



## Legislation Text

File #: 20-294, Version: 1

### Memorandum

**Date:** April 7, 2020

**To:** Lake County Board of Supervisors

**From:** Todd Metcalf, B.S., Behavioral Health Services Administrator

**Subject:** Adopt Resolution Authorizing Lake County Behavioral Health Services Rate Adjustment for Substance use Disorder Services

**Executive Summary:** Lake County Behavioral Health Services provides Substance Use Disorder services to approved Lake County residents. The billing rates for these services are determined by the State of California - Health and Human Services Agency Department of Health Care Services (DHCS). On August 14, 2019, DHCS issued MHSUDS Information Notice No. 19-036, updating the billing and reimbursement rates for Drug Medi-Cal (DMC) Substance Use Disorder services.

As Lake County Behavioral Health Services (LCBHS) operates as a DMC Organized Delivery System (ODS) for Substance Use Disorder Services, LCBHS is subject to periodic DMC reimbursement rate adjustments.

**If not budgeted, fill in the blanks below only:**

Estimated Cost: \$0 Amount Budgeted: N/A Additional Requested: N/A Future Annual Cost: N/A

**Consistency with Vision 2028 and/or Fiscal Crisis Management Plan** (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Well-being of Residents | <input type="checkbox"/> Public Safety               | <input type="checkbox"/> Infrastructure   | <input type="checkbox"/> Not applicable      |
| <input type="checkbox"/> Economic Development               | <input type="checkbox"/> Disaster Recovery           | <input type="checkbox"/> County Workforce | <input type="checkbox"/> Technology Upgrades |
| <input type="checkbox"/> Community Collaboration            | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake       | <input type="checkbox"/> Revenue Generation  |
|   |  |   | <input type="checkbox"/> Cost Savings        |

**If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:**

Which exemption is being requested?  
How long has Agreement been in place?  
When was purchase last rebid?  
Reason for request to waive bid?

**Recommended Action:** Adopt Resolution Authorizing Lake County Behavioral Health Services Rate Adjustment for Substance use Disorder Services