

1 **BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**

2 **RESOLUTION NO. _____**

3
4 **ADOPT RESOLUTION APPROVING AN AGREEMENT BETWEEN STATE OF**
5 **CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES (DHCS) AND COUNTY OF**
6 **LAKE HEALTH SERVICES DEPARTMENT FOR THE MEDI-CAL COUNTY INMATE**
7 **PROGRAM FOR ADMINISTRATIVE SERVICES (MCIP) FOR FISCAL YEARS 2026**
8 **THROUGH 2029 AND AUTHORIZE THE HEALTH SERVICES DIRECTOR TO SIGN SAID**
9 **AGREEMENT**

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

15 **WHEREAS**, Agreement number 26-60122 has been issued by DHCS for Fiscal Years 2026-
16 2029 with a maximum payable amount of \$12,942.24.

17
18 **NOW, THEREFORE, BE IT RESOLVED THAT THE BOARD OF SUPERVISORS OF THE**
19 **COUNTY OF LAKE, STATE OF CALIFORNIA** adopts this Resolution and approves Agreement
20 number 26-60122 between DHCS and the Health Services Department.

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

25 Certified copies of this Resolution shall be delivered to the Lake County Auditor and to the
26 Department of Health Services, which will forward it onto the California Department of Health Care
27 Services.
28

1 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the County of
2 Lake at a regular meeting thereof on the _____ day of _____, 2026 by the
3 following vote:
4
5

6 **AYES:**

7 **NOES:**

8 **ABSENT OR NOT VOTING:**
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11

12 **ATTEST: SUSAN PARKER**
13 Clerk to the Board of Supervisors
14

COUNTY OF LAKE

15 By: _____
16 Deputy

Chair, Board of Supervisors

17
18 **APPROVED AS TO FORM:**
19 **LLOYD GUINTIVANO**
County Counsel

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21 By: _____
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 Digitally signed by Lloyd C. Guintivano
DN: cn=Lloyd C. Guintivano, c=US,
o=County of Lake, ou=Office of the County
Counsel,
email=Lloyd.Guintivano@lakecountycal.gov
Date: 2026.06.17 17:19:25 -0700