

38. Authorize Health Services Agency to serve as Host County for all Medi-Cal Administrative Activities and Targeted Case Management programs for three fiscal years, approve two agreements for County-Based Medi-Cal Administrative Activities and/or Targeted Case Management and Mental Health Medi-Cal Administrative Activities programs, and take related actions ()



County of Santa Cruz Board of Supervisors

Agenda Item Submittal

From: Health Services Agency

Subject: Statewide Host County for Medi-Cal Administrative Activities and Targeted Case Management Programs

Meeting Date: May 6, 2025

Formal Title: Authorize Health Services Agency to serve as Host County for all Medi-Cal Administrative Activities and Targeted Case Management programs for three fiscal years, approve two agreements for County-Based Medi-Cal Administrative Activities and/or Targeted Case Management and Mental Health Medi-Cal Administrative Activities programs, and take related actions

Recommended Actions

- 1) Authorize the Health Services Agency to serve as Host County for all Medi-Cal Administrative Activities and Targeted Case Management programs for an additional three years, Fiscal Year 2025-26 through Fiscal Year 2027-28, accepting pass-through revenue from Local Government Agencies to be paid to the California Department of Health Care Services through affiliated revenue and expenditure agreements;
- 2) Approve Master revenue agreement with various Local Government Agencies, Contract No. 26R0238, for County-Based Medi-Cal Administrative Activities and/or Targeted Case Management for Fiscal Years 2025-26 through 2027-28, and authorize the Health Services Agency Director or designee to sign; and
- 3) Approve Master revenue agreement with various Local Government Agencies, Contract No. 26R0239 for Mental Health Medi-Cal Administrative Activities for Fiscal Years 2025-26 through 2027-28, and authorize the Health Services Agency Director or designee to sign.

Executive Summary

The Health Services Agency (HSA) has been serving as the Host County for statewide Medi-Cal Administrative Activities (MAA) and Targeted Case Management (TCM) programs since Fiscal Year (FY) 2019-20. HSA requests Board authorization to serve as the Host County for an additional three years, FY 2025-26 through FY 2027-28. Additionally, HSA requests Board approval of two Master revenue agreements to accept revenues from Local Government Agencies (LGAs) for Host County Services, which will span three fiscal years, from July 1, 2025, through June 30, 2028. This State pass-through revenue is transmitted to the California Department of Health Care Services (DHCS) through a trust fund transfer. HSA will continue to retain \$100,000 of participation fee revenue annually as a stipend for its services as administrator and fiscal intermediary.

Discussion

On April 26, 2022, the Board authorized HSA to serve an additional three-year term as the Host County for statewide MAA/TCM programs, assuming the function of the prior Host, Plumas County, since 2019. The Host County accepts pass-through revenue from

up to 61 statewide LGAs to be paid to the California Department of Health Care Services (DHCS) through separate agreements.

As the MAA/TCM Host, HSA is a member of the statewide Consortium Executive Committee, whose role is to work with DHCS to implement policy and procedures for the MAA and TCM programs. Serving in this capacity allows HSA to provide input and consultation regarding policy and program changes that impact county MAA and TCM programs across California. Santa Cruz County has one of the most robust MAA and TCM programs in the State, with plans to further optimize revenue in these areas. Serving as Host County allows HSA to provide feedback to DHCS that will assist in efficient and proper administration of these statewide programs, which in turn optimizes the programs and revenues for 30 organization units within Santa Cruz County currently receiving funds through the MAA/TCM programs.

The Host County accepts participation fees from Chartered Cities and County LGAs that will receive reimbursements from DHCS for MAA and TCM activities. These fees are deposited into a trust fund account as pass-through revenue transmitted to DHCS for its role in administering the statewide programs. Each participating LGA must have an agreement with the Host County in order to participate in the MAA Consortium and for Santa Cruz County to act as Host County on their behalf. The Host County provides the fiscal intermediary service between the State and the LGAs for collecting and distributing participation fees for Medi-Cal activities under MAA or TCM programs. HSA will retain \$100,000, or other agreed on amount, of participation fee revenue as a stipend for its services as administrator and fiscal intermediary.

