***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **September 6, 2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-2761** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Trish Barbieri, HHSA Social Services Divison Director** |
| **Subject/Summary of Issue:** |
| The Siskiyou County Health and Human Services Agency, Social Services Division respectfully requests to enter into a Memorandum of Understanding with the Siskiyou County District Attorney for the purpose of prevention, detection and investigation of welfare fraud relative to the issuance of benefits in the CalWORKs, CalFresh, Medi-Cal, County Medical Services Program and General Assistance programs. The Social Services Division is required to operate a Special Investigation Unit in accordance with Welfare and Institutions Code 10980, and the California Department of Social Services Manual of Policy and Procedure, Fraud and Suspected law violations, recipient Fraud, Division 20, Chapter 20. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $0.01 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 795000 |  | Description: | transfer out |  |
| Activity Code:  | 8086 |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | Into Siskiyou County District Attorney Account |
| Fund: 1006, Org: 201160 Account: 595000 Activity Code 8086 |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the Memorandum of Understanding between SCHHSA and the Siskiyou County District Attorney for the prevention and investigation of fraud against public assistance programs for a five (5) year term effective July 1, 2022 through June 30, 2027.  |
| **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