



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

AUTHORIZING EXECUTION OF CONTRACT 09-86018 WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES FOR THE PROVISION OF MEDI-CAL ADMINISTRATIVE ACTIVITIES DURING THE PERIOD JULY 1, 2009 THROUGH JUNE 30, 2012, AND AMENDMENTS THERETO

WHEREAS, The California Department of Health Care Services is responsible for administering the California Medi-Cal Administrative Activities (MAA) Program and is required to enter into cooperative arrangements with local governmental agencies (LGAs) to ensure the appropriate utilization of such services; and

WHEREAS, El Dorado County is the LGA for this jurisdiction and may claim federal Medicaid matching funds for assisting the State in the proper and efficient administration of the Medi-Cal Program; and

WHEREAS, the Department of Human Services acts as liaison for coordination of MAA activities within the County and receipt of all MAA revenues.

NOW THEREFORE BE IT RESOLVED, that the Board of Supervisors of the County of El Dorado hereby authorizes the Chairman of the Board to execute Contract 09-86018 with the California Department of Health Care Services in an amount up to \$4,500,000 for the provision of Medi-Cal Administrative Activities (MAA) to assist in the proper and efficient administration of the Medi-Cal Program by improving the availability and accessibility of Medi-Cal Services during the Contract term of July 1, 2009 through June 30, 2012,.

BE IT FURTHER RESOLVED, that the Director of the El Dorado County Department of Human Services or successor, is hereby authorized to execute further documents relating to this Contract, including amendments thereto, contingent upon approval by County Counsel and Risk Management, that do not affect the maximum dollar amount or the term and to sign subsequent required fiscal and programmatic reports and to perform any and all responsibilities in relationship to such Contract, as designated Contract Administrator.

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 _____, 2009, by the following vote of said Board

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

Ayes:
Noes:
Absent:

By: _____
Deputy Clerk

Chairman, Board of Supervisors

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

DATE: _____

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

By: _____