In California, federal funding for Medi-Cal programs is administered by DHCS. MAA and TCM funding programs reimburse counties, chartered cities, and their associated contractors, the federal share of local public expenditures for non-clinical activities and services to benefit the Medi-Cal program and its population. CA Welfare & Institutions Code, Sections 14132.44 and 14132.47 and associated State regulations require LGAs to pay an annual participation fee to a Host County for the coordination of federal funding reimbursements administered by DHCS. In turn, each LGA receives revenues from DHCS for provision of MAA and TCM programs.

With Board approval, HSA will execute these agreements with various LGAs providing for HSA to act as the Host County for the new three-year term. The annual fiscal amounts of these contracts are effectively zero dollars, because through these agreements, HSA accepts pass-through revenues from the LGAs and transmits the funds to DHCS through a trust fund transfer.

The primary Host County contract with DHCS is expenditure Contract No. 26H0169 in the amount of \$2,025,000 annually for three years, totaling \$6.75 million dollars. HSA will return to the Board with this contract in its final form once it is received by the State.

HSA's operation of MAA and TCM programs support health care programming delivered to Medi-Cal beneficiaries served in HSA's Federally Health Qualified Health Center clinics and residents throughout Santa Cruz County as needed. As the host administrator for the LGA Consortium, HSA supports MAA and TCM programs statewide.

Financial Impact

For three fiscal years, beginning 2025-26, HSA will act as a fiscal intermediary between up to 61 LGAs who are Counties and Chartered Cities participating in MAA and TCM programs through two Master revenue agreements, Contract No. 26R0238 for CMAA-TCM, and Contract No. 26R0239 for MHMAA, under accounts 360120/42384 and

360150/42010. Per the terms of these revenue contracts, the fees will also provide funding for HSA to: 1) manage various expenditure contracts with consultants providing MAA fiscal administration services; and 2) for HSA to retain an annual stipend in the amount of \$100,000, or other mutually agreed up amount.

The CMAA-TCM/MHMAA programs are federal cost reimbursement programs originating from the Center of Medicaid Services (CMS). The reimbursement is paid from CMS through DHCS, who in turn reimburses the LGAs. The potential fiscal impact of these Master revenue agreements is the \$100,000 annual stipend. The program involves no County General Funds.

Strategic Initiatives

Operational Plan - Comprehensive Health & Safety

Submitted By:

Monica Morales, Director of Health Services

Recommended By:

Carlos J. Palacios, County Executive Officer

Artificial Intelligence Acknowledgment:

Artificial Intelligence (AI) did not significantly contribute to the development of this agenda item.

**COUNTY-BASED MEDI-CAL
ADMINISTRATIVE ACTIVITIES (CMAA)
TARGETED CASE MANAGEMENT (TCM) AGREEMENT
Between the
COUNTY OF SANTA CRUZ
and
«LGA»**

THIS AGREEMENT is made and entered into by and between «LGA_Name», a political subdivision of the State of California, hereinafter referred to as "LOCAL GOVERNMENTAL AGENCY (LGA)" and the COUNTY OF SANTA CRUZ, a political subdivision of the State of California, hereinafter referred to as "HOST ENTITY."

WITNESSETH:

WHEREAS, LGA desires to promote access to health services to residents, through the provision of County-Based Medi-Cal Administrative Activities (CMAA) and/or Targeted Case Management (TCM) and desires certain administrative services to be provided by HOST ENTITY; and

WHEREAS, LGA has executed separate agreements with the California Department of Health Care Services (DHCS) to promote access to health services to residents for County-Based Medi-Cal Administrative Activities and Targeted Case Management and agrees to pay a participation fee under the terms of those agreements; and

WHEREAS, HOST ENTITY was selected by CMAA/TCM LGA Consortium ("Consortium") to collect and disburse LGA participation fees; and

WHEREAS, the Santa Cruz County Board of Supervisors has authorized entering into this Agreement as HOST ENTITY; and

WHEREAS, the authorizing entity of LGA has authorized entering into this AGREEMENT;

NOW, THEREFORE, for in and in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. HOST ENTITY, Responsibilities:

- 1.1.HOST ENTITY shall perform host entity duties for CMAA and/or TCM listed in attached Exhibits A and B for CMAA and/or TCM program(s).
- 1.2.HOST ENTITY is the "Host Entity" solely for the purpose of collecting and disbursing funds for the Consortium trust fund ("Trust Fund"), as described in the Consortium bylaws and terms of this AGREEMENT.

1.3.HOST ENTITY shall comply with all applicable laws and regulations governing the Trust Fund and public funds, generally, in the collection and disbursement of funds for and from the Trust Fund pursuant to the terms of this AGREEMENT.

1.4.HOST ENTITY will receive an annual compensation in the amount approved per the consortium annual budget. for the performance of its HOST ENTITY services under Sections 1.1 through 1.3 of this AGREEMENT paid from the Trust Fund.

2. LGA Responsibilities:

2.1.LGA shall perform the LGA duties listed in the attached Exhibits A and B for CMAA and/or TCM program(s).

3. Disclaimers:

3.1.LGA is solely and exclusively responsible for the processing of its CMAA/TCM claims for reimbursement, including, but not necessarily limited to, compliance with all applicable federal and state laws and California Department of Health Care Services (DHCS) guidelines and procedures.

3.2.LGA is solely and exclusively responsible for the payment of its costs under the terms of this AGREEMENT as well as any and all its costs related to its participation in the CMAA and/or TCM program(s).

3.3.LGA is solely and exclusively responsible for all audit exceptions arising from its participation in the CMAA and/or TCM program(s).

4. Insurance and Indemnification:

4.1. Insurance:

Each of the parties agrees to maintain liability coverage for its negligent or intentionally wrongful acts and/or omissions arising from the performance of its duties under this Agreement.

4.2. Indemnification:

To the fullest extent permitted by law, the parties shall indemnify, defend, and hold each other, their officers, agents and employees harmless from any and all claims, losses, liabilities, damages, demands and actions (all collectively referred to as "liability" herein) arising from each parties' respective performance of this Agreement, but only to the extent such liabilities are caused by or result from the negligent or intentionally wrongful act or omission of the indemnifying party, its officers, agents or employees.

5. Termination:

5.1.LGA may give written notice of its intent to terminate this AGREEMENT and accordingly relinquish its membership and rights to participate in the Consortium, at any time.

5.2. The effective date of termination shall be concurrent with the payment of the LGA's final claim for reimbursement for the period of the contract.

5.3. Participation fees shall be calculated and payable to the HOST ENTITY for any and all claims reimbursements received by LGA after LGA's notice of intent to terminate. LGAs failing to pay participation fees arising from reimbursements received after the termination date shall be in breach of this AGREEMENT.

5.4. LGA will continue to pay fees until all TCM Cost reports have been audited by DHCS.

6. Term:

This AGREEMENT shall be effective upon execution and for the period July 1, 2025, through June 30, 2028, unless previously terminated as provided herein or as otherwise agreed to in writing by the parties.

The parties agree to comply with the terms and conditions of the exhibits below, which are integral parts of this agreement and are deemed incorporated by reference herein.

Exhibits:

Exhibit A - Scope of Work - Agreement Concerning County-Based Medi-Cal Administrative Activities/ Targeted Case Management

Exhibit B - Payment and Fee Structure

[SIGNATURES TO FOLLOW ON NEXT PAGE]

CMAATCM FY26-28«LGA»

PAGE 4 OF 8

"HOST ENTITY"

Duly Authorized

COUNTY OF SANTA CRUZ

By _____
Director of Health Services or Designee
Health Services Agency
1800 Green Hills Road, Suite 240
Scotts Valley, California 95066

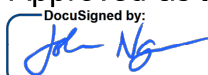
"LGA"

Duly Authorized

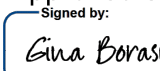
«LGA»

By _____
«LGA Contact Name»
«LGA Title»
«LGA Address»
«LGA City, State, Zip Code»

