

BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA

RESOLUTION NO. _____

ADOPT RESOLUTION APPROVING AN AGREEMENT BETWEEN STATE OF CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES (DHCS) AND COUNTY OF LAKE HEALTH SERVICES DEPARTMENT FOR THE MEDI-CAL COUNTY INMATE PROGRAM FOR ADMINISTRATIVE SERVICES (MCIP) AND AUTHORIZE THE HEALTH SERVICES DIRECTOR TO SIGN SAID AGREEMENT

WHEREAS, The State of California- Department of Health Care Services (DHCS) has offered an Agreement to County of Lake Health Services Department for the Medi-Cal County Inmate Program for Administrative Services (MCIP). The purpose of the MCIP agreement is to establish the amounts needed to satisfy each county's responsibility to reimburse DHCS for the nonfederal share of MCIP service costs incurred by DHCS. ; and

WHEREAS, Agreement number 23-30027 has been issued by DHCS for Fiscal Years 2023-2026 with a maximum payable amount of \$8,944.21.

NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA adopts this Resolution and approves Agreement number 23-30027 between DHCS and the Health Services Department.

BE IT FURTHER RESOLVED that the Director of Health Services is hereby authorized and empowered to execute and sign this Agreement in the name of County of Lake, State of California and all necessary certifications, payment requests, and documents hereto for the purposes of securing this Agreement.

Certified copies of this Resolution shall be delivered to the Lake County Auditor and to the Department of Health Services, which will forward it onto the California Department of Health Care Services.

THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the _____ day _____ of 2023 by the following vote:

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AYES:

NOES:

ABSENT OR NOT VOTING:

COUNTY OF LAKE

ATTEST:

SUSAN PARKER

Clerk of the Board of Supervisors

Chair, Board of Supervisors

By: _____
Deputy

APPROVED AS TO FORM:

LLOYD GUINTIVANO

County Counsel

By: _____