

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

MEETING DATE: June 18, 2019	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent
---------------------------------------	---

DEPARTMENT: Behavioral Health APPROVING PARTY: Lea Salas, Administrative Director PHONE NUMBER: (530) 993-6746

AGENDA ITEM: Approval to pay Placer County Fiscal Year 2018-2019 invoice for Behavioral Health Services.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other
Invoice

BACKGROUND INFORMATION: Please see attached memo

FUNDING SOURCE: 0515670
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$30,996.00 Annually

ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No	IS THIS ITEM ALLOCATED IN THE BUDGET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

SPACE BELOW FOR CLERK'S USE

BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2019- _____ Agreement 2019- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
---	---	---

COMMENTS:

CLERK TO THE BOARD _____	DATE _____
--------------------------	------------

Memorandum

To: Sierra County Board of Supervisors
From: Lea Salas, Administrative Director
Reference: Agenda Item
Date of memo: June 10, 2019
Date of Board Meeting: June 18, 2019

Requested Action: Approval to pay Placer County Fiscal Year 2018-2019 invoice for Behavioral Health Services.

Funding

Budgeted? Yes X No

Revenue	\$30,996.00	Mental Health, MHSA
Expenses	\$30,996.00	Mental Health, MHSA
Difference		

Background Information: For more than 20 years Sierra County has had a joint mental health plan with Placer County which includes crisis and 5150 services. Sierra County has engaged Placer County with formalizing a comprehensive mental health plan to include Medi-Cal billing. During this time, Placer has continued to honor our relationship and provided these services without a formal contract. Normally, we would have a two-year contract which would include Fiscal Years 2018-2019 and 2019-2020 already in place and would allow us to pay monthly. In order to insure payment for services be made in the current fiscal year, Sierra County Behavioral Health requested an invoice for 2018/2019 services. Both parties have agreed to move forward with the existing contract until we have considered all aspect of Medi-Cal billing. Sierra County Behavioral Health is seeking Board of Supervisor approval for this invoice to be paid.

Potential Issues to consider: None

Alternatives or Impacts of disapproval: Sierra County would not be able to pay for the invoice for Fiscal Year 2018-2019 and jeopardize future contract negotiations.



HEALTH AND HUMAN SERVICES
ADMINISTRATIVE SERVICES

Placer County Department of Health and Human Services
Adult System of Care
3091 County Center Dr, Ste. 290
Auburn, CA 95603

Date
6/10/2019

Bill To:
Lea Salas Administrative Director of Behavioral Health Sierra County Behavioral Health PO Box 265 Loyalton, CA 96118 lsalas@sierracounty.ca.gov

Description	Amount
Please remit payment for Fiscal Year 18/19 In-Patient Mental Health Services.	
Please remit copy of invoice with payment.	
Services & Costs FY 18/19	\$26,878.00
Administrative Costs	\$4,118.00
PG140004 CC14001 FD10303 MA14000029	
Total	\$30,996.00