Approved as to Form:

DocuSigned by:

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Office of the County Counsel Date

Approved as to Insurances:

Signed by:

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Risk Management Date

DEFINITIONS

1. Local Government Agency (LGA) - A local public health office or county agency in a county or chartered city that oversees the County Based Medi-Cal Administrative Activities (CMAA) and Targeted Case Management (TCM) programs.
2. CMAA/TCM LGA Consortium ("Consortium") - A collaboration of LGA CMAA/TCM coordinators and/or designees who meet regularly and pursue the proper and efficient administration of the CMAA and TCM Programs.
3. Participation Fee ("Participation Fee") - Payment to the Consortium for the consortium's CMAA/TCM administrative costs and the program costs of the California Department of Health Care Services (DHCS).
4. Executive Committee (EC) - A team of elected LGA coordinator members of the Consortium who meet regularly and are responsible for the executive management of the Consortium. Duties include, but are not limited to, the review of fiscal revenue and expenditure reports; the approval of the annual budget; and the approval of payments by the Consortium.
5. Consortium Trust Fund ("Trust Fund") - Fund established and maintained by the HOST ENTITY, for the benefit of the respective LGA members of the Consortium, to hold and account for Participation Fees paid by the members to cover the administrative costs of the Consortium and the costs of DHCS.
6. Membership - All California county and/or chartered city CMAA/TCM coordinators or designees are eligible to join the Consortium and serve as their LGA representative. Membership is contingent on the annual payment of Participation Fees.
7. HOST ENTITY - The LGA designated by all LGAs participating in the CMAA/TCM programs, to be the administrative and fiscal intermediary between DHCS and all participating LGAs.
8. Termination - To discontinue or cancel an active membership, contract or agreement. Acceptable notice of intent to terminate an active membership must have an effective date that is concurrent with any final CMAA and/or TCM payments or fees due. All fees are due and payable during this time.

EXHIBIT A: Scope of Work - Agreement Concerning County-Based Medi-Cal Administrative Activities / Targeted Case Management

HOST ENTITY shall:

1. Prepare and transmit Host Entity/Local Government (LGA) AGREEMENT and Participation Fee ("Participation Fee") invoice to the LGA pursuant to Exhibit 8.
2. Maintain an interest-bearing trust fund solely for the accounting for County Based Administrative Activities (CMAA)/Targeted Case Management (TCM) LGA Consortium ("Consortium") participation fees as required by the Consortium bylaws.
3. Enter into a separate agreement with the California Department of Health Care Services (DHCS) to coordinate administration of the CMAA/TCM programs on behalf of the LGAs.
4. Pay the DHCS CMAA/TCM administrative costs pursuant to the agreement between DHCS and HOST ENTITY and as agreed to by the Consortium, each fiscal year, within sixty (60) days of receipt of invoice with documented costs from DHCS.
5. Pay the LGA consultant(s) costs pursuant to the contract(s) between LGA consultant(s) and HOST ENTITY and as agreed to by the Consortium, each fiscal year, within twenty-one (21) days of Executive Committee approval of invoices submitted by the LGA consultant(s). The approved invoices for consultant(s) costs pursuant to the contract(s) are paid through the Host Entity trust fund.
6. Manage and oversee all contracts on behalf of the Consortium.
7. Provide to Executive Committee of the Consortium, for review, quarterly revenue and expenditure reports.
8. Provide to Executive Committee of the Consortium, for approval, an annual budget per Consortium by-laws.
9. Pay all expenses incurred as HOST ENTITY, including costs related to coordinating the Annual LGA Conference hosted by the Consortium.
10. Carry out other duties and responsibilities as defined and delineated in the Consortium by-laws.

LGA shall:

1. Pay Participation Fee to HOST ENTITY within thirty (30) days from receipt of invoice.
2. Have sole and exclusive responsibility for the processing of all CMAA\TCM claims for reimbursement of the LGA as well as any audit exceptions arising from those claims for reimbursement.

