and Riverside County Regional Medical Center (RCRMC), also participating in the program.

**Form 11 Attachment**  
**Contract/Lease/Purchase Summary Data**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> <b>Contract</b> | <input type="checkbox"/> <b>Lease</b>    | <input type="checkbox"/> <b>Purchase</b>    |
| Approval/Renewal                                    | Approval/Renewal                         | Sole Source                                 |
| <input type="checkbox"/> Sole Source                | <input type="checkbox"/> Mult-Year Lease | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services          | <input type="checkbox"/> Equipment       | <input type="checkbox"/> Change Order       |
| <input type="checkbox"/> Independent Contractor     | <input type="checkbox"/> Real Property   |   |
| <input type="checkbox"/> Other than low Bid         | <input type="checkbox"/> Change Order    |   |
| <input type="checkbox"/> Change Order               |  |   |

<b>User Department:</b>	Community Health Agency
-------------------------	-------------------------

<b>Vendor/Lessor Name:</b>	California Department of Health Services (CDHS)
----------------------------	---

<b>Vendor/Lessor Location:</b>	Sacramento, CA
--------------------------------	----------------

Selection Committee Member Names (RFP=s Only)
Minority

**Applicable Board Policy #**

**Comments:**

**RFQ/RFP Process:**

Date Mailed:  
 Response Date:  
 # of Responses:  
 # of Qualified Responses:

**Bidding Process:**

Bid Range:	\$	To: \$
Local Bid Range:	\$	To: \$
Responsive and		
Responsible Bid Range:	\$	To: \$
Local Performance Award Cost	\$	To: \$
(5% maximum preference)		
Local Preference FYTD: Cost	\$	To: \$

**Contract/Lease Renewals Only**  
**Proposed Differences**

Existing Agreement Items

Proposed Agreement Items

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability