

MEMORANDUM
PLACER COUNTY HEALTH AND HUMAN SERVICES
Administrative Services

TO: Honorable Board of Supervisors

FROM: Richard J. Burton, M.D., M.P.H.
Placer County Health Officer and Director of Health & Human Services
Bob Dunstan, Director of Administrative Services for HHS

DATE: May 8, 2007

SUBJECT: Targeted Case Management (TCM) Services Provider Participation Agreement with California Department of Health Services

ACTION REQUESTED:

Approve the California Department of Health Services, Medi-Cal Targeted Case Management Provider Participation Agreement for the period from July 1, 2007 through June 30, 2012, providing approximately \$779,000 in annual revenue for existing mandated County programs, and authorize the Chairman of the Board to sign the Agreement and subsequent amendments. This funding provides needs assessments, case management, and other assistance to low income clients within the Medi-Cal program. No County General Fund contribution is required.

BACKGROUND:

The California Department of Health Services is requesting that Placer County sign a new agreement in order to continue our participation in the Targeted Case Management (TCM) program, as the existing contract is due to expire on June 30, 2007. TCM is a Medi-Cal-reimbursable program that was first implemented in Placer County in FY95/96. Allowable services include: assessment, service plan development, linkage and consultation with service providers, assistance in accessing services, crisis assistance planning and periodic review of case plans and related services.

At this time, the Public Guardian is billing TCM for many allowable services required by its conservatees, including comprehensive assessment of conservatees, development of service plans, provision of linkages and referrals and consultation with service providers as needed, assistance with service plans, crisis assistance planning when necessary, and semi-annual progress assessments.

In Community Health, public health nurses provide TCM to high-risk Medi-Cal eligible clients, including: identifying the individuals needs and selection of activities and assistance necessary to meet those needs; developing an individualized plan (in consultation with the client), based upon the assessed needs; providing clients with linkage and consultation, with referral to service providers and placement activities, and follow-up; assisting the client in accessing services identified in the service plan; evaluating, coordinating, and arranging immediate service or treatment needed in those situations that appear to be emergent in nature, or which require immediate attention or resolution in order to avoid, eliminate, or reduce a crisis situation; and periodic reviews by the case manager to reevaluate the client's progress toward achieving the objectives identified in the service plan to determine whether current services should be continued, modified, or discontinued.

The reimbursement rates are established pursuant to a rate setting cost report consisting of prior year reimbursable costs. Invoices are submitted to the California Department of Health Services.

FISCAL IMPACT:

TCM billing is expected to generate approximately \$410,000 for Community Health and \$369,000 for Systems of Care per annum.

The following contract for:

**Ca. Depart. of Health
Services, Medi-Cal Targeted
Case Management Provider
Participation Agreement**

is on file with the Clerk of the Board
for BOS meeting:

May 8, 2007