

C7 Approve a retroactive Letter of Agreement with Partnership HealthPlan of California for eating disorder treatment reimbursement.

STAFF REPORT

BOARD MEETING DATE:	March 11, 2025
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CATEGORY: Consent Calendar 7

SUBJECT: Approve a retroactive Letter of Agreement with Partnership HealthPlan of California for eating disorder treatment reimbursement.

DEPARTMENT: Health and Human Services Agency-Behavioral Health and Social Services

SUPERVISORIAL DISTRICT #: All

DEPARTMENT CONTACT: Bailey Cogger, HHSA Deputy Branch Director - Behavioral Health and Social Services, (530) 229-5900

STAFF REPORT APPROVED BY: Bailey Cogger, HHSA Deputy Branch Director - Behavioral Health and Social Services

<u>Vote Required?</u> Simple Majority Vote	<u>General Fund Impact?</u> No General Fund Impact
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RECOMMENDATION

Approve a retroactive Letter of Agreement with Partnership HealthPlan of California (Partnership) to reimburse Partnership for the County’s share of cost for physical and mental health care services to one adult, for the term of September 9, 2024, through November 9, 2024, and a maximum compensation of \$30,500.

DISCUSSION

Coordinating appropriate and effective services and treatment for Medi-Cal beneficiaries with eating disorders involves unique complexities and is a shared responsibility between Mental Health Plans (MHP) and Medi-Cal Managed Care Plans (MCPs). Within Shasta County, the Health and Human Services Agency (HHSA) is the MHP and Partnership is the MCP. As the County MHP, the HHSA is responsible for determining the medical necessity of services for each beneficiary, obtaining access to necessary services, as well as authorizing and paying for these services. Since eating disorders are complex conditions involving both physical and psychological symptoms and complications, the treatment typically involves blended physical health and mental health interventions, which MCPs and MHPs are jointly responsible to provide and/or pay for.

Partnership has entered into a one-time letter of agreement with the Eating Disorder Center to provide physical and mental health care services to one adult. The County is entering into this letter of agreement with Partnership in order to reimburse Partnership for our portion of the cost of treatment, as required by BHIN 22-009.

Eating Disorder Center provides psychiatric inpatient services for treatment of eating disorders. This facility offers a full-spectrum, psychiatric eating disorder program for adults. Services provided by Eating Disorder Center include physical and mental health services designed to reduce serious behaviors and symptoms resulting from severe eating disorders in a highly structured and supervised setting. The goal of placement in this facility is to improve the client’s functioning such that the client can learn proper nutrition and maintain a healthy weight and return home.

This agreement is retroactive due to timing of treatment needs for Medi-Cal beneficiary.

ALTERNATIVES

The Board could choose not to approve the recommendation, defer consideration to a future date, or provide alternate direction to staff. Should the Board choose not to approve this Letter of Agreement, the County would be unable to pay for services already rendered and would impact the HHSA’s ability to obtain emergency treatment for Medi-Cal beneficiaries in the future.

OTHER AGENCY INVOLVEMENT

County Counsel has approved the agreement as to form. Risk Management has approved the agreement. This recommendation has been reviewed by the County Administrative Office.

FISCAL IMPACT

Costs incurred through this contract are funded through Cost Center 41010. Behavioral Health and Social Services Budget (BU 410) for FY 2024-25 includes sufficient appropriation authority for the activities described in this letter of agreement.

ATTACHMENTS:

1: Letter of Agreement with Partnership HealthPlan of California



4665 Business Center Drive
Fairfield, CA 94534

October 17, 2024

Sent via SECURE EMAIL: kleake@shastacounty.gov

Shasta County Behavioral Health
2640 Breslauer Way
Redding, CA. 96001
Attn: Clinical Division Chief

Member Name: [REDACTED]
CIN# [REDACTED]
DOB: [REDACTED]
Admission Date: 9/9/2024 through 11/9/2024
Facility/Program: Eating Disorder Center ("MH Provider")
TAR # -----

Dear Clinical Division Chief:

This Letter of Agreement ("LOA") will confirm the understanding between Partnership HealthPlan of California, a public entity ("PHC") and **Shasta County Mental Health** hereinafter referred to in this LOA as (the "COUNTY") on behalf of Patient, [REDACTED], a PHC member.

