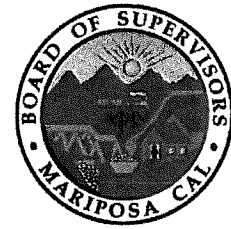




MARIPOSA COUNTY

Health • (209) 966-3689



RESOLUTION - ACTION REQUESTED 2016-623

MEETING: December 6, 2016

TO: The Board of Supervisors

FROM: Eric Sergienko, Health Officer

RE: Mariposa County Health Department CHDP Program Interagency Agreement

RECOMMENDATION AND JUSTIFICATION:

Approve an Interagency Agreement (IAA) with Mariposa County Health Department Child Health and Disability Prevention (CHDP) Program, Mariposa County Human Services and Mariposa County Probation Department; and Authorize the County Health Officer, Director of Human Services and Chief Probation Officer to Sign the IAA.

The purpose of the IAA is to assure compliance with Federal and State regulations and the appropriate expenditure of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds in the implementation of the CHDP program. The IAA shall become effective retroactively July 1, 2016 through June 30, 2017.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Do not approve the IAA.

FINANCIAL IMPACT:

None

ATTACHMENTS:

Mariposa County CHDP Program Interagency Agreement(PDF)
Attachments A-F (PDF)

CAO RECOMMENDATION

Requested Action Recommended


Dallin Kimble, Deputy CAO 12/1/2016

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Marshall Long, District III Supervisor
SECONDER: Merlin Jones, District II Supervisor
AYES: Smallcombe, Jones, Long, Cann, Carrier

Mariposa County CHDP Program Interagency Agreement

Fiscal Years 2016 to 2017

I. Statement of Agreement

This statement of agreement is entered into between Mariposa County Health Department, the Mariposa County Department of Human Services, and the Mariposa County Probation Department to assure compliance with Federal and State regulations and the appropriate expenditure of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds in the implementation of the Child Health and Disability Prevention (CHDP) Program.

II. Statement of Need

The following specific needs in Mariposa County have been identified by the Health and Social Services Departments as a focus for FY 2016-2017.

Specify, for example:

- A. Mariposa County Health Department received 37 PM 357's referrals in Fiscal Year 2015-2016, which is an increase from 30 PM 357's referral in Fiscal Year 2014-2015. This implies a need for increasing the number of referrals for CHDP services using a variety of modalities, including continuing staff education for the purposes of increasing referrals and identifying children's health conditions for which to seek consultation and coordination by trained health professionals.
- B. There is a need for increasing the number of children ages 0 to 21 years receiving health assessments. In Fiscal Year 2015-2016, 241 children received documented CHDP exams, compared to 459 for fiscal year 2014-2015.
- C. There is a need for increasing coordinated, comprehensive, and culturally competent services for children living in foster care (relative/kinship, foster family homes, group homes, etc.) including CHDP health assessment services and necessary diagnostic and treatment services.
- D. Gaps in Mariposa County include lack of dentist, especially dental providers who treat very young children, a lack of specialty providers, especially in Mental Health, and a lack of transportation services for both in-county and out-of-county medical and dental appointments.
- E. Objectives for the years of the agreement that represent joint activities of the health and social services departments include increasing the number in (A) and (B) through continued staff in-services, and informing clients who have mailed in their application about CHDP services, when a contact is necessary.
- F. There is an ongoing need for consultation and information about CHDP resources and general public health services in child care settings.

- G. There is a need for involvement of community organizations and advocacy groups in the program: Mountain Crisis Services, the Juvenile Justice and Domestic Violence Coordinating Councils, Mariposa Safe Families, Inc. the Court Appointed Special Advocate (CASA) Program, and the School Readiness Program, Mariposa Abuse Prevention Council.
- H. There is a need for evaluation of the reporting systems in health and social services departments.

