

MARIPOSA COUNTY AGENDA DATE: 1/28/97  
 BOARD OF SUPERVISORS ACTION FORM AGENDA ITEM NO. CA-1  
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 HUMAN SERVICES DEPARTMENT BY: TOM ARCHER PHONE: 966-2131  
 RECOMMENDED ACTION AND JUSTIFICATION: (POLICY ITEM: YES \_\_\_ NO: X \_\_\_)

Authorize County Mental Health Director to sign a preliminary letter of intent to participate as the Mental Health Plan in Phase II of the Consolidation of Medi-Cal Mental Health services.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On December 13, 1994 by Resolution No. 94-537, your board authorized participation in Phase I of the State Managed Medi-Cal Mental Health Services Plan which transferred funding for inpatient hospital services to counties along with State funding to provide these services. Our County Contract Provider, KingsView, accepted full responsibility for the financial risks in providing these services in exchange for receiving the available funding. Phase II transfers the State funds and responsibility for providing Fee-for-Service/Medi-Cal (FFS/MC) specialty mental health professional and nursing facility services to counties. KingsView agrees to amend its contract to accept the county's full risk for providing these services for the funding provided. This preliminary non-binding letter of intent is required for State planning purposes and indicates to the State that in consideration of the funding provided, the County intends to assume responsibility for Medi-Cal authorization and payment of the state/local Medi-Cal match for all medically necessary specialty mental health services for Medi-Cal beneficiaries from the County; assures that access for covered specialty mental health services will continue to be at least as good as it was prior to the transfer of responsibility; the county has a public planning process which involves clients, family members, other stakeholders, and the local mental health board; the county will submit an Implementation Plan that will be reviewed by the local Mental Health Board which will meet Department of Mental Health requirements. Phase I has worked well for the County and participation in Phase II would be beneficial in maintaining one integrated Mental Health service delivery system in the community, avoid duplication of services, and continue to maximize service delivery capacity for available funding with no risk to the County.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

If the County does not participate the State would have to solicit providers for this phase of Managed Mental Health Care.

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COSTS:	(x) Not Applicable	SPECIAL INSTRUCTIONS:
A. Budgeted current FY	\$ _____	List the attachments and
B. Total anticipated costs	\$ _____	number pages accordingly:
C. Required Add'l funding	\$ _____	_____
D. Source:	_____	_____

SOURCE: ( ) 4/5ths vote required

A. Internal transfers	\$ _____	_____
B. Unanticipated revenues	\$ _____	_____
C. Reserve for contingency	\$ _____	_____
D. Description:	_____	_____

Balance in Reserve for Contingencies, if approved: \$ \_\_\_\_\_

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CLERK'S USE ONLY:

Resolution No.: 97-35

Ordinance No.: \_\_\_\_\_

Vote - Ayes: 4 Noes: \_\_\_\_\_

Absent: Quinn Abstain: \_\_\_\_\_

4/11/97 Approved ( ) Denied

( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date: \_\_\_\_\_

ATTEST: MARGIE WILLIAMS

Clerk of the Board of Supervisors

County of Mariposa, State of CA

By: \_\_\_\_\_

Deputy Clerk of the Board

ADMINISTRATIVE OFFICER'S

RECOMMENDATION:

This item on agenda as:

- Recommended
- Not Recommended
- Policy Determination
- Submitted w/Comment
- Returned for further action

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A.O. Initials: