COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

SUSAN KERR
Chief Deputy Director

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550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

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BOARD OF SUPERVISORS
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DEPARTMENT OF MENTAL HEALTH

http://dmh.co.la.ca.us

January 6, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL OF AMENDMENT TO MENTAL HEALTH SERVICES AGREEMENT – LEGAL ENTITY WITH ST. FRANCIS MEDICAL CENTER – CHILDREN'S COUNSELING CENTER FOR FISCAL YEAR 2002-2003 (SUPERVISORIAL DISTRICTS 1 AND 2) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director of Mental Health or his designee to prepare, sign, and execute an amendment (substantially similar to the Attachment). Effective upon Board approval, the Amendment will increase the Fiscal Year (FY) 2002-2003 Maximum Contract Amount (MCA) for St. Francis Medical Center – Children's Counseling Center (St. Francis Medical Center) by $74,100, from $885,531 to $959,631 and will enable the Department of Mental Health (DMH) to reimburse that amount to St. Francis Medical Center. The $74,100 is fully funded with the FY 2004-2005 Adopted Budget's settlement funds.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Your Board's approval of this request is necessary because it will enable St. Francis Medical Center to be reimbursed for two (2) months of FY 2002-2003 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal claims that were not approved by the State due to a Medi-Cal Certification and Transmittal form error. These claims cannot be re-billed due to the State's twelve-month Medi-Cal claiming statute.

St. Francis Medical Center did not receive reimbursement for December 2002 and January 2003 Medi-Cal claims. There are a total of 568 claims that were not approved due to Medi-Cal Certification and Transmittal form error. The consequence of this error was St. Francis Medical Center's billed services for Medi-Cal beneficiaries were not approved by the State. Thus, the financial impact for those unapproved claims during December 2002 through January 2003 is $74,100.

DMH has also instituted additional internal procedures to prevent reoccurrences of such errors in the future.

Implementation of Strategic Plan Goals

The recommended Board action is consistent with the principles of the Countywide Strategic Plan Organizational Goal No. 4, "Fiscal Responsibility." Board approval of this request will authorize reimbursement to St. Francis Medical Center for services rendered.

FISCAL IMPACT/FINANCING

There is no increase in net County cost. DMH proposes to utilize $74,100 from the FY 2004-2005 Adopted Budget's settlement funds account to pay St. Francis Medical Center for EPSDT Medi-Cal services provided in FY 2002-2003.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Approval of this action will resolve the payment issues given the circumstances related to the Medi-Cal Certification and Transmittal processing error, which is a one-time occurrence.

The amendment format has been approved as to form by County Counsel. In addition, the Chief Administrative Office and DMH's Fiscal and Program Administrations have reviewed and approved the proposed action.

CONTRACTING PROCESS

This subject does not apply.

IMPACT ON CURRENT SERVICES

There is no impact on current services. Board approval of this request will enable DMH to make payment to St. Francis Medical Center for their FY 2002-2003 EPSDT Medi-Cal services not reimbursed by the State due to the referenced error.

CONCLUSION

The Department of Mental Health will need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,

Marvin J. Southard, D.S.W.
Director of Mental Health

MJS:GSK:RK:ad

Attachment

c: Chief Administrative Officer
County Counsel
Auditor-Controller
Chairperson, Mental Health Commission

CONTRACT NO. DMH-01262

AMENDMENT NO. 4

THIS AMENDMENT is made and entered into this _____ day of _____, 2005, by and between the COUNTY OF LOS ANGELES (hereafter "County") and St. Francis Medical Center – Children's Counseling Services (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated October 1, 2002, identified as County Agreement No. DMH-01262 and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Year 2002-2003 only, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, County agrees to pay Contractor an additional $74,100 as reimbursement for services rendered for Fiscal Year 2002-2003; and

WHEREAS, this payment will reimburse the Contractor for Medi-Cal Claims for two months of Fiscal Year 2002-2003 which were not approved by the State; and

WHEREAS, for Fiscal Year 2002-2003, the revised Maximum Contract Amount will be $959,631.

NOW THEREFORE, the parties agree to amend the Agreement for Fiscal Year 2002-2003 only, as follows:

1. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph B (Reimbursement for Initial Period) shall be deleted in its entirety and the following substituted therefor:

   "B. Reimbursement For Initial Period: The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM)

shall not exceed NINE HUNDRED FIFTY-NINE THOUSAND SIX HUNDRED THIRTY-ONE DOLLARS ($959,631) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes Cash Flow Advance which is repayable through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the Initial Period. Furthermore, Contractor shall inform County when up to seventy-five percent (75%) of the Maximum Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 57 (NOTICES)."

2. Financial Summary - 3 for Fiscal Year 2002-2003 shall be deleted in its entirety and replaced with Financial Summary - 4 for Fiscal Year 2002-2003 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary - 3 for Fiscal Year 2002-2003 shall be deemed amended to state "Financial Summary - 4 for Fiscal Year 2002-2003."

3. Contractor shall provide services in accordance with the Contractor's Fiscal Year 2002-2003 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.

4. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

St. Francis Medical Center – Children's Counseling Center _____
CONTRACTOR

By _____

Name _____

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

MI:H\Contracts\St. Francis Medical Center\Board Letter Amendment Format

Contractor Name : St. Francis Medical Center - Children's Counseling Center
Legal Entity No : 00784

Financial Summary - 4
Fiscal Year: 2002-2003
Period : July 1, 2002 to June 30, 2003

Amendment 4

Categories		Children's System of Care	MAA												Sources of Funding Totals
Provider Number (s)		7346 TBA													
Reimbursement Method		NR	NR												
Financial Exhibits (FE):		A	B												
	Eligible for FFP Match														
A. Allocations:															
1. Realignment	Yes	$ 74,100													$ 74,100
2. Probation - Schiff Cardenas	Yes														$ -
3. DCFS - Stop	Yes														$ -
4. Tobacco Settlement Funds	Yes														$ -
5. DCFS - Family Preservation	Yes	$ 19,185													$ 19,185
B. Pass Through:															
1. FFP															$ 452,410
2. EPSDT--SGF															$ 413,936
3. SB90	Yes														$ -
4. Other															$ -
C. Third Party:															
1. Medicare															$ -
2. Patient Fees															$ -
3. Insurance															$ -
4. Other															$ -

Maximum Contract Amount/Net Program Budget (A+B): $ $ 959,631

Gross Program Budget (A+B+C): $ $ 959,631

For PARTNERS/ISA only:

Footnotes Section:

This amendment adds $74,100 in realignment funds.
The new maximum contract amount is $959,631.

MI:h\my documents\St.Francis\Financial Summary Amend 4 special cgf increase

Contractor Name : St. Francis Medical Center -
Children's Counseling Center
Legal Entity No : 00784

Rate Summary Page

Fiscal Year: 2002-2003
Period : July 1, 2002 to June 30, 2003

MENTAL HEALTH SERVICES		Mode of Service	SFC RANGE	Rates	FE for 7346 TBA	FE for	FE for	FE for	FE for	FE for	FE for	FE for	FE for	FE for	FE for
A. 24 - HOUR SERVICES															
Hospital Inpatient		05	10 - 18												
Hospital Administrative Day		05	19												
Psychiatric Health Facility (PHF)		05	20 - 29												
SNF Intensive		05	30 -34												
IMD/STP Basic (No Patch)	Beds 1-59	05	35												
	Beds 60 & over	05	35												
Patch for IMD		05	36 - 39												
Mentally Ill Offenders	Indigent	05	36 - 39												
	Regular	05	36 - 39												
IMD - Like		05	36 - 39												
IMD (W/Patch) Sub-Acute (60 days)		05	38												
Adult Crisis Residential		05	40 - 49												
Residential Other		05	60 - 64												
Adult Residential		05	65 - 79												
Semi - Supervised Living		05	80 - 84												
Independent Living		05	85 - 89												
MH Rehab Centers		05	90 - 94												
B. DAY SERVICES															
Vocational Services		10	30 - 39												
Socialization		10	40 - 49												
SNF Augmentation		10	60 - 69												
Day Treatment Intensive: Half Day		10	81-84												
Day Treatment Intensive: Full Day		10	85-89												
Day Rehabilitative : Half Day		10	91-94												
Day Rehabilitative : Full Day		10	95-99												
C. OUTPATIENT SERVICES															
Case Management, Brokerage		15	01 - 09	1.71	A										
Mental Health Services		15	10 - 19 /30-59	2.19	A										
Therapeutic Behavioral Services (TBS)		15	58												
Medication Support		15	60 - 69	3.48	A										
Crisis Intervention		15	70 - 79	2.45	A										
D. OUTREACH SERVICES															
Mental Health Promotion		45	10 - 19												
Community Client Services		45	20 - 29												
E. SUPPORT SERVICES															
Life Support/Board & Care		60	40 - 49												
Case Management Support		60	60 - 69												
Flexible Funding (Cost Reimbursement) Identify the applicable FE column(s)		60	64												
F. HEALTHY FAMILIES															
Alcohol/Drug Abuse Counseling and Ed. Srvcs.				$ 30.00											

Abbreviations: SFC - Service Function Code; FE - Financial Exhibit

DMH Summary of Amendment Changes

LEGAL ENTITY NAME: St. Francis Medical Center - Children's Counseling Center

Contract No.: DMH-01262 Legal Entity No.: 00784 Amendment No.: 4

LISTING OF FUNDING SOURCES

	Realignment/CGF	12	DCFS AB 3632 Family Preservation	24	PATH/McKinney
1	EPSDT Baseline CGF Match	13	DHS/ADPA (Sidekick)	25	AB 2994
2	SB 90 (AB 3632) Baseline CGF Match	14	DCFS Star View	26	AB 2034: Services
3	EPSDT Growth CGF Match	15	DPSS CalWORKs		AB 2034: Client Supportive Services
4	Healthy Families CGF Match	16	DPSS GROW	27	SAMHSA/AB 3015
5	Non EPSDT-FFP CGF Match	17	DHS Lamp		SAMHSA: Flex Funds
6	STOP CGF Match	18	DHS Social Model	28	State HIV/AIDS
7	Other CGF	19	DCFS STOP (SGF)	29	SB 90 (AB 3632)
8	DHS/ADPA AB 2034	20	DCFS Hillview/Transitional Living	30	Healthy Families FFP
9	DHS/ADPA Dual Diagnosis	21	Probation Schiff-Cardenas	31	Non EPSDT-FFP
10	DCFS Family Preservation	22	DHS/ADPA Dual Diagnosis (BHS)	32	EPSDT-FFP
11	DCFS AB 1733 Child Abuse	23	DCFS THP	33	EPSDT-SGF

FUNDING SOURCE(S): (Select from Funding Sources listed above.)	AMOUNT Increase/Decrease	FISCAL YEAR	MCA
Other CGF	$ 74,100	2002-2003	$ 959,631

AMENDMENT ACTION(S): **BOARD ADOPTED DATE:** _____ **EFFECTIVE DATE:** _____

This amendment adds $74,100 in CGF funds for FY 2002-2003, increasing the Maximum Contract Amount for FY 2002-2003 from $885,531 to $959,631.

New Headquarters Address: _____ Sup. Dist.: _____ Svc. Area: _____

ADD OR DELETE SERVICE SITE(S):

Name	Address	Sup. Dist.	Svc. Area	Prov. No.