Alameda County Health

Colleen Chawla
Director

AGENDA _____ February 25, 2025

February 10, 2025

The Honorable Board of Supervisors
County of Alameda
1221 Oak Street
Oakland, CA 94612

SUBJECT: APPROVE AN ENHANCING VISION 2026 FUND ALLOCATION FROM DISTRICT 2; ACCEPT FUNDS FROM CITY OF HAYWARD AND ALAMEDA HEALTH SYSTEM; ADOPT A RESOLUTION AUTHORIZING THE ALAMEDA COUNTY HEALTH DIRECTOR OR DESIGNEE TO CERTIFY THAT $15,166,000 OF FUNDING IS AVAILABLE FOR THE FISCAL YEAR 2024-25 SENATE BILL (SB) 1100 PRIVATE HOSPITAL SUPPLEMENTAL FUND (PHSF) INTERGOVERNMENTAL TRANSFER TO ST. ROSE HOSPITAL; AND AUTHORIZE AUDITOR-CONTROLLER TO APPROVE ASSOCIATED BUDGET ADJUSTMENTS

Dear Board Members:

RECOMMENDATIONS:

A. Approve a Fiscal Year 2024-2025 Enhancing Vision 2026 Fund allocation from District 2 in the amount of $1,000,000 as non-federal share for SB1100 PHSF IGT;

B. Accept local funds from City of Hayward in the amount of $1,000,000 as non-federal share for SB1100 PHSF IGT Fiscal Year 2024-2025 pending approval from Hayward City Council;

C. Accept local funds from Alameda Health System in the amount of $13,166,000 as non-federal share for SB1100 PHSF IGT Fiscal Year 2024-2025;

D. Adopt a Resolution authorizing the Alameda County Health Director, or designee, to enter into an intergovernmental transfer program certification with the California Department of Health Services to benefit St. Rose Hospital in the amount of $15,166,000 as non-federal share for SB1100 PHSF IGT Fiscal Year 2024-2025; and

E. Authorize the Auditor-Controller to make related budget adjustments to increase appropriation in the amount of $15,166,000 with offsetting revenue from Enhancing Vision 2026 Funds from District 2, City of Hayward and Alameda Health System

DISCUSSION/SUMMARY:

Hayward Sisters Hospital Inc. dba St. Rose Hospital is an independent community hospital located in Hayward that has provided critical safety-net services to the residents of Southern and Central Alameda County for over 50 years. St. Rose Hospital has experienced financial difficulties for years due to its large proportion of Medi-Cal and uninsured patients and was at risk of shuttering. Alameda Health System (AHS) together with County of Alameda continue to work with dedicated community partners such as Board of Supervisor Márquez, City of Hayward, and Eden Healthcare District, in ensuring St. Rose Hospital's long-term sustainability and access to care in Alameda County. On November 1, 2024, AHS and St. Rose Hospital entered into a Membership Issuance Agreement establishing AHS as the sole statutory member of St. Rose Hospital making St. Rose Hospital an affiliate of the broader Alameda Health System, operating as an independent, non-profit, community hospital with its own board of directors appointed by AHS.

Senate Bill (SB) 1100 Private Hospital Supplemental Fund (PHSF) Intergovernmental transfer (IGT) provides supplemental reimbursement to private hospitals to cover losses associated with Medicaid fee-for-service claims. Every eligible dollar generated at the local level that is transferred by Alameda County Health (AC Health) is matched with a federal Medicaid dollar up to a federally-approved maximum total amount. In August 2024, St. Rose Hospital was approved by the federal Centers for Medicare and Medicaid Services (CMS) to receive up to $30,332,000 in supplemental payments for the current fiscal year.

Since FY 2004-2005, AC Health has allocated Measure A funding to SB1100 PHSF IGT to benefit St. Rose Hospital as locally generated funds to draw federal match. On October 22, 2024, your Board approved St. Rose Hospital's annual allocation of FY 2024-2025 Measure A base funds in the amount of $7,000,000 (historically used as non-federal/local share for the SB1100 IGT and intended for the FY 2024-2025 SB100 IGT participation) to be utilized as emergency funds for operational expense to avoid interruption of critical services while awaiting St. Rose Hospital's affiliation with AHS (Item No. 20).