III. Organizational and Functional Relationships

- A. The exchange of information about persons applying for, or receiving Medi-Cal, with or without linkages to other social services programs as outlined in this document, is permitted by State and Federal law and regulations, and is to be maintained in a confidential manner.
- B. The attached organizational charts to display important points of interface between CHDP and Human Services programs and personnel.
 - 1. The relationship between administrative staff of the CHDP Program and the Human Services Department. (Attachment A)
 - 2. Health system interrelationships.
 - 3. Human Services system interrelationships. (Attachment B)
 - 4. Human Services system relationship to probation departments. (Attachment C)
 - 5. Relation of EPSDT unit to departments named in number "4". (Attachment A)
 - 6. Reporting relationship of EPSDT unit to CHDP Director. (Attachment A)
 - 7. Designation, by name, title, and location (address) of liaison personnel from Departments of Human Services and Health Services.
 - 8. Health Care Program for Children in Foster Care. (Attachment A)
- C. Attached flow charts to depict the CHDP process of informing from availability of health care, preventive care, through diagnosis and treatment for the following:
 - 1. California Work Opportunity and Responsibility to Kids (CalWORKs) Families, In-person Application/Annual Re-determination. (Attachment D)
 - 2. Medi-Cal
 - a. In-person Application/Annual Re-determination (if requested) (Attachment E)

b. Mail-in Application/Re-determination (Attachment E)

3. Children Placed in Foster Care (Attachment F)

IV. Social Services Department Responsibilities and Activities

A. Basic Informing and Documentation of Informing for CalWORKs or Medi-Cal.

Following are the requirements for Basic Informing and Documentation of Informing by Eligibility Determination staff for persons applying for, or receiving, CalWORKs or Medi-Cal.

Procedures for informing the responsible adult who is blind, deaf, illiterate, or does not understand the English language are implemented on a case-by-case basis. The department utilizes a telephone interpreter for the non-English speaking clients and TDDY for hearing impaired clients.

1. In-person Application/Annual Re-determination

a. In the requested face-to-face eligibility intake interview, or at the time of the annual re-determination, the appropriate adult(s) responsible for Medi-Cal eligible persons, including unborn, and persons under 21 years of age will be:

1) Given a State-approved brochure about the CHDP Program.

2) Given an oral explanation about CHDP including:

a) The value of preventive health services and the differences between episodic and wellness care;

b) Availability of health assessments;

c) Availability of dental services;

d) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and

e) The nature, scope, and benefits of the CHDP Program.

3) Asked questions to determine whether:

a) More information about CHDP Program services is wanted;

b) CHDP Program services - medical and/or dental - are wanted; and

- c) If appointment scheduling and/or transportation assistance are needed to obtain requested CHDP medical and/or dental services.
- b. The Eligibility Determination staff will document in the case file that **face-to-face** informing occurred:
 - 1) Explanation and brochure given;
 - 2) Date of the explanation and giving of the brochure; and,
 - 3) The individual responses to the CHDP service questions.

NOTE: The JA2 form is obsolete but if still in use by the county the requirements in this section still apply.

2. Mail-in Application/Annual Re-determination - Medi-Cal

- a. Responsible adult(s) for Medi-Cal eligible persons under 21 years of age who apply by mail will do so through completion of a State-approved Medi-Cal Application/Annual Re-determination form. The Application/Annual Re-determination process includes the mailing of a State-approved brochure about the CHDP Program to the applicant. The State-approved brochure about the CHDP Program, entitled "Medical and Dental Health Check-Ups," informs the family of where to call or write if:
 - 1) More information about CHDP Program services is wanted; or
 - 2) Help with getting an appointment and transportation to medical care is needed.
- b. Eligibility staff will document the above in the case file.

NOTE: Any "Yes" response to the CHDP questions or offer of services through face-to-face encounters, telephone requests, or mail-in applications requires a referral on the CHDP Referral Form (PM 357).

B. Basic Informing and Documentation of Informing for Children in Foster Care Program Placement

Following are the requirements for Basic Informing and Documentation of Informing by staff responsible for placement of children in foster care, including placements controlled by the Probation Department.

