

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

2 **RESOLUTION NO. _____**

3 **RESOLUTION APPROVING THE EVERGREEN MEDI-CAL TARGETED CASE**
4 **MANAGEMENT (TCM) PROVIDER PARTICIPATION AGREEMENT (PPA) BETWEEN THE**
5 **COUNTY OF LAKE AND THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**
6 **AND AUTHORIZE THE DIRECTOR OF HEALTH SERVICES TO SIGN**

7 **BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE,**
8 **STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES,** that The
9 Evergreen Medi-Cal Targeted Case Management Provider Participation Agreement between the
10 County of Lake and the State of California, Department of Health Services, will provide funding
11 for the provision of program services consisting of assisting eligible individuals in gaining access
12 to needed medical, social, educational and other services for Fiscal Year beginning July 1, 2017
13 and forward is hereby approved.

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16 **BE IT FURTHER RESOLVED THAT,** the Board of Supervisors of the County of Lake
17 hereby authorizes the Health Services Director to sign said Agreement, and any necessary
18 amendments, contractor certifications, clauses and conditions that may apply to said Agreement,
19 for the purposes of securing grant funds for the TCM Program and to implement and carry out the
20 purposes specified in the Agreement on behalf of the County of Lake. A copy of this Resolution
21 shall be delivered to the Lake County Auditor/Controller.

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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 _____, 2017 by
3 the following vote:
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6 **AYES:**

7 **NOES:**

8 **ABSENT/NOT VOTING:**
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11 **ATTEST: CAROL J. HUCHINGSON**
12 Clerk of the Board of Supervisors
13

COUNTY OF LAKE

14 By: _____
15 Deputy

CHAIR, Board of Supervisors

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18 APPROVED AS TO FORM:
19 **ANITA L. GRANT**
20 COUNTY COUNSEL

21 By:  _____
22 Deputy