



Board Agenda Item 38

DATE: May 1, 2018

TO: Board of Supervisors

SUBMITTED BY: Dawan Utecht, Director, Department of Behavioral Health

SUBJECT: Amendment II to Master Agreement No. 16-361-1 for Non-Drug Medi-Cal Outpatient Services

RECOMMENDED ACTION(S):

Approve and authorize the Chairman to execute Amendment II to Master Agreement No. 16-361-1 with multiple providers for Non-Drug Medi-Cal Outpatient Services, effective upon execution with no change in term to June 30, 2019, and increasing the maximum compensation by \$200,000 to a total of \$1,300,000.

Approval of the recommended action will allow the Department of Behavioral Health to increase the annual maximums for Non-Drug Medi-Cal (DMC) Outpatient services totaling \$200,000 for the remainder of FY 2017-18 and FY 2018-19. The increase will allow the Department to provide County residents who do not have Medi-Cal or other insurance coverage community-based outpatient substance use disorder treatment services.

ALTERNATIVE ACTION(S):

If your Board does not approve the recommended actions, clients who are not DMC eligible will be unable to receive medically necessary treatment.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. The maximum amount of the recommended amendment (\$1,300,000) will be fully offset with Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant funds. Sufficient appropriations and estimated revenues are available in the Department's Org 5630 FY 2017-18 Adopted Budget and will be requested in subsequent budgets for the duration of the agreement.

DISCUSSION:

On June 21, 2016, your Board approved master agreement 16-361, which allowed for the provision of community-based outpatient substance use disorder treatment services to County residents who do not have Medi-Cal or other insurance coverage. On June 20, 2017, your Board approved amendment I to master agreement 16-361, which reduced the maximum compensation by a total of \$400,000 over the term of the agreement due to underutilization of services and to allow for the re-allocation of those funds to other services modalities.

The recommended amendment II to master agreement 16-361-1 will increase the maximum compensation by \$200,000 over the remaining term of the agreement. A recent review of utilization trends revealed an

increase in the need for these medically necessary services and projected that providers would exhaust allocated funding prior to the end of the fiscal year. There are currently nine contracted providers delivering services under this agreement. The increase in funding will ensure providers are able to provide community-based substance use disorder services through the end of the fiscal year and for the remainder of the agreement term.

REFERENCE MATERIAL:

BAI #30, June 21, 2016 - Master Agreement No. 16-361

BAI #43, June 20, 2017 - Amendment I to Master Agreement No. 16-361

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Amendment II to Master Agreement No. 16-361

CAO ANALYST:

Ron Alexander