BUS AGREEMENT # 14:034*

CONTRACT #14-90629

INTERGOVERNMENTAL TRANSFER ASSESSMENT FEE

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES ("State DHCS") and the County of Mendocino through its Health and Human Services Agency with respect to the matters set forth below.

RECITALS

A. This Agreement is made pursuant to the authority of Welfare & Institutions Code, section 14301.4.

THEREFORE, the parties agree as follows:

AGREEMENT

1. <u>Transfer of Public Funds</u>

- 1.1 County of Mendocino shall make Intergovernmental Transfer(s) ("IGTs") to State DHCS pursuant to section 14164 of the Welfare and Institutions Code and paragraph 1.1 of the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds contract number 14-90599, to be used as a portion of the non-federal share of actuarially sound Medi-Cal managed care rate range capitation increases ("non-federal share IGT") to Partnership HealthPlan of California ("PHC") for the period of July 1, 2014 through June 30, 2015.
- 1.2 The parties acknowledge that State DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services ("CMS") pertaining to the acceptance of non-federal share IGTs and the payment of non-federal share IGT related rate range capitation increases to PHC.

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SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed in the parties hereto have executed by the parties hereto have executed as a second of the parties hereto have executed by the parties have been also been also below the parties hereto have been also been also below the parties hereto have been also been also below the parties here and the parties have been also been also been also below the parties have been also been	cuted this Agreement, on the date of the las
signature below.	
MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY: By: Am Charel Date: 6/14/16 Tammy Moss Chandler, Director, Mendocino County HHSA	
THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:	
By:	Date:
Jennifer Lopez, Acting Division Chief, Capitated Rates Development Division	
By: DAN GJERDE, Chair BOARD OF SUPERVISORS	COUNTY COUNSEL REVIEW: APPROVED AS TO FORM: KATHARINE L. ELLIOTT, County Counsel
ATTEST: CARMEL J. ANGELO, Clerk of said Board	Deputy
By: Deputy I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made. CARMEL J. ANGELO, Clerk of said Board By:	By: Deputy CEO/Fiscal INSURANCE REVIEW: RISK MANAGER By: ALAN D. FLORA. Risk Manager EXECUTIVE OFFICE REVIEW: ADDROGOVAL DECOMMENDED
'	APPROVAL RECOMMENDED By:

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CARMEL J. ANGELO, Chief Executive Officer