Community partners remain committed to support St. Rose Hospital and will work together with the County of Alameda and AHS to find strategic ways in leveraging revenue maximization opportunities. To provide the additional local share required for the CMS approved supplemental payment, AC Health requests your Board accept the following local funds to be used as the non-federal share and requests your Board adopt a resolution certifying that $15,166,000 in total local funding is available for the FY 2024-2025 SB1100 Private Hospital Supplemental Fund (PHSF) IGT:

1. $1,000,000 EV2026 Fund allocation from District 2 Board of Supervisor Elisa Márquez;
2. $1,000,000 from City of Hayward, pending approval from Hayward City Council on February 25, 2025; and
3. $13,166,000 from Alameda Health System (inclusive of $1,000,000 from Eden Township Healthcare District).

In the absence of Hayward City Council action, AHS will provide the additional non-federal share required.

Upon your Board's approval and certification of available funding of the total $15,166,000 funds to St. Rose Hospital, Alameda County Health will transfer the entire $15,166,000 non-federal share requirement, which will result in a $15,166,000 federal payment and a $30,332,000 total IGT payment to St. Rose Hospital. As part of the IGT transaction, the State Department of Health Care Services (DHCS) requires the AC Health Director or her designee to sign and submit the certification form in March 2025.

These recommendations are in support of the continued efforts among County of Alameda, Alameda Health System and other community partners in ensuring continuity of access to quality of care throughout the County.

FINANCING:

Funding for these recommendations ($15,166,000) comes from District 2's FY 24-25 Enhancing Vision 2026 Fund ($1,000,000), City of Hayward ($1,000,000), and Alameda Health System ($13,166,000) and is not included in the AC Health Fiscal Year 2024-2025 Approved Budget. AC Health requests an increase of appropriation in the amount of $15,166,000, where the costs will be incurred, with offsetting revenue in the same amount. Approval of these recommendations will have no impact on net County cost.

VISION 2026 GOAL:

Maintaining critical safety net medical services for vulnerable populations in Alameda County meets the 10X goal pathway of **Healthcare for All** in support of our shared visions of **Safe & Livable Communities** and **Thriving and Resilient Population**.

Sincerely,

DocuSigned by:
Aneeka Chaudhry
E20638BBECB64AD...
For Colleen Chawla, Director
Alameda County Health

FINANCIAL RECOMMENDATION FORM **#140100-35 Rev 5/21/14**

AGENDA DATE: 2/25/2025

BOARD LETTER SUBJECT: **APPROVE AN ENHANCING VISION 2026 FUND ALLOCATION FROM DISTRICT 2; ACCEPT FUNDS FROM CITY OF HAYWARD AND ALAMEDA HEALTH SYSTEM; ADOPT A RESOLUTION AUTHORIZING THE ALAMEDA COUNTY HEALTH DIRECTOR OR HER DESIGNEE TO CERTIFY THAT $15,166,000 OF FUNDING IS AVAILABLE FOR THE FISCAL YEAR 2024-25 SENATE BILL (SB) 1100**

BUDGET YEAR: **2025** **FUND:** **10000**

The use of Designations, as follows:

NAME OF DESIGNATION	ORG	AMOUNT

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350131	459540	00000		$13,166,000
	459520	00000		$1,000,000
	660011	00000		$1,000,000
			ORG TOTAL	$15,166,000

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350100	660011	00000		$1,000,000
			ORG TOTAL	$1,000,000
			GRAND TOTAL ANTICIPATED REVENUE	$16,166,000

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350131	640000	00000		$15,166,000
			ORG TOTAL	$15,166,000

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350100	610000	00000		$1,000,000
			ORG TOTAL	$1,000,000
			GRAND TOTAL APPROPRIATION	$16,166,000

PRIVATE HOSPITAL SUPPLEMENTAL FUND INTERGOVERNMENTAL TRANSFER PROGRAM CERTIFICATION

I, the undersigned, state the following:

As a public administrator, a public officer, or other public individual duly authorized to sign on behalf of _____ (Public Agency), I am authorized or designated to make this Certification, and declare that this Certification is true and correct. I understand that knowingly filing a false or fraudulent claim or making false statements in support of a claim may violate the Federal False Claims Act or other applicable statute and federal law, and be punishable thereunder.

