

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

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___ No_x_) Resolution Authorizing Chairman to Sign Certification Letter to the State to Forego Payment of SB90 Claims for County Medical Services (CMSP). The County of Mariposa is not significantly impacted by this and staff recommends that certification be made in order to qualify for eligible funding.

BACKGROUND AND HISTORY OF BOARD ACTIONS: Under the new Realignment legislation, \$12.4 million was appropriated from the State General Fund to the County Health Services Fund (CMSP). Counties may apply for CMSP funds for reimbursement for certain health services administered to eligible county residents. The \$12.4 million will not be disbursed until the State receives a certification from each county participating in the County Medical Services Program during the 1990/91 fiscal year indicating that the county agrees to forego receipt of \$12.4 million in payment from the State for certain SB90 state mandated local programs. The County of Mariposa is not significantly impacted by this.

- LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Approve certification letter.
 2. Do not approve certification letter. The county may not be eligible to receive reimbursable state mandated costs.

COSTS: (x) Not Applicable
A. Budgeted current FY \$
B. Total anticipated costs \$
C. Required Add'l funding \$
D. Source:

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$
B. Unanticipated revenues \$
C. Reserve for contingency \$
D. Description:
Balance in Reserve for Contingencies,
if approved: \$

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Letter from Office of Controller
Letter of Certification

CLERK'S USE ONLY:
Res. No.: 91-560
Ord. No.:
Vote - Ayes: 5 Noes:
Absent: Abstained:
Approved () Denied
() Minute 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
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: Deputy

Comment:
A.O. Initials