

**EL DORADO COUNTY BOARD OF SUPERVISORS**

**AGENDA ITEM TRANSMITTAL**

**Meeting of August 29, 2006**

**AGENDA TITLE: Rural Health Services (RHS) Program Funding Declaration for FY 06/07**

<b>DEPARTMENT:</b> Public Health	<b>DEPT SIGNOFF:</b> <i>[Signature]</i>	<b>CAO USE ONLY:</b> 8/18 <i>C Laura Schwarts</i>
<b>CONTACT:</b> Dan Buffalo		
<b>DATE:</b> August 14, 2006 <b>PHONE:</b> 621-6226		

**DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:**  
 The Public Health Department requests the Board of Supervisors approve and authorize the Chairman to sign the attached document, *Declaration of Intent Not To Apply for Rural Health Services Program Funding Fiscal Year (FY) 2006-07*, passing the responsibility for administering funding once again to the State for health care of the indigent. Each year, the State Department of Health Services provides city and county Public Health Departments with the opportunity to apply for Rural Health Services funding which reimburses physicians and hospitals for the care of the indigent. However, it is no longer necessary to apply for the funding in order for local physicians and hospitals to receive it. This funding is available through direct billing from service providers, and the extensive documentation is not then required of Public Health. Participating local medical service providers have been billing for their services directly for the past four years, saving a great deal of County administrative effort.

**CAO RECOMMENDATIONS:** *Recommend approval. Laura S. Gill 8/21/06*

Financial impact? ( ) Yes (X) No	Funding Source: ( ) Gen Fund ( ) Other
<b>BUDGET SUMMARY:</b>	Other: _____
Total Est. Cost _____	<b>CAO Office Use Only:</b>
<b>Funding</b>	4/5's Vote Required ( ) Yes (X) No
Budgeted _____	Change in Policy ( ) Yes (X) No
New Funding _____	New Personnel ( ) Yes (X) No
Savings _____	<b>CONCURRENCES:</b>
Other _____	Risk Management _____
Total Funding _____	County Counsel _____
<b>Change in Net County Cost</b> _____	Other _____

**\*Explain**

**BOARD ACTIONS:**

Vote: Unanimous _____ Or Ayes: Noes: Abstentions: Absent: Rev. 04/05	I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors Date: _____ Attest: Cindy Keck, Board of Supervisors Clerk By: _____
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# PUBLIC HEALTH DEPARTMENT

Healthy People Living in Healthy Communities Throughout El Dorado County

Gayle Erbe-Hamlin, Director / Dr. Jason Eberhart-Phillips, Health Officer  
931 Spring Street, Placerville, CA 95667 (530) 621-6120 / Fax (530) 626-4713

August 14, 2006

Board of Supervisors  
330 Fair Lane  
Placerville, CA 95667

**Subject: Rural Health Services (RHS) Program Funding Declaration for FY 06/07**

Dear Board Members:

**Recommendation:** Approve and authorize the Chairman to sign the attached document, *Declaration of Intent Not To Apply for Rural Health Services Program Funding Fiscal Year (FY) 2006-07*, passing the responsibility for administering funding once again to the State for health care of the indigent.

**Reason for Recommendation:** Each year, the State Department of Health Services provides city and county Public Health Departments with the opportunity to apply for Rural Health Services funding which reimburses physicians and hospitals for the care of the indigent. In the past, El Dorado County has applied for, received, and administered some of this funding, which required producing many complicated, time-consuming reports and other documentation for the State. It is no longer necessary to apply for the funding in order for local physicians and hospitals to receive it. This funding is available through direct billing from service providers, and the extensive documentation is not then required of Public Health. Participating local medical service providers have been billing for their services directly for the past four years, saving a great deal of County administrative effort.

**Fiscal Impact:** There is no fiscal impact to the County.

**Net County Cost:** None.

**Action to be taken Following Approval:**

- 1) Chair to sign 2 originals of attached Declaration;
- 2) Board Clerk's Office to forward 2 signed documents to Public Health;
- 3) Public Health to forward 1 signed Declaration to DHS.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Gayle Erbe-Hamlin".

Gayle Erbe-Hamlin  
Director of Public Health

cc: Laura Schwartz, Principal Administrative Analyst  
Gretchen Bailey, Fiscal Administrative Manager

**DECLARATION OF INTENT NOT TO APPLY  
FOR  
RURAL HEALTH SERVICES PROGRAM FUNDING  
FISCAL YEAR (FY) 2006-07**

The County of El Dorado (hereinafter called the County), hereby notifies the California Department of Health Services (hereinafter called the Department), that the County is not applying for its allocation of FY 2006-07 Rural Health Services Program funds (hereinafter called RHS funds).

The County, pursuant to Chapter 195, Statutes of 1994, Assembly Bill 816, Welfare and Institutions Code, Sections 16934.5 (a), 16935 (a) and 16935.5, requests that the Department administer its RHS funds in a manner consistent with these citations.

This Declaration of Intent Not To Apply has been executed by:

Name: James R. Sweeney  
(Authorized Representative of the County Board of Supervisors)

Title: Chairman, El Dorado County Board of Supervisors

County of: El Dorado

Signature: \_\_\_\_\_ Date: \_\_\_\_\_