This Certification is made under the penalty of perjury.

1. The Public Agency making this intergovernmental transfer (IGT) to the Department of Health Care Services (DHCS) qualifies as an eligible transferring entity under Welfare and Institutions Code section 14166.12, subdivisions (d)(4), (e), and (f). The private hospital(s), identified as the entity to receive supplemental Medi-Cal payments funded by this IGT pursuant to Welfare and Institutions Code section 14166.12, subdivision (o), satisfies the eligibility requirements in Welfare and Institutions Code section 14166.12, subdivision (s).

2. The Public Agency will maintain documentation supporting the allowable funding source of the IGT and understands that all records regarding the source of funding are subject to review and audit by DHCS.

3. The source of funds submitted to DHCS for the IGT is derived from state or local bonds, tax revenue, or other funds as permitted for claiming federal financial participation (FFP) by Section 1903(w) of the Social Security Act and Subpart B of Part 433 of Title 42 of the Code of Federal Regulations. The source of funds excludes any impermissible source, such as, federal funds excluded from use as the non-federal share, impermissible taxes, and non-bona fide provider-related donations in cash or in kind. The Public Agency attests that these IGT funds are not earmarked for any purpose other than for Medi-Cal eligible services, and acknowledges that 100 percent of the IGT amount specified below is to be used by DHCS as the non-federal share funding of the supplemental payment made pursuant to Supplemental 4 to Attachment 4.19-A of the State Plan, and Welfare and Institutions Code sections 14166.12 and 14166.125.

4. The Public Agency's IGT have not previously been, nor will they be, claimed at any other time as claims to receive FFP under Medi-Cal or any other federal program.

5. The Public Agency acknowledges that the IGT is to be used by DHCS for filing of a claim with the federal government for federal funds and understands that misrepresentation of the IGT constitutes violation of federal and state law.

6. The public Agency acknowledges that all records of funds transferred are subject to review and audit by DHCS.

7. The Public Agency understands that DHCS must deny payment under Welfare and Institutions Code sections 14166.12 and 14166.125 if it is determined that the IGT, the certification, or both is not adequately supported for purposes of claiming FFP.

8. The Public Agency's funds transferred represent a voluntary contribution to the non-federal share of Medi-Cal expenditures for purposes of Section 10201(c) of the Patient Protection and Affordable Care Act (Public Law Number 111-148). DHCS is in no way requiring the Public Agency to provide the IGT funding.

9. The Medi-Cal payments made pursuant to this IGT will be distributed to the private hospital(s) identified in this certification, and not the Public Agency that submitted the IGT. In addition, the Private Hospital Supplemental Fund Medi-Cal payments funded by the IGT will be retained by the private hospital(s) for its use and not returned to any public agency or unit of government.

10. Upon notice from the federal government of a disallowance or deferral related to this IGT, the Public Agency responsible for this IGT shall be the entity responsible for the federal portion of that expenditure.

Public Agency: _____

Name of Private Hospital Receiving Payment:

_____

Amount of IGT for Payment: _____

Dates of Service State Fiscal Year: _____

Name: _____

Title: _____

Signed: _____ Date: _____

A RESOLUTION AUTHORIZING ALAMEDA COUNTY HEALTH DIRECTOR TO ENTER INTO AN INTERGOVERNMENTAL TRANSFER PROGRAM CERTIFICATION WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

RESOLUTION NUMBER R-2025-87

WHEREAS, Alameda County Health for the County of Alameda ("Agency") seeks to make an intergovernmental transfer ("IGT") to the California Department of Health Care Services ("Department") pursuant to California Welfare and Institutions Code section 14166.12; and

WHEREAS, the Agency's IGT will be in the amount of $15,166,000 to the Department for SFY 2024-25; and

