DEPARTMENT: HEALTH  BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

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 2005-2006.

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.

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.

Financial Impact? ( ) Yes (X) No Current FY Cost: $  Annual Recurring Cost: $  List Attachments, number pages consecutively
Budgeted In Current FY? ( ) Yes (X) No ( ) Partially Funded Declaration of Intent not to Contract.
Amount in Budget: $  4/5’s vote
Additional Funding Needed: $  4/5’s vote
Source:
Internal Transfer
Unanticipated Revenue
Transfer Between Funds
Contingency
( ) General  ( ) Other

CLERK’S USE ONLY:
Res. No.: Ord. No. _____
Vote – Ayes: _____  Noes: _____  Approved
Absent: _____
( ) 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: ________________
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
CHAPTER 80, STATUTES OF 2005 (ASSEMBLY BILL 131) 

DECLARATION OF INTENT  
Fiscal Year 2005-06

The Rural Health Services County of Mariposa (hereinafter called the County) notifies the California Department of Health Services (hereinafter referred to as the CDHS), as indicated below, of its intention to administer its EMSA allocation, ask the CDHS 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:  ___ Declaration of intent NOT to administer the County’s EMSA allocation. The County authorizes the CDHS 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 CDHS to administer the balance.

(CHECK WHERE APPLICABLE)

______ The County will contract for the CDHS to administer the HSA funds.

______ The County will contract for the CDHS to administer the PSA/UA funds.

This Declaration has been executed by:

Name: Bob Pickard

(Authorized Representative of the County Board of Supervisors)

Title: Chairman, Board of Supervisors

County of: Mariposa

Signature: [Signature]

Date: 10-17-05

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