- 1. Within 30 days of placement, the staff responsible for placing the child (i.e., social worker, probation officer) will document the need for any known health, medical, or dental care and ensure that information is given

to the payee, hereafter referred to as the out-of-home care provider, about the needs of the eligible person and the availability of CHDP services through the CHDP Program. In the case of an out-of-state placement, the social worker shall ensure information is given to the out-of-home care provider about the Federal EPSDT services. The care provider and/or child will be:

- a. Given a State-approved brochure about CHDP services and information about the child's need of preventive health care; and
 - b. Given a face-to-face oral explanation about CHDP, including:
 - 1) The value of preventive health services and the differences between episodic and wellness care;
 - 2) The availability of health assessments according to the CHDP periodicity schedule, and how to obtain health assessments at more frequent intervals if no health assessment history is documented or the child has entered a new foster care placement;
 - 3) The availability of annual dental exams for children one year of age and older;
 - 4) The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal; and
 - 5) The nature, scope, and benefits of the CHDP Program.
 - c. Asked questions to determine whether:
 - 1) More information about the CHDP Program is wanted;
 - 2) CHDP Program services - medical and/or dental - are wanted; and
 - 3) If appointment scheduling and/or transportation assistance is needed to obtain CHDP medical and/or dental services.
2. The Child Welfare Services staff responsible for placement will document the substitute care provider's response to the questions in the CHDP Program area of the Identification Page in the Placement Notebook in the Placement Management Section in the Client Services Application on the Child Welfare Services/Case Management System (CWS/CMS):
- a. Date care provider was informed of the CHDP Program and brochure given; and

- b. Care provider's request for CHDP services.
- 3. The Probation Department staff responsible for placement will document the care provider and/or child's response to the CHDP questions on the CHDP Referral Form (PM 357) and maintain a copy in the case record.

NOTE: Any "Yes" response to the CHDP questions or offer of services requires a referral on the CHDP Referral Form (PM 357). See CHDP Program Letter No. 81-5/DSS All County Letter No. 81-43. A copy of the Referral Form is to be maintained in the child's case record.

- 4. A "payee," referred to as the "out-of-home care provider" or "substitute care provider (SCP)," is defined as the foster parent(s) in a foster home, the officially designated representative of the payee when the child is in the foster care program, or a Medi-Cal eligible child residing in a group home, residential treatment center, or other out-of-home care facility.
- 5. Child Welfare Services staff responsible for the child in a foster care placement will complete annual informing of the care provider/child. They will include information about CHDP preventive health services, unmet health care needs requiring follow up, and a review of the child's access to a primary care provider according to the process outlined for initial informing in B.1. a – B.1.c; and will document the results of informing in the case plan update.
- 6. The Probation Department staff responsible for placement will complete annual informing and the documentation of that informing according to the outline in B.1 and B.3.
- 7. When the placement responsibility is controlled by the Probation Department, the Human Services Department ensures satisfactory initial and annual informing on behalf of the children in the Foster Care Program of Medi-Cal eligible children by:
 - a. assuring juvenile probation officers receive regular trainings by the CHDP Foster Care Nurse, and
 - b. assuring juvenile probation officers send the necessary paperwork to Eligibility which in turn generates a PM 357 referral to the EPSDT unit of the CHDP program for each juvenile.
- 8. When a child is placed with a relative, basic informing about the health status of the child and the need for a CHDP exam is identified to that for a child placed with a foster family. When a child returns to a parent, basic informing takes place when the family applies for CalWORKs and/or the family is followed closely for several months through family maintenance, to assure the completion of any needed follow-up medical care.

9. Care providers/payees responsible for children placed in foster care out-of-county are properly informed about CHDP services by the placement worker in the same manner as for children placed in-county.

C. Referral to the EPSDT Unit of the CHDP Program

1. All "Yes" responses to the offers of more information about CHDP, CHDP medical/dental services, and appointment scheduling/transportation assistance will be documented on a CHDP Referral Form (PM 357). The Referral Form will be sent to the *EPSDT Unit of the CHDP Program*. This action is required to ensure these services are received and that any necessary diagnostic and/or treatment services are initiated within 120 days of the date of eligibility determination for persons receiving assistance through CalWORKs or Medi-Cal, and within 120 days of the date of request for children in foster care placement.
2. Children in foster care who are placed out-of-county will be referred for CHDP services by:
 - a. sending the PM 357 to the out-of county CHDP office with a request to contact the out-of-home care provider and inform them about CHDP services in their county, and offer help with scheduling and transportation if needed;
 - b. sending a letter to the out-of-home care provider, giving the telephone number of the CHDP program of the local health department and asking them to contact the program for a list of local providers, and;
 - c. intensively informing the out-of-home care provider regarding CHDP services at the time of placement and at the annual recertification.
3. Referral requirements described in C.1 and C.2 above also apply to children in foster care placement controlled by the Probation Department. The procedures used by the Human Services Department that assure that proper referrals are made are listed in B.7 above.

