AGENDA ITEM NO.: 10-A

DEPARTMENT: Human Services Dept. BY: Tom Archer PHONE: 966-3609
Social Services Division

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes__ No_X__)

That the Board pass a resolution approving the attached contract with
the State Department of Health Services for the identification of Third
Party Liability in AFDC and Medi-Cal programs (please see Executive
Summary).

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In an effort to reduce costs the State Department of Health Services is
attempting to implement a systematic program to identify third party
liability in AFDC and Medi-Cal programs. This new program is popularly
referred to as the County Bounty program. The State proposes to pay a
$50 incentive to counties for each third party liability found by the
counties in return each county must have in place a plan to identify
third party liability. There is no cost to the County but this presents
an opportunity to develop a small fund for local program enhancement.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

This department would not participate in the County Bounty program and
would loose the ability to tap into this new revenue source.

COSTS:

A. Budgeted current FY
B. Total anticipated costs
C. Required additional funding
D. Internal Transfers

SOURCE:

A. Unanticipated revenues
B. Reserve for contingencies
C. Source description:

Balance in Reserve for Contingencies,
if approved: $______

SPECIAL INSTRUCTIONS:

List the attachments and number
the pages consecutively:

Standard Agreement-1 Page

Contract -Pages 1-10

Nondiscrimination Clause -1 Page

Exhibit "A"-Pages 1-27, Exhibit "B"- 1 Page

CLERK'S USE ONLY:

Res. No.: 93-236
Vote - Ayes: ________
Absent: ________

Ord. No.: ________
Noes: ________

Approved: ________
Abstained: ________

( ) Minute Order Attached ( ) No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

_______ Recommended
_______ Not Recommended
_______ For Policy Determination
_______ Submitted with Comment
_______ Returned for Further Action

Comment: __________________________

ATTEST: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
BY: Deputy

A.O. Initials: ________________________

Action Form Revised 5/92
April 13, 1992

EXECUTIVE SUMMARY

TO: Honorable Members of the Board of Supervisors

FROM: Tom Archer

SUBJECT: County Bounty

The County Bounty Project proposes State payment of a $50 incentive to counties for each Health Insurance Questionnaire received for a Medi-Cal case, whether an AFDC Cash case or a Medically needy case.

Under the contract, the Department of Health Services will make an incentive payment for each valid Health Insurance Questionnaire submitted by the county which identifies insurance previously unknown to the Department of Health Services. The contract also includes a provision that the county prepare a plan to improve health insurance identification. This Department is currently working on a questionnaire to be given at the Intake interview which asks various questions regarding access to Health Insurance for each member of the family. We will also be giving in-service training to be sure that each Eligibility Worker is aware of the need to identify Health Insurance as a cost avoidance measure in the Medi-Cal program.

The contract calls for payments not to exceed $950 for the 92/93 FY and not to exceed $2,800 in each of the next two fiscal years (if funding is available). We propose to establish a Trust Fund in which to deposit the payments and to use the dollars earned to benefit this department in such a way as to increase the incentive to make such insurance identifications. This is an opportunity to benefit both the County Department of Human Services and the taxpayers of the State of California.