



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Final Resolution for Determining Payments to the Family Support Subaccount

In compliance with Section 17600.50(c) of the Welfare and Institutions code, Public Hospital Health System Counties (which include, Alameda, Contra Costa, Kern, Los Angeles, Monterey, Riverside, San Bernardino, San Francisco, San Joaquin, San Mateo, Santa Clara, and Ventura) must adopt a resolution by January 22, 2014 informing the Department of Health Care Services of the County’s final decision to choose either the County Savings Determination Process or the 60/40 formula option.

_____ County chooses the option selected below
County Name

to determine payments to the Family Support Subaccount:

County Savings Determination Process - The formula pursuant to Welfare and Institutions (W&I) Code, Section 17612.1. The county acknowledges that upon choosing this option, this determination method is final and not subject to change.

OR

60/40 formula - 60 percent of the 1991 health realignment funds that otherwise would have been allocated to the counties and 60 percent of the county maintenance of effort, pursuant to W&I Code, Section 17600.50(c)(2). The county acknowledges that upon choosing this option, this determination method is final. However the County has a one-time option to submit a petition to the County Health Care Funding Resolution Committee pursuant to W&I Code, Sections 17600.60(d) to later pursue the County Savings Determination Process.

I hereby certify, under penalty of perjury, that I am the official responsible for informing the State of the above option in said county for determining its payments to the Family Support Subaccount.

_____ Date _____
County Official (Signature)

County Official Title