



**RESOLUTION NO.**

**OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

**WHEREAS**, The California Department of Health Care Services entered into Agreement 09-86018 with the County of El Dorado, the Local Government Agency which may claim federal Medicaid matching funds for assisting the State in the proper and efficient administration of the Medi-Cal Administrative Activities (MAA) Program in the County of El Dorado, during the period July 1, 2009 through June 30, 2012; and

**WHEREAS**, the Health and Human Services Agency acts as liaison for coordination of MAA activities within the County and receipt of all MAA revenues; and

**WHEREAS**, the State of California Department of Health Care Services has offered Amendment 1 to Agreement 09-86018 extending the term to June 30, 2014 and increasing the amount by \$3,000,000, from \$4,500,000 to \$7,500,000; and

**WHEREAS**, the County of El Dorado Board of Supervisors is willing to accept the aforementioned agreement amendment; and

**WHEREAS**, the Chair of the Board may act on behalf of the County of El Dorado and shall sign all necessary documents required to complete the agreement;

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Supervisors of the County of El Dorado hereby authorizes the Chair of the Board to execute Amendment 1 to Agreement 09-86018 with the California Department of Health Care Services, and further authorizes , the Director of the El Dorado County Health and Human Services Agency, or successor, or the Chief Assistant Director, or successor, to execute further documents relating to Agreement 09-86018, including amendments thereto, contingent upon approval by County Counsel and Risk Management, that do not affect the dollar amount or the term, and to continue to sign subsequent required fiscal and programmatic reports, and to perform any and all administrative and other responsibilities in relationship to said Agreement.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the \_\_\_\_ day of \_\_\_\_\_, 2012, by the following vote of said Board:

Attest: \_\_\_\_\_  
Suzanne Allen de Sanchez  
Clerk of the Board of Supervisors

Ayes:  
Noes:  
Absent:

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_ John R. Knight, Chair, Board of Supervisors

I CERTIFY THAT:  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Clerk