

96-275

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: June 18, 1996
AGENDA ITEM NO.: CA-2

DEPARTMENT: Public Health BY: Charles B. Mosher, M.D., Health Officer PHONE: 966-3689
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ___ No X)

Recommend Resolution authorizing Chairman to sign the Declaration of Intent not to Apply for Rural Health Services Program Funding for Fiscal Year 1996-1997. The County is not required to apply for funding in order for funds to be available from the State for the local hospital and physicians to benefit from available RHS funding (AB 816, Chapter 195 of the Statutes of 1994, Section 16935.5). By declaring intent "not to apply", the County will no longer be required to do a large volume of paperwork previously done by the Health Department to ensure that funds were available to the County, the Hospital, and Physicians for reimbursing indigent care.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board declared intent not to apply for the past two (2) fiscal years.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The County can apply for funds and would be required to adhere to cumbersome reporting requirements with no financial benefit to the County.

COSTS: (X) Not Applicable

A. Budgeted current FY \$ _____

B. Total anticipated costs \$ _____

C. Required additional funding \$ _____

D. Internal transfers \$ _____

SOURCE: () 4/5ths Vote Required

A. Unanticipated revenues \$ _____

B. Reserve for contingencies \$ _____

C. Source description: _____

Balance in Reserve for Contingencies, if approved: \$ _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:

CLERK'S USE ONLY:

Res. No.: 96-275 Ord. No. _____

Vote - Ayes: _____ Nays: _____

 Absent: _____ Abstained: _____

 Approved _____ Denied _____

 Minute Order Attached () No Action Necessary _____

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended

Not Recommended

For Policy Determination

Submitted with Comment

Returned for Further Action

Comment: _____

A.O. Initials: [Signature]

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