



Better Health for All



DATE: November 29, 2022

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: Rene Santiago, Deputy County Executive/ Director, Health System 
Sherri Terao, Director of Behavioral Health Services 

SUBJECT: BHSD Inpatient Agreements for Fiscal Year (FY) 2022

On September 22, 2020, the Board of Supervisors approved a Delegation of Authority (DOA) for the execution of Inpatient Hospital Agreements (LF# 102183) for the period of July 1, 2021 through June 30, 2026. The BHSD provides an off-agenda report after the completion of each FY to reflect the number of agreements, names of each inpatient hospital, number of clients served, and total expenditures utilized under the DOA. Below is the information for the five contracted facilities in FY 2022, for the period of July 1, 2021 to June 30, 2022.

Facility Name	Target Population	Total Number of clients served*	FY 2022 County General Fund Expenditures *****
1. Crestwood Psychiatric Health Facility- (Short Doyle Contract)**	Medi-Cal and Un-sponsored: Adults (18 and older)	149 admissions* 152 clients unduplicated 80% Medi-Cal 20% Un-sponsored	\$2,462,416 County General Fund
2. Fremont Hospital (Fee-for Service Hospital)***	Medi-Cal and Un-sponsored: Children (12 and under), Adolescents (13-17)	157 admissions* 136 clients unduplicated 97% Medi-Cal 3% Un-sponsored	\$890,826 County General Fund
	Medi-Cal: Transitional Age Youth (18-21), Older Adults (65+)	43 admissions* 39 clients unduplicated 100% Medi-Cal	\$154,610 County General Fund
	Un-sponsored/Unbillable Medi-Cal: Adults (18 and older)	213 admissions* 206 clients unduplicated 100% Un-sponsored/Unbillable Medi-Cal	\$3,667,745 County General Fund

Facility Name	Target Population	Total Number of clients served*	FY 2022 County General Fund Expenditures ****
3. Good Samaritan Hospital (Fee-for-Service Hospital)***	Medi-Cal and Unspponsored: Adults (18 and older)	121 admissions* 111 clients unduplicated 100% Medi-Cal 0% Unspponsored	\$352,755 County General Fund
4. John Muir Hospital (Fee-for Service Hospital)***	Medi-Cal: Transitional Age Youth (18-21), Older Adults (65+)	6 admissions* 6 clients 100% Medi-Cal 0% Unspponsored	\$27,971 County General Fund
	Medi-Cal: Children (12 and under), Adolescents (13-17)	66 admissions* 60 clients unduplicated 98% Medi-Cal 2% Unspponsored	\$385,148 County General Fund
	Unspponsored: Adults (18 and older)	0 admission* 0 clients unduplicated 0% Medi-Cal 0% Unspponsored	\$0 County General Fund
5. San Jose Behavioral Health (Fee-for-Service Hospital)***	Medi-Cal and Unspponsored: Adolescents (14-17)	100 admissions* 89 clients unduplicated 99% Medi-Cal 1% Unspponsored	\$576,461 County General Fund
	Unspponsored/Unbillable Medi-Cal: Adults (18 and older)	228 admissions* 210 clients unduplicated 100% Unspponsored/Unbillable	\$3,854,850 County General Fund
	Transitional Age Youth (18-21), Older Adults (65+)	44 admissions* 38 clients unduplicated 95% Medi-Cal 5% Unspponsored	\$265,439 County General Fund

Notes

*Total Number of Clients Served includes unduplicated clients and admissions. The number of admits includes only the number of clients admitted between the time period of 7/1/21-6/30/22. Any clients admitted prior to 7/1/21 that continue to be served in FY 2022 will not show up in the admit count but will show up in the total unduplicated client count as their services after 6/30/21 are accounted for in the County General Fund totals.

** For all Short-Doyle Medi-Cal psychiatric health facility services, the BHSD Utilization

Review team reviews medical records for medical necessity and approves or denies dates of service. Approved or denied dates of service of claims are entered into the Unicare system, the County of Santa Clara (County) bills the State for the approved Medi-Cal hospital stays and the State reimburses the County for the federal financial portion (FFP). The County pays the provider directly for utilization of their beds at the contracted rate for both unsponsored and Medi-Cal patients and deducts payment from the provider for the dates of service that do not meet the criteria for medical necessity during reconciliation.

*** For all Medi-Cal billable services in Fee for Service (FFS) hospitals, the BHSD Utilization Review team reviews medical records for medical necessity and approves or denies dates of service. Treatment Authorization Requests (TARs) are sent to the State fiscal intermediary for Medi-Cal hospital stays, and the FFS hospital separately bills the fiscal intermediary for approved days. The fiscal intermediary pays the FFS hospital directly for the approved days (dates of service) at the host county's contracted facility rate, and the County is only charged for the County match portion that is needed to match the Medi-Cal FFP, which is reimbursed by the Federal government to the State. For approved unsponsored stays, the County pays the provider with County General Funds.

**** Specific contractual provisions, including rates, can be provided upon request.

cc: Greta S. Hansen, Chief Operating Officer
James R. Williams, County Counsel
Tiffany Lennear, Clerk of the Board
Chief Board Aides
Bianca Jones, OBA
Agenda Review Administrator