

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 contract for Emergency Medical Services Appropriation (EMSA) Fiscal Year 2008-2009.

This Declaration of Intent (DOI) is annually executed and allows for the reimbursement of unpaid emergency services to physicians. Physicians eligible to receive these monies are those who are not paid on an employee or contractual basis at an Emergency Room and who depend upon reimbursement for services.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Historically, Mariposa County has not contracted to administer these funds for many years. The Health Department found the administration to be time consuming and costly to the County.

The DOI enables the State to contract directly with local physicians and disburse available funds to reimburse local physicians for unpaid emergency medical care provided.

By declaring our intent "not to contract", the State will continue to administer these funds for Mariposa County. Eligible physicians will be able to access these funds.

**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 the EMSA Appropriation (not recommended).

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 Contract.
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.: 02-11 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: [Signature]

**EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
ASSEMBLY BILL (AB) 1183 (CHAPTER 758, STATUTES OF 2008)**

**DECLARATION OF INTENT  
FISCAL YEAR 2008-09**

The Rural Health Services County of Mariposa (hereinafter called the County) notifies the California Department of Public Health (hereinafter referred to as the CDPH), as indicated below, of its intention to administer its EMSA allocation, ask the CDPH to administer the EMSA allocation, or a combination of both.

(Commencing with Welfare and Institutions Code Section 16930.)

(CHECK ONE OF THE FOLLOWING)

Option 1:  Declaration of Intent to administer the County's EMSA allocation.

Option 2:  Declaration of Intent NOT to administer the County's EMSA allocation. The County authorizes the CDPH to administer the funds through the EMSA Contract Back Program.

Option 3:  Declaration of Intent to administer a portion of the County's allocation and to ask the CDPH to administer the balance.

(CHECK WHERE APPLICABLE)

The County will contract for the CDPH to administer the HSA funds.

The County will contract for the CDPH to administer the PSA funds.

This Declaration has been executed by:

Name: Brad Aborn  
(Authorized Representative of the County Board of Supervisors)

Title: Chair to the Board

County of: Mariposa

Signature: *Brad Aborn* Date: 1-23-09

Please return the Declaration of Intent to the Office of County Health Services-

# Mariposa County Board of Supervisors

District 1 ..... BRAD ABORN  
District 2 ..... LYLE TURPIN  
District 3 ..... JANET BIBBY  
District 4 ..... KEVIN CANN  
District 5 ..... JIM ALLEN



RICHARD J. BENSON  
County Administrative Officer

MARGIE WILLIAMS  
Clerk of the Board

P.O. Box 784  
MARIPOSA, CALIFORNIA 95338  
(209) 966-3222  
1-800-736-1252  
FAX (209) 966-5147  
[www.mariposacounty.org/board](http://www.mariposacounty.org/board)

January 20, 2009

State Water Resources Control Board  
Division Water Quality  
Attention: Todd Thompson, P.E.  
1001 I Street, 15<sup>th</sup> Floor  
P. O. Box 2231  
Sacramento, CA 95812

Dear Mr. Thompson:

At its meeting on January 20, 2009, the Mariposa County Board of Supervisors adopted Resolution No. 09-19 declaring the intent not to contract for Emergency Medical Services Appropriation (EMSA) for Fiscal Year 2008-2009.

Enclosed you will find a copy of Resolution No. 09-19 for your reference.

Should you have any questions please contact me at (209) 966-3222.

Sincerely,

Brad Aborn,  
Board of Supervisors Chair

Enclosure

DEPARTMENT: HEALTH

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

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**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Historically, Mariposa County has not contracted to administer these funds for many years. The Health Department found the administration to be time consuming and costly to the County.

The DOI enables the State to contract directly with local physicians and disburse available funds to reimburse local physicians for unpaid emergency medical care provided.

By declaring our intent "not to contract", the State will continue to administer these funds for Mariposa County. Eligible physicians will be able to access these funds.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

*Original Res.  
filed as  
09-27*

1. Direct the Health Officer to sign the Intent not to apply.
2. Direct the Health Officer to apply for and administer the EMSA Appri (recommended).

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 Contract.
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.: 09-19 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 Approved  
 Minute Order Attached  No Action Necessary

**COUNTY ADMINISTRATIVE OFFICER:**

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

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

CAO: [Signature]

EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
ASSEMBLY BILL (AB) 1183 (CHAPTER 758, STATUTES OF 2008)

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FISCAL YEAR 2008-09

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(CHECK WHERE APPLICABLE)

\_\_\_\_\_The County will contract for the CDPH to administer the  HSA  funds.

\_\_\_\_\_The County will contract for the CDPH to administer the  PSA  funds.

This Declaration has been executed by:

Name:  Brad Aborn   
(Authorized Representative of the County Board of Supervisors)

Title:  Chair to the Board

County of:  Mariposa

Signature:  Brad Aborn  Date:  1-23-09

Please return the Declaration of Intent to the Office of County Health Services-