



## Legislation Text

File #: 20-553, Version: 1

### Memorandum

**Date:** June 16, 2020

**To:** The Honorable Moke Simon, Chair, Lake County Board of Supervisors

**From:** Denise Pomeroy, Health Services Director

**Subject:** Adopt Resolution Approving the AIDS Drug Assistance Program Site Enrollment Agreement Between the California Department of Public Health and the County of Lake Health Services Department for Fiscal Years 2020-2023 and Authorize the Health Services Director to Sign

**Executive Summary:** The Lake County Health Services Department is an Enrollment Site for the AIDS Drug Assistance Program (ADAP). The ADAP Program helps ensure that people living with HIV and AIDS in California who are uninsured or under-insured have access to medication. ADAP pays the prescription costs for medication for eligible individuals.

This Agreement requires the Lake County Health Services Department to be compliant with the State of California regulations for ADAP eligibility verification, confidentiality, protected health information (PHI), HIPAA and enrollment accuracy.

If you should have any questions, please contact me at 707/263-1090.

**If not budgeted, fill in the blanks below only:**

Estimated Cost: \_\_\_\_\_ Amount Budgeted: \_\_\_\_\_ Additional Requested: \_\_\_\_\_ Future Annual Cost: \_\_\_\_\_

**Consistency with Vision 2028 and/or Fiscal Crisis Management Plan** (check all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Well-being of Residents | <input checked="" type="checkbox"/> Public Safety    | <input type="checkbox"/> Infrastructure   | <input type="checkbox"/> Not applicable      |
| <input type="checkbox"/> Economic Development               | <input type="checkbox"/> Disaster Recovery           | <input type="checkbox"/> County Workforce | <input type="checkbox"/> Technology Upgrades |
| <input checked="" type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake       | <input type="checkbox"/> Revenue Generation  |
|   |  |   | <input type="checkbox"/> Cost Savings        |

**If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:**

Which exemption is being requested?  
How long has Agreement been in place?  
When was purchase last rebid?  
Reason for request to waive bid?

**Recommended Action:** Adopt Resolution Approving the AIDS Drug Assistance Program Site Enrollment Agreement Between the California Department of Public Health and the County of Lake Health Services Department for Fiscal Years 2020-2023 and Authorize the Health Services Director

to Sign