

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

| | | | |
|------------------------------|--|---------------------|--|
| Requested Board Date: | July 3, 2024 | Staff Lead: | Nina Arneson |
| Consent Agenda: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Attachments: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Action Requested: | Approve the fourth amendment to the 2020 Delegation Agreement with South Country Health Alliance | | |

BACKGROUND:

South Country Health Alliance has updated the agreement with Goodhue County. This amendment addresses the use of excluded practitioners as well as guarding against fraud, waste, abuse, and improper payments.

This amendment also reflects the changes in rates for the Community Care Connector and Case Aide positions.

RECOMMENDATION: GCHHS Department recommends approval as requested.

Fourth Amendment to 2020 Delegation Agreement

This Fourth Amendment to the 2020 Delegation Agreement is entered into by and between Goodhue County (“Delegated Entity”) and South Country Health Alliance (“SCHA”) as of January 1, 2024.

1. Section 6.7 of the Delegation Agreement is deleted in its entirety and replaced with the following:

6.7 Delegated Entity adheres to the prohibited use of excluded practitioners.

6.7.1 Delegated Entity will search monthly, and require all subcontractors to search monthly, the OIG List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS, within the HHS System for Awards Management) database (and may search the Medicare Exclusion Database), and the Minnesota Excluded Providers Lists maintained by the State of Minnesota for any Providers, agents, Persons with an Ownership or Control Interest and Managing Employees to verify that these persons:

6.7.1.1 Are not excluded from participation in Medicaid by the State of Minnesota nor under §§ 1128 or 1128A of the Social Security Act; and

6.7.1.2 Have not been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid or the title XX Social Security Act.

2. A new Section 6.11 is added to the Delegation Agreement as follows:

6.11 Delegated Entity shall report in writing to SCHA any fraud that Delegated Entity knows or has reason to believe has been committed by a provider, vendor, subcontractor, or member within five (5) business days after Delegated Entity learns of or has reason to believe such fraud has been committed.

3. A new Section 6.12 is added to the Delegation Agreement as follows:

6.12 Delegated Entity shall comply with all applicable SCHA compliance plan and program integrity requirements that are designed to guard against fraud, waste, abuse and improper payments. Delegated Entity shall cooperate fully in any investigation of fraud by SCHA, the State, the Minnesota Medicaid Fraud Control Unit (MFCU), and other regulatory or

law enforcement agencies and in any subsequent legal action that may result from those investigations.

4. The parties agree to amend Exhibit D of the 2020 Agreement by deleting it and all previous versions in its entirety and replacing it with Exhibit D as Amended January 1, 2024. This amendment reflects changes in rates for the Community Care Connector / Case Aide Positions.

The parties have executed this Fourth Amendment to the 2020 Delegation Agreement as of the effective date stated above.

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|--|---|
| DELEGATED ENTITY: Goodhue County By: _____ Print Name: _____ Title: _____ Date: _____ | SOUTH COUNTRY HEALTH ALLIANCE By: _____ Print Name: _____ Title: _____ Date: _____ |
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EXHIBIT D

As amended January 1, 2024

2024 Rates

1. Non-Elderly Waiver (EW) Community Well and Skilled Nursing Facility Members

Procedure Code: G9005

- Care Coordination Activity for:
 - SeniorCare Complete (SCC) and MSC+ Non-EW Community Well and Skilled Nursing Facility SNBC (AbilityCare, SingleCare, SharedCare) \$24.01/15 Minute Unit

2. Transition Coordination for all MSC+ and SCC \$16.63/15 Minute Unit

Procedure Code: T1017 U6

3. Elderly Waiver SCC and MSC+ Members

- Care Coordination Activity \$25.46/15 Minute Unit
- Case Management Aide Activity \$9.39/15 Minute Unit

4. Community Care Connector and Community Care Connector Case Aide Position

- Twenty-eight (28) average Connector weekly hours dedicated to South Country Connector duties
- Seventeen (17) average Connector Case Aide weekly hours dedicated to South Country Connector Case Aide duties

Connector \$90,182.30 Annually

Connector Case Aide \$41,270.01 Annually

Payment will be made bi-annually on or about mid-September and mid-February.

2024 COST REIMBURSEMENT
COUNTY: Goodhue County

| | | | |
|--|-------|------------|--------------|
| CONNECTOR: | | | |
| | | | 28 |
| AVERAGE HOURS <i>PER WEEK</i> DEDICATED TO SCHA DUTIES | | | |
| | % FTE | | 70.0% |
| 2024 Connector Annual Salary | \$ | 103,001.60 | \$ 72,101.12 |
| Taxes | | 7.65% | 5,515.74 |
| PERA | | 7.50% | 5,407.58 |
| Annual Insurance | \$ | 10,226 | 7,157.86 |
| Total 2024 Connector Reimbursable Costs | | | \$ 90,182.30 |

| | | | |
|--|-------|-----------|--------------|
| CASE AIDE | | | |
| | | | 17 |
| AVERAGE HOURS <i>PER WEEK</i> DEDICATED TO SCHA DUTIES | | | |
| | % FTE | | 42.5% |
| 2024 Case Aide Annual Salary | \$ | 75,424.27 | \$ 32,055.31 |
| Taxes | | 7.65% | 2,452.23 |
| PERA | | 7.50% | 2,404.15 |
| Annual Insurance | \$ | 10,255 | 4,358.32 |
| Total 2024 Case Aide Reimbursable Costs | | | \$ 41,270.01 |

| | | | |
|--|----|--|------------|
| Total Salaries | \$ | | 104,156.43 |
| Total Taxes | \$ | | 7,967.97 |
| Total PERA | \$ | | 7,811.73 |
| Total Insurance | \$ | | 11,516.18 |
| Combined Total 2024 Reimbursable Costs | \$ | | 131,452.31 |

Prepared by: Kayla Matter
Date: 1/30/2024