RECOMMENDED ACTION AND JUSTIFICATION:

Recommend Resolution authorizing the Chair to sign Declaration of Intent not to apply for Rural Health Services (RHS) Program Funding Fiscal Year 2005-2006.

The RHS Program and RHS Contract Back Programs (Hospital, Physicians and Children's Treatment) are funded with Proposition 99 funds for the reimbursement of uncompensated medical care provided to medically indigent individuals who cannot afford to pay and for whom no other source of payment is available. The County can choose to contract back for all programs or any combination of programs.

The California Department of Health Services will withhold the maximum allowable percentage for the Children's Treatment Program (CTP), based upon the CTP expenditures exceeding revenues for the current year. Therefore, there will be no funding to the County for the unallocated category or administrative costs.

The local Hospital and local physicians can contract directly with the State to provide reimbursement for medical costs associated with indigent care.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The County decided not to apply for RHS program funding from the State many years ago when funding was no longer provided for the administration of this program and when 100% of the unallocated funds were redirected to the CTP. The Department Head has annually renewed this County position with the State, but Department Head must now submit this decision to the Board of Supervisors.

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 one or more of the RHS Programs.

Financial Impact? ( ) Yes ( ) No
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded
Amount in Budget: $ ______________ Current FY Cost: $ ______________
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 ____________________________

Ann. Recurring Cost: $ ______________
List Attachments, number pages consecutively
Declaration of Intent not to Apply:

CLERK'S USE ONLY:
Res. No.: 06-44
Ord. No. ______
Vote – Ayes: ______
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
DECLARATION OF INTENT NOT TO APPLY
FOR
RURAL HEALTH SERVICES PROGRAM FUNDING
FISCAL YEAR (FY) 2005-06

The County of __________________________ (hereinafter called the County), hereby notifies the California Department of Health Services (hereinafter called the Department), that the County is not applying for its allocation of FY 2005-06 Rural Health Services Program funds (hereinafter called RHS funds).

The County, pursuant to Chapter 195, Statutes of 1994, Assembly Bill 816, Welfare and Institutions Code, Sections 16934.5 (a), 16935 (a) and 16935.5, requests that the Department administer its RHS funds in a manner consistent with these citations.

This Declaration of Intent Not To Apply has been executed by:

Name: ________________________________
BOB PICKARD
(Authorized Representative of the County Board of Supervisors)

Title: ________________________________
CHAIR

County of: ____________________________
MARIPOSA

Signature: ____________________________ Date: 5-30-05