

DEPARTMENT: HEALTH

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

RECOMMENDED ACTION AND JUSTIFICATION:

Recommend resolution authorizing Chair to sign Certification for Funding Under Health and Safety Code 123945 for the State-mandated Children's Medical Services (CMS) Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Mariposa County is a CMS dependent county and shares with the State the cost of this mandated program by formula with a cap of \$18,977. This year the County Auditor was required by the State to certify \$15,195. Invoices for Fiscal Year 2006-2007 will exceed that amount. If the County certifies to the State that the assigned allocation has been fully expended and requests the services be paid from State funds the liability to the County for further (unbudgeted) expenditures is avoided.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. The Board can pay the amount that exceeds the mandated allocation from the Social Services Trust Account pursuant to the provision of Chapter 6.
2. The Board can pay the amount that exceeds the mandated allocation from the General Fund.
3. Failure to file the Certification may place the county at risk for substantial amounts in excess of the \$15,195 allocation.

Financial Impact? (x) Yes () No Current FY Cost: \$15,195 Annual Recurring Cost: \$18,977

Budgeted In Current FY? (X) Yes () No () Partially Funded

Amount in Budget: \$18,977

List Attachments, number pages consecutively

Additional Funding Needed: \$ 0

Certification for Funding Under Health and Safety

Source: 100% grant funded

Code 123945

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.: 06-540 Ord. No. _____

Vote - Ayes: 4 Noes: _____

Absent: D. Fritz

Ag 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:

Requested Action Recommended

_____ No Opinion

Comments:

CAO: [Signature]