***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **5 Min.** | **Meeting Date:** | **March 1, 2022** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Anna Hendricks, CAO** | **Phone:** | **842-8003** |
| **Address:** | **1312 Fairlane, Suite 1, Yreka** |
| **Person Appearing/Title:** | **Kari Brownstein, CMSP Executive Director** |
| **Subject/Summary of Issue:** |
| Presentation by Kari Brownstein regarding changes to County Medical Services Program (CMSP), Connect to Care, and other CMSP programs. Siskiyou County is a participant in CMSP which was established in 1983 when California law eliminated low-income adults from Medi-Cal coverage, transferred responsibility for their healthcare to counties, and allowed smaller counties to participate in CMSP for the delivery of indigent health care services.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Presentation only |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| It is requested that the Board receives the presentation regarding Connect to Care and other CMSP programs available to Siskiyou County residents.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| 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 8/09/2021