3. Carry out the duties and responsibilities of membership as defined and delineated in the Consortium by-laws.

EXHIBIT B: Payment and Fee Structure

1. Initial or Reinstate Membership Fee: The LGA shall pay a one-time \$500 fee to initially join or reinstate membership into the County Based Medi-Cal Administrative Activities (CMAA)/Targeted Case Management (TCM) Consortium ("Consortium"). This initial membership fee will only cover Consortium expenses. Any LGA requesting reinstatement that left the Consortium in bad standing will be required to pay the balance of its outstanding participation fees plus interest plus penalties as determined by the Host Entity.
2. Annual Participation Fee:
 - a. The LGA shall be assessed an annual participation fee calculated as the LGA's proportionate share of the LGA Consortium's approved current fiscal year budget.
 - b. The LGA's proportionate share percentage shall be calculated as the actual MAA and TCM revenue received from DHCS by the LGA during the prior fiscal year divided by the total MAA and TCM revenue received from DHCS by all LGAs for that same period.
 - c. The LGA's proportionate share of the LGA Consortium's approved current fiscal year budget shall be calculated by multiplying the proportionate share percentage by the LGA Consortium's total budgeted expenditures for the MAA and TCM programs for the current fiscal year.
 - d. For those LGA's not receiving any revenue from the MAA or TCM programs but still have outstanding TCM Cost Reports that require an audit, the fee charged will be based on the average of the last three (3) years revenues. This amount will be added to the revenue spreadsheet received from DHCS each year, which breaks out the annual revenue for each LGA.
 - e. For those LGA's that have yet to receive any revenue, but have already paid the \$500 initial fee, the \$500 fee will continue until revenue is received and able to be used as a basis for the calculations in subsections a-c above.

Certificate Of Completion

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Signatures: 2

Envelope Originator:

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Signer Events


John Nguyen

John.Nguyen@santacruzcountycal.gov

Lead Assistant County County Counsel

Security Level: Email, Account Authentication (None)

Signature

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Gina Borasi

GINA.BORASI@SANTACRUZCOUNTYCA.GOV

Risk Manager

County of Santa Cruz

Security Level: Email, Account Authentication (None)

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Jessica Randolph

Jessica.Randolph@santacruzcountycal.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

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CBD eSignature

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**MENTAL HEALTH-BASED
MEDI-CAL ADMINISTRATIVE
ACTIVITIES (MHMAA) AGREEMENT
Between the
COUNTY OF SANTA CRUZ
and
«LGA_Name»**

THIS AGREEMENT is made and entered into by and between «LGA_Name», a political subdivision of the State of California, hereinafter referred to as "LOCAL GOVERNMENTAL AGENCY (LGA)" and the COUNTY OF SANTA CRUZ, a political subdivision of the State of California, hereinafter referred to as "HOST ENTITY."

WITNESSETH:

WHEREAS, LGA desires to promote access to health services to residents, through the provision of Mental Health Medi-Cal Administrative Activities (MHMAA) by contracting with HOST ENTITY; and

WHEREAS, LGA is prepared to promote access to health services to residents under the terms and conditions set forth in this AGREEMENT and Exhibit A, Scope of Work - Agreement Concerning Mental Health Medi-Cal Administrative Activities, attached hereto and incorporated herein by reference; and

WHEREAS, HOST ENTITY was selected by MHMAA LGA Consortium ("Consortium") to collect and disburse LGA participation fees; and

WHEREAS, the Santa Cruz County Board of Supervisors has authorized entering into this AGREEMENT as HOST ENTITY; and

WHEREAS, the authorizing entity of LGA has authorized entering into this AGREEMENT;

NOW, THEREFORE, for in and in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. HOST ENTITY, Responsibilities:

- 1.1. HOST ENTITY shall perform host entity duties for MHMAA listed in attached Exhibits A and B for MHMAA program.
- 1.2. HOST ENTITY is the "Host Entity" solely for the purpose of collecting and disbursing funds for the Consortium trust fund ("Trust Fund"), as described in terms of this AGREEMENT
- 1.3. HOST ENTITY shall comply with all applicable laws and regulations governing the Trust Fund and public funds, generally, in the collection and disbursement of funds for and from the Trust Fund pursuant to the terms of this AGREEMENT.

