

DEPARTMENT: Public health
BY: C. B. Mosher, MD, Health Officer
PHONE: 966-3689
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Adopt this resolution authorizing the chairman to sign the declaration of intent to contract with Department of Health Services (DHS).

DHS requires counties to declare their intent to contract with the State for various health services prior to the beginning of a fiscal year for planning purposes.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board has approved a similar declaration previously.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The County may opt for county operations which may result in increased county costs and potential increased liability.

<p>COSTS: (X) Not Applicable</p> <p>A. Budgeted current FY \$ _____</p> <p>B. Total anticipated costs \$ _____</p> <p>C. Required Add'l funding \$ _____</p> <p>D. Source: _____</p> <p>SOURCE: () 4/5ths Vote Required</p> <p>A. Internal transfers \$ _____</p> <p>B. Unanticipated revenues \$ _____</p> <p>C. Reserve for contingency \$ _____</p> <p>D. Description: _____</p> <p>Balance in Reserve for Contingencies, if approved: \$ _____</p>	<p>SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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CLERK'S USE ONLY:

Res. No.: 91-239

Ord. No.: _____

Vote - Ayes: 3 Noes: _____

Absent: None! Abstained: _____

None! Approved Madanovich Denied _____

() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:

X 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 of Supervisors
County of Mariposa, State of CA
By: _____
Deputy

Comment: _____

A.O. Initials: [Signature]

**Declaration of Intent
to Enter into a Contract
with the Department of Health Services
for Participation in the
Child Health Disability and Treatment Program
Effective July 1, 1991**

Pursuant to Section 16934.5 of the Welfare and Institutions (W&I) Code, the County of Mariposa, hereafter referred to as the County, will contract with the Department of Health Services (CDHS) to administer the county's Child Health and Disability Prevention (CHDP) Treatment Mandate. The County and CDHS agree to the following conditions and stipulations in making this Declaration of Intent to Contract:

- CDHS shall establish uniform operating reimbursement policies, eligibility and program standards consistent with statutory requirements under Section 16934 and 16934.5 of the W&I Code.
- The County agrees that in exchange for administering the county's CHDP Treatment Mandate, CDHS shall retain a percentage of the county's Proposition 99 Rural Health Services funds (to be determined at a later date) that the County would have otherwise received pursuant to Section 16930, et. seq. of the W&I Code.
- CDHS also agrees that should the County disagree with the final percentage of contribution required for participation in this contract, the County will have the option to withdraw their Declaration of Intent by notifying CHDS in writing within 30 days of notification of the final percentage contribution by CDHS.
- The County is committed to contract with CDHS to administer its CHDP Treatment Mandate pursuant to subdivision (a) of Section 16934.5 of the W&I Code for the 1991-92 fiscal year only.

Commitment to Transfer

Both parties agree that should there be any legislation passed which eliminates this contract back option, any resulting contract will be terminated as of the effective date of the legislation or any other date specified in the legislation for termination of this program.

This Declaration of Intent has been executed by:

Name: George P. Radanovich

(Authorized Representative of the Board of Supervisors)

Title: Chairman

County of: Mariposa

Signature: _____

Date: 6-12-91