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RESOLUTION NO._____

**RESOLUTION APPROVING THE MEDICAL ADMINISTRATIVE
ACTIVITIES (MAA) PROVIDER PARTICIPATION AGREEMENT #16-93079
AND CERTIFICATION STATEMENT BETWEEN THE COUNTY OF LAKE
AND THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES IN
THE AMOUNT OF \$900,000 FOR FY16/17 THROUGH FY18/19**

WHEREAS, a request to renew the Medi-Cal Administrative Activities (MAA) provider participation agreement in the amount of \$900,000 for Fiscal Years 2016/2017 through 2018/2019 has been received from the California Department of Health Care Services; and

WHEREAS, the Department of Health Services will operate the MAA program in accordance with the State of California, Department of Health Services, to provide program services consisting of improving the availability and accessibility of Medi-Cal Services to Medi-Cal eligible and potentially eligible individuals and their families.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES that the certification statement stating that the County of Lake's MAA Program will comply with all state and federal regulations for Fiscal Years 2016 through 2019, is hereby approved and the Director of Health Services is hereby authorized to sign said Certification Statement on behalf of the County of Lake; and that the renewal of the MAA Provider Participation agreement for FY16/17 through FY 18/19 is hereby approved.

BE IT FURTHER RESOLVED that the Director of Health Services is also hereby authorized to sign any necessary amendments, payment requests and agreements on behalf of the County of Lake, State of California hereto for the purposes of securing program funds during the 3 year program period and to implement and carry out the purposes specified in the agreement.

1 **THIS RESOLUTION** was passed and adopted by the Board of Supervisors of the
2 County of Lake at a regular meeting thereof on the _____ day of
3 _____, 2017 by the following vote:

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5 **AYES:**

6 **NOES:**

7 **ABSENT OR NOT VOTING:**
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11 **ATTEST:**

12 CAROL J. HUCHINGSON

13 Clerk of the Board of Supervisors
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15 By: _____

16 Deputy

15 By: _____

16 Chair, Board of Supervisors
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19 **APPROVED AS TO FORM:**

20 ANITA L. GRANT

21 County Counsel

22 By:  _____

23 Deputy
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