Parties agree that PHC will enter into a one-time Letter of Agreement (LOA) with the Facility/Program set forth in Table 1 hereinafter referred to as ("MH PROVIDER"). PHC will reimburse the MH PROVIDER directly for all approved and authorized services as described below.

PHC AND COUNT COST SHARE ARRANGEMENT

PHC and the COUNTY agree to split the total cost of services and/or the Member's Share of Cost ("SOC") for the services described in Table 1. PHC will invoice for the COUNTY for services and/or the share of cost set forth below.

Table 1

Facility / Program	COUNTY / PHC SHARE OF COST / COST SHARE	METHOD OF PAYMENT
Service: Residential Facility / Program: Eating Recovery Disorder 3610 American River, Suite 140 Sacramento, CA. 95864	50 % of Share of Cost (SOC) "In no event whatsoever shall maximum compensation exceed \$30,500 during the term of this agreement." <u>MH Provider Rate</u> Rev Code 913 \$1000 /per diem	PHC to Invoice County



4665 Business Center Drive
Fairfield, CA 94534

The Member must be an eligible PHC member during the time that services are rendered. COUNTY agrees to comply with PHC policies and procedures located in the COUNTY Manual on the PHC website at: www.partnershipph.org. All covered services must be properly authorized by PHC in accordance with PHC Medical Management guidelines. This LOA is not intended to be an authorization for services but an agreement on the reimbursement rate for all properly authorized covered services.

If you have questions regarding authorizations, please contact our Health Services Department at (707) 863-4133.

PHC will submit an invoice to the County ninety (90) days but no later than 365 days from the final date of reimbursement to the Facility/Program.

Invoice/Payment Instructions

- Please send invoices/payment directly to: Partnership HealthPlan of California, Finance Department, Accounts Receivable, 4665 Business Center Drive, Fairfield, CA 94534; and
- Attach a copy of this LOA when submitting invoices for payment and include the Authorization Number (as applicable).

Accepting: **Shasta County Mental Health**

Signature
Kevin W. Crye

Name
Chair, Board of Supervisors, County of Shasta

Title

Date

Partnership HealthPlan of California



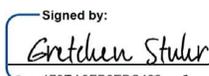
Signature
Amy Turnipseed

Name
Chief Strategy & Government Affairs Officer

Title
10/18/2024 | 3:24 PM PDT

Date

APPROVED AS TO FORM
JOSEPH LARMOUR
COUNTY COUNSEL

Signed by:  02/20/2025 | 4:02 PM PST

Gretchen M. Stuhr
SENIOR DEPUTY COUNTY COUNSEL

RISK MANAGEMENT APPROVAL

Signed by:  02/18/2025 | 8:44 AM PST

Dolyene Lane
RISK MANAGER

Additional Notes:



4665 Business Center Drive
Fairfield, CA 94534

This LOA represents the complete one-time Agreement between the parties and will terminate at the conclusion of services provided to the Member set forth above. COUNTY agrees to hold the Member harmless from all demands for payments for Covered Services. This execution of this one-time LOA by the parties shall not be construed to represent any obligation, representation or any implicit or explicit warranty for PHC to execute future LOA's for any PHC member for any service, unless expressly agreed to by PHC and COUNTY through the execution of a separate LOA or formal written Agreement. COUNTY understands that PHC is Managed Medi-Cal Plan (MCP) contracted with the Department of Health Care Services (DHCS) to administer the Medi-Cal benefit and that by executing this LOA, the COUNTY agrees that PHC reserves the right to impose administrative and/or financial sanctions and/or penalties for non-compliance of this LOA and federal and state regulations that govern the Medi-Cal program, including DHCS All Plan Letters (APL's).

LOA Instructions:

Please sign the LOA and then please return the signed document back to PHC-Contracting via either Fax at 707-366-3058 or Secure Email to LOAprovidingcontracting@partnershiphp.org