RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign Certification for Funding Under Health and Safety Code 123945 for the State-mandated Children’s Medical Services (CMS) Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

In prior fiscal years the Auditor-Controller has signed this form. The new form requires the Chair of the Board to sign.

Mariposa County is a CMS dependent county and shares with the State the cost of this mandated program by formula with a cap of $18,977. Bills for Fiscal Year 2004-2005 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.

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 an amount in excess of the $18,977 allocation of at least $8,615.

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Financial Impact? (x) Yes ( ) No  Current FY Cost: $18,977
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded
Amount in Budget: $18,977
Additional Funding Needed: $0
Source: 100% grant funded
Internal Transfer
Unanticipated Revenue ______ 4/5’s vote
Transfer Between Funds ______ 4/5’s vote
Contingency ______ 4/5’s vote
( ) General  ( ) Other

List Attachments, number pages consecutively
Certification for Funding Under Health and Safety Code 123945

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CLERK’S USE ONLY:
Res. No.: 05-411  Ord. No. _____
Vote – Ayes: 5  Noes: _____
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: _______________________

Revised Dec. 2002
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 17600) of Division 9 of the welfare and Institutions Code to cover the required catastrophic medical costs.

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

I hereby certify under penalty of perjury that I am the official responsible for 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:

Bob Pickard
Printed Name

Mariposa County
Organization Name

Mariposa, California 95338
City, State, Zip

(209) 966-3222
Telephone No.

RES. NO. 25-411

8-30-05
Date

Chair
Title

Post Office Box 784
Address

Department of Health Services
Children's Medical Services Branch
Administration/Fiscal Unit
MS 8104
Post Office Box 997413
Sacramento, California 95899-7413

Please mail the completed form with original signature to: