

**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 2006-2007.

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: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes (X) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		Declaration of Intent not to Apply. _____
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.: 06-307 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:**

Requested Action Recommended  
 No Opinion  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAO: 