1.4. HOST ENTITY will receive a total annual compensation in the amount approved per the consortium annual budget for the performance of its HOST ENTITY services under Sections 1.1 thru 1.3 of this contract, paid from the Trust Fund.

2. LGA Responsibilities:

2.1. LGA shall perform the LGA duties listed in the attached Exhibits A and B for the MHMAA program.

3. Disclaimers:

3.1. LGA is solely and exclusively responsible for the processing of its MHMAA claims for reimbursement, including, but not necessarily limited to, compliance with all applicable federal and state laws and California Department of Health Care Services (DHCS) guidelines and procedures.

3.2. LGA is solely and exclusively responsible for the payment of its costs under the terms of this AGREEMENT as well as any and all its costs related to its participation in the MHMAA program.

3.3. LGA is solely and exclusively responsible for all audit exceptions arising from its participation in the MHMAA program.

4. Insurance and Indemnification:

4.1. Insurance:

Each of the parties agrees to maintain liability coverage for its negligent or intentionally wrongful acts and/or omissions arising from the performance of its duties under this Agreement.

4.2. Indemnification:

To the fullest extent permitted by law, the parties shall indemnify, defend, and hold each other, their officers, agents and employees harmless from any and all claims, losses, liabilities, damages, demands and actions (all collectively referred to as "liability" herein) arising from each parties' respective performance of this Agreement, but only to the extent such liabilities are caused by or result from the negligent or intentionally wrongful act or omission of the indemnifying party, its officers, agents or employees.

5. Termination:

5.1. LGA may give written notice of its intent to terminate this AGREEMENT and accordingly relinquish its membership and rights to participate in the Consortium, at any time.

5.2. The effective date of termination shall be concurrent with the payment of the LGA's final claim for reimbursement.

5.3. Participation fees shall be calculated and payable to the Host Entity for any and all claims reimbursements received by LGA after LGA's notice of intent to terminate. LGAs failing to pay participation fees arising from reimbursements received after the termination date shall be in breach of this AGREEMENT.

6. Term:

This AGREEMENT shall be effective upon execution and for the period July 1, 2025, through June 30, 2028, unless previously terminated as provided herein or as otherwise agreed to in writing by the parties.

The parties agree to comply with the terms and conditions of the exhibits below, which are an integral part of this agreement and are deemed incorporated by reference herein.

Exhibits:

Exhibit A - Scope of Work - Agreement Concerning Mental Health Medi-Cal
Administrative Activities

Exhibit B - Payment and Fee Structure

[SIGNATURES TO FOLLOW ON NEXT PAGE]

MHMAA_FY26-28«LGA»

PAGE 4 OF 7
26R0239

“HOST ENTITY”
Duly Authorized

“LGA”
Duly Authorized

COUNTY OF SANTA CRUZ

«LGA_Name»

By _____
Director of Health Services or Designee
Health Services Agency
1800 Green Hills Road, Suite 240
Scotts Valley, California 95066

By _____
«LGA Contact Name»
«LGA Title»
«LGA Address»
«LGA City, State, Zip Code»

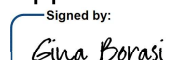
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Office of the County Counsel Date

Approved as to Insurances:

Signed by:

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Risk Management Date

DEFINITIONS

1. Local Government Agency (LGA) – A local public health office or county agency in a county or chartered city that oversees the Mental Health Medi-Cal Administrative Activities (MHMAA) program.
2. MHMAA LGA Consortium (“Consortium”) – A collaboration of LGA MHMAA coordinators and/or designees who meet regularly and pursue the proper and efficient administration of the MHMAA program.
3. Participation Fee (“Participation Fee”) – Payment to the Consortium for the consortium’s MHMAA administrative costs and the program costs of the California Department of Health Care Services (DHCS).
4. Consortium Trust Fund (“Trust Fund”) – Fund established and maintained by the HOST ENTITY, for the benefit of the respective LGA members of the Consortium, to hold and account for Participation Fees paid by the members to cover the administrative costs of the Consortium and the costs of DHCS.
5. Membership – All California county and/or chartered city Coordinators or designees are eligible to join the Consortium and serve as their LGA representative. Membership is contingent on the annual payment of participation fees.
6. Host Entity (HOST ENTITY) - The LGA designated by all LGAs participating in the MHMAA program, to be the administrative and fiscal intermediary between the California Department of Health Care Services (DHCS) and all participating local governmental agencies.
7. Termination – To discontinue or cancel an active membership, contract or agreement. Acceptable notice of intent to terminate an active membership must have an effective date that is concurrent with any final MHMAA payments. All Participation Fees are due and payable during this time.

