RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing the Chair to sign Declaration of Intent not to contract for Emergency Medical Services Appropriation (EMSA) Fiscal Year 2008-2009.

This Declaration of Intent (DOI) is annually executed and allows for the reimbursement of unpaid emergency services to physicians. Physicians eligible to receive these monies are those who are not paid on an employee or contractual basis at an Emergency Room and who depend upon reimbursement for services.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Historically, Mariposa County has not contracted to administer these funds for many years. The Health Department found the administration to be time consuming and costly to the County.

The DOI enables the State to contract directly with local physicians and disburse available funds to reimburse local physicians for unpaid emergency medical care provided.

By declaring our intent "not to contract", the State will continue to administer these funds for Mariposa County. Eligible physicians will be able to access these funds.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Direct the Health Officer to sign the Intent not to apply.

2. Direct the Health Officer to apply for and administer the EMSA Appropriation (not recommended).

Financial Impact? ( ) Yes (X) No 
Current FY Cost: $

Budgeted In Current FY? ( ) Yes (X) No ( ) Partially Funded

Amount in Budget: $ 
Additional Funding Needed: $

Source:
- Internal Transfer
- Unanticipated Revenue
- Transfer Between Funds
- Contingency
- General ( ) Other

List Attachments, number pages consecutively
Declaration of Intent not to Contract.

CLERK’S USE ONLY:

Res. No. 2009-01
Vote – Ayes: 5 Nocs: 
Absent: 
Approved 
Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of
The original on file in this office.

Date: 
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: Deputy

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
No Opinion
Comments:

CAO: [Signature]

Revised Dec. 2002
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
ASSEMBLY BILL (AB) 1183 (CHAPTER 758, STATUTES OF 2008)  

DECLARATION OF INTENT  
FISCAL YEAR 2008-09  

The Rural Health Services County of Mariposa (hereinafter called the County) notifies the California Department of Public Health (hereinafter referred to as the CDPH), as indicated below, of its intention to administer its EMSA allocation, ask the CDPH to administer the EMSA allocation, or a combination of both.  
(Commencing with Welfare and Institutions Code Section 16930.)  

(CHECK ONE OF THE FOLLOWING)  

Option 1: ______ Declaration of Intent to administer the County’s EMSA allocation.  

Option 2: ______ X Declaration of Intent NOT to administer the County’s EMSA allocation. The County authorizes the CDPH to administer the funds through the EMSA Contract Back Program.  

Option 3: ______ Declaration of Intent to administer a portion of the County’s allocation and to ask the CDPH to administer the balance.  

(CHECK WHERE APPLICABLE)  

____ The County will contract for the CDPH to administer the HSA funds.  

____ The County will contract for the CDPH to administer the PSA funds.  

This Declaration has been executed by:  

Name: __ Brad Aborn  
(Authorized Representative of the County Board of Supervisors)  

Title: ______ Chair to the Board  

County of: ______ Mariposa  

Signature: _______________ Date: 1-23-09  

Please return the Declaration of Intent to the Office of County Health Services-
January 20, 2009

State Water Resources Control Board  
Division Water Quality  
Attention: Todd Thompson, P.E.  
1001 I Street, 15th Floor  
P. O. Box 2231  
Sacramento, CA 95812

Dear Mr. Thompson:

At its meeting on January 20, 2009, the Mariposa County Board of Supervisors adopted Resolution No. 09-19 declaring the intent not to contract for Emergency Medical Services Appropriation (EMSA) for Fiscal Year 2008-2009.

Enclosed you will find a copy of Resolution No. 09-19 for your reference.

Should you have any questions please contact me at (209) 966-3222.

Sincerely,

Brad Aborn,  
Board of Supervisors Chair

Enclosure
RECOMMENDED ACTION AND JUSTIFICATION:

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By declaring our intent "not to contract", the State will continue to administer these funds for Mariposa County. Eligible physicians will be able to access these funds.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Direct the Health Officer to sign the Intent not to apply.

2. Direct the Health Officer to apply for and administer the EMSA Appr (recommended).

Financial Impact? ( ) Yes  (X) No  Current FY Cost: $
Budgeted in Current FY?  ( ) Yes  (X) No  ( ) Partially Funded
Amount in Budget: $ Additional Funding Needed: $
Source: Internal Transfer
Unanticipated Revenue  _______  4/5's vote
Transfer Between Funds  _______  4/5’s vote
Contingency  _______  4/5’s vote
( ) General  ( ) Other

Annual Recurring Cost: $

List Attachments, number pages consecutively

Declaration of Intent not to Contract.

CLERK’S USE ONLY:
Res. No.:  _______  Ord. No.:  _______
Vote – Ayes:  _______  Noa:  _______
Absent:  _______
( ) Minute Order Attached  ( ) No Action Necessary

The foregoing instrument is a correct copy of
The original on file in this office.

Attest:  MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By:  Deputy

Revised Dec. 2002
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
ASSEMBLY BILL (AB) 1183 (CHAPTER 758, STATUTES OF 2008)

DECLARATION OF INTENT
FISCAL YEAR 2008-09

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(CHECK WHERE APPLICABLE)

_____ The County will contract for the CDPH to administer the HSA funds.

_____ The County will contract for the CDPH to administer the PSA funds.

This Declaration has been executed by:

Name: Brad Aborn
(Authorized Representative of the County Board of Supervisors)

Title: Chair to the Board

County of: Mariposa

Signature: Brad Aborn Date: 12/3/08

Please return the Declaration of Intent to the Office of County Health Services.