D. Information Provided by Human Services Staff on the CHDP Referral Form (PM 357).

The following will be included on the referral form when any "Yes" response is given, written or verbal, to the offer of services:

1. Case Name and Medi-Cal Identification Number.
2. Type of services requested:
 - a. Additional information
 - b. Medical services

- c. Dental services
 - d. Transportation assistance
 - e. Appointment scheduling assistance
3. Source of referral:
 - a. New application
 - b. Re-determination
 - c. Self-referral
 4. Case type:
 - a. CalWORKs (on existing form as AFDC)
 - b. Foster Care
 - c. Medi-Cal Only (Full Scope, Limited Scope with or without a Share-of-Cost)
 5. Complete listing of members in case with birth dates including unborn and the expected date of confinement (EDC)
 6. Listing of the payee/out-of-home care provider and child in foster care
 7. Residence address and telephone number
 8. Eligibility Worker signature
 9. Date of eligibility determination for CalWORKs and Medi-Cal only cases or date of request for children in Foster Care and self-referrals
- E. Care Coordination for Children in Foster Care
1. The staff responsible for placement of the child will ensure that the child receives medical and dental care that places attention on preventive health services through the CHDP Program, or equivalent health services in accordance with the CHDP Program's schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a child when the child enters a new placement. Another health assessment may be claimed through CHDP by entering "New Foster Care Placement" in the Comments/Problems area of the Confidential Screening/Billing Report (PM 160). (For example: if there is no record documenting a health assessment during the child's previous placement, if the child is not performing age-expected developmental skills, or if he/she has been moved to an area with a new provider.)

2. The staff responsible for placement of the child will notify the Foster Care Nurse of the child's placement.
3. Medical records including, but not limited to, copies of the CHDP Confidential Screening/Billing Reports (PM 160) or results of an equivalent preventive health screen for any child in foster care will be kept in the child's case record. Case records for children age one and over must also contain the result(s) of dental visit(s).
4. The case record will contain a plan which ensures that the child receives medical and dental care which places attention on preventive health services through CHDP or equivalent preventive health services in accordance with the CHDP Program's schedule for periodic health and dental assessments.

V. EPSDT Unit of the CHDP Program Responsibilities and Activities for Referrals

- A. The unit is administratively located within the Mariposa County Health Department which is physically located at 5085 Bullion Street in Mariposa.
- B. Duty statements for the CHDP Director, Deputy Director, the CHDP Senior Office Assistant and Foster Care PHN are attached.
- C. Overall medical supervision is provided by the Mariposa County Public Health Officer, who also functions as the CHDP Director. The Deputy Director is the PHN, is responsible for EPSDT informing, Care Coordination and supervising the Foster Care Nurse Duties. The CMS Administrative Secretary performs the CHDP Coordinator Duties. Supervision for day-to-day activities is provided by the CHDP Director.
- D. The EPSDT Unit will accept and take appropriate action on all referrals of Medi-Cal eligible persons under 21 years of age, including unborn, and will:
 1. Intensively inform those requesting more to those who request dental services.
 2. Provide all requested dental services assistance so that dental services can be received provider of the requester's choice. These services will be provided and diagnosis and treatment initiated within 120 days of the child's date of eligibility determination or re-determination, and within 120 days of a request if by self referral or for children in foster care unless:
 - a. Eligibility is lost; or,
 - b. Child is lost to contact and a good faith effort was made to locate the child as defined in Section VII; or,
 - c. Failure to receive services was due to an action or decision of the family or child.

Mariposa County has two Medi-Cal Managed Care Plans.

