RESOLUTION - ACTION REQUESTED 2013-15
MEETING: January 15, 2013
TO: The Board of Supervisors
FROM: Charles Mosher, Health Officer
RE: Certification of Funding for Children’s Medical Services (CMS) Program

RECOMMENDATION AND JUSTIFICATION:
Approve the Certification for Funding Under Health and Safety Code 123945 for the State-Mandated Children’s Medical Services (CMS) Program and Authorize the County Health Officer to Sign the Certification of Funding.

Mariposa County is a CMS dependent county and shares with the State the cost of this mandated program by a formula with a cap of $18,977. Invoices for Fiscal Year 2012-2013 will exceed that amount. If the County certifies to the State that the assigned allocation has been fully expended and requests the services be paid from State funds, the liability to the County for further (unbudgeted) expenditures is avoided.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has signed such certification in the past (September 20, 2011, with Res. No. 11-459).

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. The Board can pay the amount that exceeds the mandated allocation from the Social Services Trust Account pursuant to the provision of Chapter 6.

2. The Board can pay the amount that exceeds the mandated allocation from the General Fund.

3. Failure to file the Certification may place the county at risk for substantial amounts in excess of the $18,977 allocation.

FINANCIAL IMPACT:
Financial Impact Yes, Current FY Cost $18,977, Annual Recurring Cost $18,977.

ATTACHMENTS:
Certification of Funding 2012-2013 (PDF)
CAO RECOMMENDATION
Requested Action Recommended

Richard J. Benson, County Administrator 9/2013

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Kevin Cann, District IV Supervisor
SECONDER: Merlin Jones, District II Supervisor
AYES: Stetson, Bibby, Cann, Carrier, Jones
CERTIFICATION FOR FUNDING
UNDER HEALTH AND SAFETY CODE 123945

Whereas, the total county appropriation made pursuant to Section 123940 of the Health and Safety Code is less than $125,000 for this fiscal year, and

Whereas, the county has expended funds for the CCS program at least equivalent to the county appropriation pursuant to Section 123940 for this fiscal year, and

Whereas, in this fiscal year there are insufficient county revenues in the Social Services Trust Account pursuant to the provision of Chapter 6, (commencing with Section 1090), of Division 9 of the Welfare and Institutions Code to cover the required expenditures.

I request that to the extent funds are available, I receive funds for those cases deemed by the state department to represent medical care that cannot be delayed without great harm to the child.

I hereby certify under penalty of perjury that I am the undersigned chief executive officer, or his authorized representative, charged with the examination and settlement of accounts, that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, and that the above statements are in all respects true, correct, and in accordance with the law.

[Signature]
Authorized Signature

[Signature]
Date

Charles B. Mosher, MD, MPH
Printed Name

Health Officer
Title

Mariposa County
Organization Name

Post Office Box 5
Address

Mariposa, California 95338
City, State, Zip

(209) 966-3689
Telephone No.

Please mail the completed form with original signature to:

Department of Health Care Services
Children's Medical Services Branch
Program Support Section - Administration Unit
Post Office Box 997413, MS B104
Sacramento, California 95899-7413