

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

2 **RESOLUTION NO. _____**

3
4 **ADOPT RESOLUTION APPROVING AGREEMENT BETWEEN THE COUNTY OF LAKE AND**
5 **THE COUNTY OF PLUMAS FOR MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) AND**
6 **TARGETED CASE MANAGEMENT (TCM), AND AUTHORIZING THE DIRECTOR OF**
7 **HEALTH SERVICES TO SIGN**

8 **WHEREAS**, County of Plumas is the Host County and is the agency that is the fiduciary
9 agent for all Local Government Agency (LGA) Consortiums participating in the Medi-Cal
10 Administrative Activities (MAA) and Targeted Case Management programs; and

11 **WHEREAS**, The Host County is the agency that collects and pays participation fees for the
12 Medi-Cal Administrative Activities (MAA) and the Targeted Case Management (TCM) Programs,
13 receives invoices from the state for payment, pays the MAA/TCM Consultants and Executive
14 Committee members and other budgeted items for the LGA Consortiums.

15 **NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF THE**
16 **COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY**
17 **DECLARES** that: The agreement between The County of Plumas and the County of Lake for Medi-
18 Cal Administrative Activities (MAA) and Targeted Case Management (TCM) for Fiscal Years July 1,
19 2018 through June 30, 2019 is hereby approved and the Director of Health Services, is authorized
20 to sign all necessary amendments to said Agreement, on behalf of the County of Lake.

21 Certified copies of this Resolution shall be delivered to the Lake County Auditor/Controller
22 and to the Department of Health Services.

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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 _____, 2018
3 by the following vote:

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6 **AYES:**

7 **NOES:**

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

12 CAROL J. HUCHINGSON

COUNTY OF LAKE

13 Clerk of the Board of Supervisors

14 By: _____

15 Deputy

16 CHAIR, Board of Supervisors

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18 **APPROVED AS TO FORM:**

19 ANITA L. GRANT

20 County Counsel

21 By:  _____
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