



Legislation Details (With Text)

File #: 19-219 **Version:** 1 **Name:**

Type: Resolution **Status:** Agenda Ready

File created: 3/6/2019 **In control:** BOARD OF SUPERVISORS

On agenda: 3/19/2019 **Final action:**

Title: Adopt Resolution Approving the Medi-Cal Administrative Activities (MAA) Provider Participation Agreement #19-96011 and Certification Statement between the County of Lake and the California Department of Health Care Services in the Amount of \$300,000 for Fiscal Years 2019/2020 through 2021/2022

Sponsors: Health Services

Indexes:

Code sections:

Attachments: 1. MAA Provider Participation Agreement Resolution 19.20-21.22, 2. Standard Agreement 213, 3. California Civil Rights Laws Certification, 4. Certification CCC 042017, 5. Signature Request Letter, 6. Exhibit A, 7. Exhibit B, 8. Exhibit D(F), 9. Exhibit E, 10. Exhibit F, 11. Exhibit G

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------

MEMORANDUM

TO: Board of Supervisors

FROM: Denise Pomeroy, Health Services Director

DATE: March, 19, 2019

SUBJECT: Adopt Resolution Approving the Medi-Cal Administrative Activities (MAA) Provider Participation Agreement #19-96011 and Certification Statement between the County of Lake and the California Department of Health Care Services in the Amount of \$300,000 for FY 19/2020 through 21/22

EXECUTIVE SUMMARY: The Health Services Department has received a request to renew the Medi-Cal Administrative Activities (MAA) provider participation agreement for Fiscal Years 2019-2022.

The Medi-Cal Administrative Activities (MAA) Program offers a way for Local Governmental Agencies to obtain federal reimbursement for a portion of the costs related to specific, approved activities that are necessary for the proper and efficient administration of the Medi-Cal Program. MAA program activities provided by Health Services include but are not limited to Medi-Cal Outreach, facilitating the Medi-Cal application, contracting for Medi-Cal services, and program planning and administration.

If you should have any questions, please contact me at 263-1090.

FISCAL IMPACT: ☒ None ☐ Budgeted ☐ Non-Budgeted

Estimated Cost:
Amount Budgeted:
Additional Requested:
Annual Cost (if planned for future years):

FISCAL IMPACT (Narrative): None

STAFFING IMPACT (if applicable): None

RECOMMENDED ACTION: Adopt Resolution Approving the Medi-Cal Administrative Activities (MAA) Provider Participation Agreement #19-96011 and Certification Statement between the County of Lake and the California Department of Health Care Services in the Amount of \$300,000 for FY 19/2020 through 21/22.