DEPARTMENT: Human Services/BHRS

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully requested that your Board approve the corrected Attachment A for the Behavioral Health contract for residential board & care services with Hill Crest Manor.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? ( ) Yes (X) No Current FY Cost: $ Annual Recurring Cost: $
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $
Additional Funding Needed: $
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency ( ) General ( ) Other

List Attachments, number pages consecutively
Board Memo, Page 1
Contract, Page 2 (Attachment A)

CLERK'S USE ONLY:
Res. No. 2004/059 Ord. No. ______
Vote – Ayes: ______ Noes: ______
Absent: ______
Approved ( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ______
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: ______
Deputy

COUNTY ADMINISTRATIVE OFFICER:
( ) Requested Action Recommended
( ) No Opinion
Comments:

Revised Dec. 2002
November 4, 2004

TO: Members; Board of Supervisors
   Rich Inman, CAO
FROM: Cheryle Rutherford-Kelly
RE: Behavioral Health Contract Attachment for Hill Crest Manor

Recommendation

It is respectfully requested that your Board approve the corrected Attachment A for the Behavioral Health contract for residential board & care services with Hill Crest Manor.

Background/Current Situation

Your Board approved an agreement with Hill Crest Manor for board & care services on resolution #04-228. Attachment A to the agreement stated only the supplemental rate to be paid to the contractor, when in fact this board & care home charges an additional facility fee to our clients that are charged in addition to the supplemental rate. The additional charge is $206.00 bringing the total amount to $605.00 per client per month.

Financial

This additional contract amount will continue to be paid within the Mental Health budget unit 0402. There is no impact to general fund dollars.
ATTACHMENT A
Hill Crest Manor
Board and Care Rates
Fiscal Year 2004/2005

CONTRACTOR supplemental rates for fiscal year 2004/2005 are Three hundred ninety nine dollars ($399.00) per client per month.

Additional facility costs are 206.00 per month per client.

TOTAL PAYMENT PER MONTH, PER CLIENT = $605.00