MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: August 3, 2004
AGENDA ITEM NO. 0A-9

DEPARTMENT: HEALTH
BY: C. B. MOSHER, MD, MPH, H.O.
PHONE: 966-3689

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 2004-2005.

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 (X) No Current FY Cost: $
Budgeted In Current FY? ( ) Yes (X) No Fully Funded
Amount in Budget: $
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

CLERK’S USE ONLY:
Res. No. 0A-335 ( ) Ord. No. ______
Vote – Ayes: 5 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:
Selected Action Recommended
( ) No Opinion
Comments:

CAO: __________

Revised Dec. 2002
DECLARATION OF INTENT NOT TO APPLY
FOR
RURAL HEALTH SERVICES PROGRAM FUNDING
FISCAL YEAR (FY) 2004-05

The County of MARIPOSA (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 2004-05 Rural Health Services Program funds (hereinafter called RHS funds).

The County, pursuant to Chapter 195, Statutes of 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: Garry Parker
(Authorized Representative of the County Board of Supervisors)

Title: Chair

County of: Mariposa

Signature: [Signature]
Date 8-17-04