***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097 96097*

# **Agenda Worksheet WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2/15/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
|

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| --- |
| Siskiyou County Health and Human Services Agency - Public Health Division is respectfully requesting permission to approve the California Department of Health Care Services (DHCS) Medi-Cal County Inmate Program (MCIP) Addendum to Participation Agreement 20-MCIPSISKIYOU-47.This Addendum amends the Participation Agreement Article XII-Alternative Formatting and all other terms and conditions of the PA-20-MCIPSISKIYOU-47 remains in full force and effect. |

 |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate/$727.45 |  |  |  |  |
| Fund:  | 2111 |  | Description: | Inmate Health | Org.: | 401081 | Description: | Inmate Health |
| Account: | 723000 |  | Description: | Professional Serv. Health |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |  |
|  |
| **Recommended Motion:** |
|

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| --- |
| Recommend that the Board of Supervisors approve and authorize the Chair to sign the California Department of Health Care Services Medi-Cal County Inmate Program Addendum to Participation Agreement 20-MCIPSISKIYOU-47. |

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| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Please return 3 signature pages to Angela Zambrano-Ford |
| CAO |       |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/9/2021