

DEPARTMENT: Administration BY: John W. McCamman PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:

Resolution supporting State funding of a deficiency appropriation of \$12 million for maintaining State commitments towards medically indigent adults in rural counties.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Mariposa County is a participant in the highly successful small county County Medical Services Program. Under this program, 32 rural counties in California forego an allocation of funds for services to medically indigent adults in favor of state administration of this program. The State has a statutory obligation to hold participant counties harmless for program costs. However, the level of services (reimbursement rates, eligibility, costs, etc) are not mandated, but are discretionary. One option for the State is to reduce or eliminate services. The other option is for the State to fund the \$12 million deficiency. This second option is preferred by the participant counties.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Support the request for a deficiency appropriation to continue maintenance of the the State commitments.
2. Do no support the request. The program may be shut down totally in May and June of this fiscal year.
3. Do not participate in the request and take no action.

COSTS: (x) Not Applicable

- A. Budgeted current FY \$ _____
- B. Total anticipated costs \$ _____
- C. Required add'l funding \$ _____
- D. Source: _____

SPECIAL INSTRUCTIONS:

List the attachments and number the pages consecutively:
1. Letter from Director of Health Services

SOURCE: () 4/5ths Vote Required

- A. Internal transfers \$ _____
 - B. Unanticipated revenues \$ _____
 - C. Reserve for Contingency \$ _____
 - D. Description: _____
- Balance in Reserve for Contingency if approved: \$ _____

CLERK'S USE ONLY:

Res. No.: 91-127
 Ord. No.: _____
 Vote - Ayes: 5 Noes: _____
 Absent: 3 Abstained: _____
 Approved (X) Denied _____
 () Minutes Order Attached

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
 County of Mariposa, State of CA
 By: _____
 Deputy

Comment: _____

 A.O. Initials: [Signature]