**EXHIBIT A: Scope of Work –
Agreement Concerning Mental Health Medi-Cal Administrative Activities**

HOST ENTITY shall:

1. Prepare and transmit Host Entity/Local Government Agency (LGA) AGREEMENT and Participation Fee ("Participation Fee") invoice to the LGA identified pursuant to Exhibit B.
2. Maintain an interest-bearing trust fund solely for the accounting for Mental Health Administrative Activities (MHMAA) LGA Consortium ("Consortium") participation fees.
3. Pay the DHCS MHMAA administrative costs pursuant to the agreement between DHCS and HOST ENTITY and as agreed to by the Consortium, each fiscal year, within sixty (60) days of receipt of invoice with documented costs from DHCS.
4. Pay the LGA consultant(s) costs pursuant to the contract(s) between LGA consultant(s) and HOST ENTITY and as agreed to by the Consortium, each fiscal year, within twenty-one (21) days of receipt of invoices submitted by the LGA consultant(s). The approved invoices for consultant(s) costs pursuant to the contract(s) are paid through the Host Entity trust fund.
5. Manage and oversee all contracts on behalf of the Consortium.
6. Provide to the Consortium, for review, quarterly revenue and expenditure reports.
7. Provide to the Consortium, for approval, an annual budget.
8. Pay all expenses incurred as HOST ENTITY.

LGA shall:

1. Pay Participation Fee to HOST ENTITY within thirty (30) days from receipt of invoice.
2. Have sole and exclusive responsibility for the processing of all MHMAA claims for reimbursement of the LGA as well as any audit exceptions arising from those claims for reimbursement.

EXHIBIT B: Payment and Fee Structure

1. Initial or Reinstate Membership Fee: The LGA shall pay a one-time \$500 fee to initially join or reinstate membership into the Mental Health Administrative Activities (MHMA) Local Governmental Agency (LGA) Consortium ("Consortium"). This initial membership fee will only cover Consortium expenses. Any LGA requesting reinstatement that left the Consortium in bad standing will be required to pay the balance of its outstanding participation fees plus interest plus penalties as determined by the Host Entity.
2. Annual Participation Fee:
 - a. The LGA shall be assessed an annual participation fee calculated as the LGA's proportionate share of the LGA Consortium's approved current fiscal year budget.
 - b. The LGA's proportionate share percentage shall be calculated as the actual MHMAA revenue received from DHCS by the LGA during the prior fiscal year divided by the total MHMAA revenue received from DHCS by all LGAs for that same period.
 - c. The LGA's proportionate share of the LGA Consortium's approved current fiscal year budget shall be calculated by multiplying the proportionate share percentage by the LGA Consortium's total budgeted expenditures for the MHMAA program for the current fiscal year.

Certificate Of Completion

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Gina Borasi

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GINA.BORASI@SANTACRUZCOUNTYCA.GOV

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Jessica Randolph

Jessica.Randolph@santacruzcountyca.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

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CBD eSignature

cbd.esignature@santacruzcountyca.gov

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Maite Arce Maite.Arce@santacruzcountyca.gov Associate Analyst County of Santa Cruz Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/29/2022 4:56:31 PM ID: 70c46901-390f-4f85-835d-95aea61b72d1		Sent: 4/14/2025 12:05:09 PM

Agent Delivery Events	Status	Timestamp
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Notary Events	Signature	Timestamp
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Payment Events	Status	Timestamps
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