WHEREAS, the Agency will designate St. Rose Hospital as the hospital to receive supplemental Medi-Cal payments funded by this IGT; and

WHEREAS, St. Rose Hospital has certified and acknowledged that it is eligible to receive the supplemental Medi-Cal payments and satisfies the eligibility requirements of Welfare and Institutions Code section 14166.12; and

WHEREAS, the source of the funds to be submitted to the Department for the IGT is derived from allowable state or local funds as permitted under federal law; and

WHEREAS, the Department's IGT certification form (attached to this resolution as Exhibits A) for the IGT programs requires that the signor be duly authorized to sign on behalf of the County:

NOW, THEREFORE, BE IT RESOLVED as follows:

1. The findings stated in the recitals to this Resolution are restated in full and adopted by reference.

2. The Agency Director, or her designee, is authorized to sign, on behalf of the County of Alameda, the Department's Private Hospital Supplemental Fund Intergovernmental Transfer Program Certification Form SFY 2024-25.

Adopted by the Board of Supervisors of the County of Alameda, State of California, on February 25, 2025 by the following called vote:

AYES: Supervisors Tam, Márquez, Miley, Fortunato Bas, and President Haubert - 5
NOES: None - 0
EXCUSED: None - 0

David D. Haubert
President of the Board of Supervisors
County of Alameda, State of California

ATTEST:
Clerk of the Board of Supervisors,
County of Alameda

By: Nancy Funk, Deputy

APPROVED AS TO FORM:
Donna Ziegler, County Counsel

By: Signed by: Jason Allen 300BA100A1G14D7...
Jason Allen
Senior Deputy County Counsel

FINANCIAL RESOLUTION R-2025-088

PAGE: 1 OF 2
FILE NUMBER: 31453
MEETING DATE: 2/25/2025
ITEM NUMBER: 12

BY: 2025

FUND: 10000

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350131	459540	00000		$13,166,000
	459520	00000		$1,000,000
	660011	00000		$1,000,000
			ORG TOTAL	$15,166,000

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350100	660011	00000		$1,000,000
			ORG TOTAL	$1,000,000

GRAND TOTAL ANTICIPATED REVENUE $16,166,000

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350131	640000	00000		$15,166,000
			ORG TOTAL	$15,166,000

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350100	610000	00000		$1,000,000
			ORG TOTAL	$1,000,000

GRAND TOTAL APPROPRIATION $16,166,000

THE FOREGOING was **PASSED** and **ADOPTED** by a majority vote of the Alameda County Board of Supervisors this **25th** day of February **2025,** to wit:

AYES: Supervisors Fortunato Bas, Márquez, Miley, Tam & President Haubert -5

NOES: None

EXCUSED: None

David J. Haubert

PRESIDENT, BOARD OF SUPERVISORS

File No: **31453**
Agenda No: **12**
Document No: **R-2025-88F**

I certify that the foregoing is correct copy of a Resolution adopted by the Board of Supervisors, Alameda County, State of California

ATTEST:
Clerk, Board of Supervisors

By: _____
Deputy

FINANCIAL RESOLUTION R-2024-644

FILE NUMBER: 31377

MEETING DATE: 12/17/2024

ITEM NUMBER: 19.1

BY: 2025

FUND: 10000

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350100	660011	00000		$178,221
			ORG TOTAL	$178,221

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL ANTICIPATED REVENUE $178,221

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
350100	610000	00000		$178,221
			ORG TOTAL	$178,221

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL APPROPRIATION $178,221

THE FOREGOING was **PASSED** and **ADOPTED** by a majority vote of the Alameda County Board of Supervisors this **17th** day of December **2024,** to wit:

AYES: Supervisors Carson, Márquez, Tam & President Miley -4

NOES: None

EXCUSED: Supervisor Haubert -1

David D. Haubert

PRESIDENT, BOARD OF SUPERVISORS

File No: **31377**
Agenda No: **19.1**
Document No: **R-2024-644F**

I certify that the foregoing is correct copy of a Resolution adopted by the Board of Supervisors, Alameda County, State of California

ATTEST:
Clerk, Board of Supervisors

By: _____
Deputy