3. Assure that families asking for health assessment procedures not furnished by their provider are referred to another provider for those procedures so that all requested CHDP services are received within 120 days of the initial request.
 4. Mariposa County CHDP program staff will coordinate services with the two Medi-Cal Managed Care Plans as indicate in their respective MOU's and IAA's.
- E. The following will be documented on the CHDP Referral Form (PM 357) or an alternate, State-approved referral form for each dental service:
1. Follow up to needed diagnosis and treatment will be documented on the back of the PM 160:
 - a. For fee for services only (managed care plans follow their insured families).
 - b. Date(s) of dental appointment(s) and name(s) of provider(s)
 2. Date appointment scheduling and/or transportation assistance was declined and by whom.
 3. Disposition of case: appointment kept or not kept, eligibility lost, family declined further services, or family/person lost to contact and Good Faith Effort was made to locate the person as defined in Section VII.

VI. CHDP Program Responsibilities and Activities

- A. An adequate number of medical providers will be available to meet county needs and Federal regulations in regard to allowable time frames.
- B. The local CHDP Program will make all possible attempts to assure an adequate number of dental providers are available to meet local needs and Federal regulations.
- C. An adequate supply of the following materials will be available to meet Social Services Department and other county needs:
 1. State-approved informing brochure with the address and phone number of the local CHDP Program
 2. Current list of CHDP medical and dental providers
 3. Other informational material, e.g., current list of current CHDP eligibility table, current list of specialty providers and CHDP poster
- D. When eligible persons still needing CHDP services move to another county, the PM 357 or the PM 160 will be forwarded to the new county's CHDP program with

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a request that the new county offer scheduling, transportation, or care coordination assistance, as needed.

- E. Copies of Screening/Billing Reports (PM 160) for services given to children in foster care will be given to the CHDP Foster Care PHN, who will facilitate entry of all information into the Health and Education Passport, and the filing of the copy in the case file, at Child Welfare.
- F. All persons eligible for Title V services (California's women of reproductive age, infants, children, adolescents, and their families) will be informed of availability of these services and referred as requested.
- G. Referrals for Public Health Nursing services for intensive informing and follow up to health assessment and diagnosis and treatment will be accepted, and such services will be provided.

NOTE: Item G is required only when EPSDT funds are requested for Public Health Nursing through a county/federal match.

VII. Joint Social Services/CHDP Responsibilities

A "Good Faith Effort" will be made to locate all persons lost to contact. The EPSDT Unit/CHDP Program will query the Human Services Department for current addresses, telephone numbers, and Medi-Cal status of these persons. Upon request, the Human Services Department will share this information. The exchange of this confidential information is based on Federal and State regulations.

VIII. Staff Education

- A. Within 90 days of employment by the Human Services Department, all new staff with responsibility for placement or eligibility determination will have completed orientation regarding the CHDP Program and their role and responsibilities for informing persons about CHDP and referring for services. The training will be conducted by the CHDP Deputy Director, with assistance from CHDP program staff.
- B. Within 90 days of employment by the Probation Department or licensed adoption agency, staff responsible for placement will have completed orientation regarding the CHDP Program and their roles and responsibilities for informing persons about CHDP and referring for services. This training will be conducted by the CHDP Deputy Director, with assistance from CHDP program staff.
- C. Upon licensure and at renewal, foster parent(s) and group care home, residential treatment center, and other out-of-home care facility staff will complete orientation regarding nature, scope, benefits, and availability of CHDP Program services. Training will be conducted by Human Services, Department of Social Services, and Family Services Unit staff.
- D. All appropriate health department staff will receive orientation and an annual update regarding the CHDP Program.

- E. The local CHDP Program will provide an annual update to all placement and eligibility determination staff regarding the CHDP Program.
- F. In addition, staff in-services will be conducted when there is a need indentified due to regulatory changes, program evaluation/reports, and task force/problem-solving meetings.

IX. Management Information and Program Evaluation

- A. The following information will be compiled and shared between departments during interagency agreement negotiations, the annual CHDP update for eligibility program and foster care placement staff, orientation for new eligibility and placement staff:

- 1. Numbers of:
 - a. Eligibles - intake/re-determination. Break out number of children in foster care placement.
 - b. Requests for CHDP services.
 - c. Requests for more information.
 - d. Requests for scheduling and/or transportation assistance.
 - e. Medical assessment services requested and received.
 - f. Dental services requested and received.
 - g. Referrals to diagnosis and treatment.
- 2. At a minimum, a quarterly newsletter focusing on the aforementioned information from "1"and "2" is to be sent to program/agency staff.

