

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

2 **RESOLUTION NO. _____**

3
4 **RESOLUTION APPROVING THE MEDI-CAL ADMINISTRATIVE**
5 **ACTIVITIES (MAA) PROVIDER PARTICIPATION AGREEMENT #19-96011**
6 **AND CERTIFICATION STATEMENT BETWEEN THE COUNTY OF LAKE**
7 **AND THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES IN**
8 **THE AMOUNT OF \$300,000 FOR FY19/20THROUGH FY 21/22**

9 **WHEREAS**, a request to renew the Medi-Cal Administrative Activities (MAA) provider
10 participation agreement in the amount of \$300,000 for Fiscal Years 2019/2020 through
2021/2022 has been received from the California Department of Health Care Services; and

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

14 **NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF**
15 **THE COUNTY OF LAKE, STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND**
16 **HEREBY DECLARES** that the certification statement stating that the County of Lake's MAA
17 Program will comply with all state and federal regulations for Fiscal Years 2019 through 2022,
18 is hereby approved and the Director of Health Services is hereby authorized to sign said
19 Certification Statement on behalf of the County of Lake; and that the renewal of the MAA
Provider Participation agreement for FY19/20 through FY 21/22 is hereby approved.

20 **BE IT FURTHER RESOLVED** that the Director of Health Services is also hereby
21 authorized to sign any necessary amendments, payment requests and agreements on behalf
22 of the County of Lake, State of California hereto for the purposes of securing program funds
23 during the 3 year program period and to implement and carry out the purposes
24 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 _____, 2019 by the following vote:

4
5 **AYES:**

6 **NOES:**

7 **ABSENT OR NOT VOTING:**
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9

10
11 **ATTEST:**

12 CAROL J. HUCHINGSON

13 Clerk of the Board of Supervisors
14

15 By: _____
16 Deputy

By: _____
Chair, Board of Supervisors

17
18
19 **APPROVED AS TO FORM:**

20 ANITA L. GRANT

21 County Counsel

22 By:  _____
23 Deputy
24
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