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 2006-2007.

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.

In the past, physicians in Mariposa County, for the most part, have not been eligible for any of these funds.

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.

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.

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
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.: 130  Ord. No. ________
Vote – Ayes: 5  Noes: 0
Absent: ________
(A) 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

Revised Dec. 2002

COUNTY ADMINISTRATIVE OFFICER:
( ) Requested Action Recommended
( ) No Opinion
Comments:

CAO: ________