



**SAN BENITO COUNTY
AGENDA ITEM
TRANSMITTAL FORM**

Dom Zanger
District No. 1
Vice-Chair

Kollin Kosmicki
District No. 2
Chair

Mindy Sotelo
District No. 3

Angela Curro
District No. 4

Ignacio Velazquez
District No. 5

Item Number: 1.1

MEETING DATE: 05/06/2025

DEPARTMENT: BEHAVIORAL HEALTH

AGENDA ITEM PREPARER: Geraldine Arce

DEPT HEAD/DIRECTOR: Dana Edgull

SUBJECT:

BEHAVIORAL HEALTH DEPARTMENT - D. EDGULL

Approve Budget Adjustment Transfer in the amount of \$800,000.00 from the higher-budgeted Services and Supplies Special Dept - Contracts of \$216,125.00 and Other Charges Cost Plan of \$583,875.00, to the lower-budgeted Other Charges Care & Support Client Facilities & Physician's to cover unforeseen additional costs in inpatient hospitalization claims received by SBCBH for FY24/25. (4/5 Vote Required)
SBC FILE NUMBER: 810

AGENDA SECTION:

CONSENT AGENDA

BACKGROUND/SUMMARY:

This budget transfer in the amount of \$800,000.00 is a transfer of existing appropriations from Services and Supplies Special Dept (Contracts) and Other Charges Cost Plan to Other Charges Care & Support Client Facilities & Physician's to cover unforeseen additional costs in inpatient hospitalization claims received by SBCBH for FY24/25.

To ensure continuity of care and/or emergency placement determinations, San Benito County Behavioral Health is determined responsible for all psychiatric inpatient claims created by Providers where San Benito County Behavioral Health is designated as the individual client's Medi-Cal Mental Health Plan. County of responsibility is determined by client's current active medi-cal coverage in the county they are

registered while receiving acute psychiatric inpatient hospital services. The County of San Benito is required to allow all eligible Medi-cal beneficiaries who meet medical necessity criteria for SMHS and DMC-ODS the right to request continuity of care with an out of network provider and/or the MHP to make an emergency placement determination. SBCBH has the ability to enter into a Single Case Agreement for Continuity of Care to establish a continuity of care relationship for the beneficiary and/or determine an emergency placement based on client's dire situation. In the event of a medical emergency, either psychiatric or non-psychiatric, Providers shall stabilize and treat or transfer patients in accordance with Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395dd ("EMTALA"). The County agrees that all screenings and stabilizing services provided by a Provider in a medical emergency are services covered by the County under this agreement.

Due to the nature of emergency services rendered on a case-by-case basis the county can only project funding for claims anticipated in this service area for the upcoming fiscal year by evaluating the base account: Other Charges Care & Support Client Facilities & Physician's expenditure usage from prior fiscal years. DHCS updates Regional Rates for Medi-Cal Psychiatric Inpatient Hospital Services annually; approximately every fall well after the current fiscal year's budget has been created. This FY current rates were effective 7/1/24 but were not provided to counties until late fall, approximately 6 months after hospital services were rendered by Providers. BHIN No 24-037 for FY24/25 regional rates notice was issued 11/18/24 and posted to DHCS website on 12/2/24. This timeline for releasing rates creates delays in claim payment processing until early December 2024 when new fiscal year rates are published. Each hospital claim will also vary in cost depending on location of Provider and length of beneficiary's stay, impacting actual costs for this service area.

Our department has completed claim processing from beginning of fiscal year 7/1/2024 - 12/31/24. We are requesting an increase in care and support funding to cover remaining 11 claims already on hand that we are unable to validate funding due to budget limit for the fiscal year in addition to anticipated claims yet to be generated for services rendered in the coming months of March 2025 - June 2025.

RESOLUTION OR ORDINANCE NEEDED FOR THIS ITEM:

N/A

CONTRACT NEEDED FOR THIS ITEM:

N/A

RFP AND BID HISTORY:

N/A

LAST CONTRACT AMOUNT OR N/A:

N/A

CONTRACT HISTORY (Describe all amendments and previous contracts):

N/A

STRATEGIC PLAN GOALS: 1. Operational Development & Excellence

Yes

STRATEGIC PLAN GOALS: 2. Planning And Sustainable Growth

No

STRATEGIC PLAN GOALS: 3. Technology

No

STRATEGIC PLAN GOALS: 4. Community Engagement

No

STRATEGIC PLAN GOALS: 5. Health & Safe Community

No

BUDGETED:

No

BUDGET ADJUSTMENT NEEDED:

Yes

SOURCE OF FUNDING:

Non-general Fund

UNFUNDED MANDATE:

N/A

SBC BUDGET LINE ITEM NUMBER:

228.90.2520.1000.630.116

CURRENT FY COST:

\$1,057,538.00

STAFF RECOMMENDATION:

Approve Budget Adjustment Transfer in the amount of \$800,000.00 from the higher-budgeted Services and Supplies Special Dept - Contracts of \$216,125.00 and Other Charges Cost Plan of \$583,875.00, to the lower-budgeted Other Charges Care & Support Client Facilities & Physician's to cover unforeseen additional costs in inpatient hospitalization claims received by SBCBH for FY24/25. (4/5 Vote Required)

ATTACHMENTS:

Budget Adjustment - BH for Inpatient Hospitalization