

DEPARTMENT: BY: PHONE:  
Public Health Charles B. Mosher, M.D., Health Officer 966-3689  
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X)

Recommend resolution authorizing Chairman to sign agreement with Rural Health Services for Contract Back Programs. The County of Mariposa Health Department elects to have the Department of Health Services administer the accounts and programs for the CHDP Treatment Mandate. The Health Department hereby elects to administer the accounts and programs of the Physician Services and Hospital Services Accounts for Fiscal Year 1992-1993.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Health Department has administered the Physicians Services and Hospital Services Accounts for fiscal years 89-90, 90-91 and 91-92. The Department of Health Services has previously administered the CHDP Program.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not sign agreement; State will administer all programs and funds will be returned to the State.

COSTS: (X) Not Applicable  
A. Budgeted current FY \$ \_\_\_\_\_  
B. Total anticipated costs \$ \_\_\_\_\_  
C. Required additional funding \$ \_\_\_\_\_  
D. Internal transfers \$ \_\_\_\_\_  
SOURCE: ( ) 4/5ths Vote Required  
A. Unanticipated revenues \$ \_\_\_\_\_  
B. Reserve for contingencies \$ \_\_\_\_\_  
C. Source description: \_\_\_\_\_  
Balance in Reserve for Contingencies,  
if approved: \$ \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
List the attachments and number  
the pages consecutively:  
Rush! !! Needs to be back to State  
by December 1, 1992 deadline.

CLERK'S USE ONLY:  
Res. No.: 92-620 Ord. No. \_\_\_\_\_  
Vote - Ayes: 4 Noes: \_\_\_\_\_  
hwy Absent: Pat Abstained: \_\_\_\_\_  
Approved ( ) Denied  
( ) Minute Order Attached ( ) No Action Necessary

ADMINISTRATIVE OFFICER'S RECOMMENDATION:  
This item on agenda as:  
 Recommended  
 Not Recommended  
 For Policy Determination  
 Submitted with Comment  
 Returned for Further Action

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

Comment: \_\_\_\_\_  
A.O. Initials: JWM / [Signature]