- B. Conduct and describe methods of program evaluation. *Specify, for example:*

- 1. The EPSDT Unit will tabulate the total number of children received on the PM 357s, and the number of PM 160s received, on an annual or more frequent basis, as needed. Separate counts will be tabulated for children in foster care. Marked changes in the numbers if PM 357 referrals will be reported to the Program Supervisor for eligibility.
- 2. The EPSDT Unit will annually tabulate the percentage of the Medi-Cal Eligible population receiving CHDP screens.
- 3. The CHDP Deputy Director and the Program Supervisor for eligibility, the Program Supervisor for Child Welfare, the Deputy Director of Human Services and the Probation Officer responsible for placement will review the status of the interagency agreement objectives on a systematic basis. These staff will review with their respective Department Heads the need

for changes, during the yearly re-negotiation of the interagency agreement.

4. Care coordination reviews of CHDP process/system within the counties local CHDP program.
5. Review of status of plan/interagency agreement objectives are reviewed on an annual basis.

X. Compliance Certification

In signing this agreement, we hereby certify that the CHDP Program in our community will meet the compliance requirements and standards pertaining to our respective departments contained in the following:

- A. Enabling legislation of the CHDP Program

Reference: Health and Safety Code Sections 124025 through 124110 and Section 104395.

- B. CHDP Program regulations that implement, interpret, or make specific the enabling legislation.

Reference: California Code of Regulations, Title 17, Section 6800 through 6874.

- C. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP Program.

Reference: California Code of Regulations, Title 22, Sections 51340(c), 51340 and 51532.

- D. Regulations defining county DSS responsibilities for meeting CHDP/EPSDT Program requirements.

1. Social Services Regulations

Reference:

- a. Staff Development and Training Standards - Manual of Policies and Procedures (MPP) Sections: 14-530, 14-610.
- b. Civil Rights - MPP Section 21-101, 21-107, 21.115.
- c. Eligibility and Assistance Standards - MPP Sections: 40-107.61, 40-131.3(k), 40-181.211, 45-201.5.
- d. Child Welfare Services Program Standards - MPP Sections: 31-002(c)(8), 31-075.3(h)(1), 31-075.3(h)(2), 31-205.1(h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-206.42, 31-206.421, 31-206.422, 31-330.111, 31-401.4, 31-

401.41, 31-401.412, 31-401.413, 31-405.1(f), 31-405.1(g), 31-405.1(g)(1).

e. Intra and interagency relations and agreements Chapter 29-405 and Chapter 29-410.

2. Medi-Cal Regulations

Reference:

a. California Code of Regulations, Title 22, Sections: 50031; 50157(a), (d), (e), (f), and 50184(b).

b. Other Title 22 regulations governing DSS programs regarding adoptions and referring parents to community services, including CHDP Pre-placement Advisement, California Code of Regulations, Title 22, Section 35094.2 and Advisement of Parents Whose Child has not been Removed from Parent's Care, Section 35129.1

E. Current interpretive releases by State Departments of Health Care Services and Social Services.

1. Children's Medical Services (CMS)/CHDP Program Letters and Information Notices - Health Care Services.
2. All County Letters - Social Services.
3. Joint Letters - Health Care Services and Social Services
4. CMS/CCS Numbered Letters pertaining to the CHDP Program - Health Care Services.

This interagency agreement is in effect from July 1, 2016 through June 30, 2017 unless revised by mutual agreement.

NOTE: In the event that changes in Federal or State legislation impact the current Interagency Agreement, the Health Department and Social Services Department agree to renegotiate the pertinent section within 90 days of receiving new language or instructions from the State.

Child Health and Disability Prevention Program Director

Chevon Kati

County Social Services Department Director

Pete Juez

County Probation Department

12/1/16

Date

2/13/17

Date

2/14/17

Date **APPROVED AS TO FORM:**

Steven W. Dahlem

**STEVEN W. DAHLEM
COUNTY COUNSEL**

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