

**COUNTY-BASED MEDICAL ADMINISTRATIVE ACTIVITIES  
ADDENDUM TO  
PARTICIPATION AGREEMENT**

County: Siskiyou

20-MCIPSISKIYOU-47

The Department of Health Care Services (DHCS) and County of Siskiyou I agree that effective January 1, 2022; the addendum is incorporated into and hereby amends the Participation Agreement 20-MCIPSISKIYOU-47:

**ARTICLE XII – ALTERNATIVE FORMATTING**

- A. The County of Siskiyou assures the state that it complies with the ADA, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA.
  
- B. County of Siskiyou will ensure that deliverables developed and produced pursuant to this Agreement comply with federal and state laws, regulations or requirements regarding accessibility and effective communication, including the Americans with Disabilities Act (42 U.S.C. § 12101, et. seq.), which prohibits discrimination on the basis of disability, and section 508 of the Rehabilitation Act of 1973 as amended (29 U.S.C. § 794 (d)). Specifically, electronic and printed documents intended as public communications must be produced to ensure the visual-impaired, hearing-impaired, and other special needs audiences are provided material information in the formats needed to provide the most assistance in making informed choices. These formats include but are not limited to braille, large font, and audio.

Except as amended herein, all other terms and conditions of the PA 20-MCIPSISKIYOU-47 remain in full force and effect.

IN WITNESS WHEREOF, Siskiyou County and the State of California have executed this Addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: \_\_\_\_\_

\_\_\_\_\_  
Brandon A. Criss, CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST:  
LAURA BYNUM  
Clerk, Board of Supervisors

By: \_\_\_\_\_  
Deputy

\_\_\_\_\_  
California Department of Health Care Services  
Authorized Contact Person's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Chief, Local Governmental Financing Division  
Title

\_\_\_\_\_  
Department of Health Care Services  
Name of Department

\_\_\_\_\_  
1501 Capitol Avenue, MS 2628, Sacramento, CA 95899-7413  
Address

\_\_\_\_\_  
Date