



Legislation Text

File #: 20-748, Version: 1

Memorandum

Date: August 18, 2020

To: The Honorable Moke Simon, Chair, Lake County Board of Supervisors

From: Denise Pomeroy, Health Services Director

Subject: Adopt Resolution approving an Agreement between the State of California Department of Healthcare Services (DHCS) and County of Lake Health Services Department for the Medi-Cal County Inmate Program for Administrative Services (MCIP) and Authorize the Health Services Director to sign said Agreement

Executive Summary: Federal law prohibits claiming Medicaid funds for healthcare services provided to inmates residing in correctional facilities. There is an exception to this federal prohibition when an inmate receives inpatient services at a medical facility located off the grounds of the correctional facility for an expected stay of more than 24 hours, and the inmate is found to be Medicaid eligible.

The Medi-Cal Inmate Program occurs at both a State and County level and allows Medi-Cal allowable inpatient hospital services, including inpatient psychiatric services, and physician services provided during the inpatient hospital stay of inmates in correctional facilities who are determined eligible for Medi-Cal.

The Medi-Cal County Inmate Program (MCIP) is voluntary and counties have the option to participate in this program by entering into an agreement with the Department of Health Care Services (DHCS). Per legislation, there is to be no General Fund (GF) impact under MCIP. The purpose of the MCIP agreement is to establish the amounts needed to satisfy each county's responsibility to reimburse DHCS for the nonfederal share of MCIP service costs incurred by DHCS. If a County does not participate in MCIP or does not abide by the terms of this Agreement, the County remains responsible for arranging for and paying for medical care for its inmates.

The attached Agreement will run through Fiscal years 2020-2023, with a maximum payable amount of \$7879.62 over the term.

Should you have any questions, or require additional information, please contact me at 263-1090.

If not budgeted, fill in the blanks below only:

Estimated Cost: _____ Amount Budgeted: _____ Additional Requested: _____ Future Annual Cost: _____

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

- | | | | |
|--|--|---|---|
| <input 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"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake | <input type="checkbox"/> <i>Revenue Generation</i> |
| | | | <input checked="" type="checkbox"/> <i>Cost Savings</i> |

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 approving an Agreement between the State of California Department of Healthcare Services (DHCS) and County of Lake Health Services Department for the Medi-Cal County Inmate Program for Administrative Services (MCIP) and Authorize the Health Services Director to sign said Agreement