

**Before the Board of Supervisors in and for the
County of Monterey, State of California**

- a. Authorize the Auditor-Controller to work with the County Administrative Office to establish, fund and develop a disbursement protocol for the Low Income Health Program (LIHP); and)
- b. Authorize the County’s Risk Manager to acquire reinsurance (stop-loss insurance) for the LIHP and)
- c. Authorize the Director of Health to negotiate and execute the State Contract for the LIHP, subject to County Counsel, County Risk Manager, County Administrative Office, and County Auditor-Controller review and approval; and)
- d. Authorize the Director of Health to negotiate and execute the Central California Alliance for Health Administrative Services Agreement, subject to County Counsel, County Risk Manager, County Administrative Office, and County Auditor-Controller review and approval; and)
- e. Authorize the Auditor-Controller to certify public expenditures for LIHP.)

Upon motion of Supervisor _____, seconded by Supervisor _____, and carried by those members present, the Board hereby;

- a. Authorizes the Auditor-Controller to work with the County Administrative Office to establish, fund and develop a disbursement protocol for the Low Income Health Program (LIHP); and
- b. Authorizes the County’s Risk Manager to acquire reinsurance (stop-loss insurance) for the LIHP and
- c. Authorizes the Director of Health to negotiate and execute the State Contract for the LIHP, subject to County Counsel, County Risk Manager, County Administrative Office, and County Auditor-Controller review and approval; and
- d. Authorizes the Director of Health to negotiate and execute the Central California Alliance for Health Administrative Services Agreement, subject to County Counsel, County Risk Manager, County Administrative Office, and County Auditor-Controller review and approval; and
- e. Authorizes the Auditor-Controller to certify public expenditures for LIHP.

PASSED AND ADOPTED on this _____ day of _____, 2012, by the following vote, to wit:

AYES:

NOES:

ABSENT:

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof Minute Book _____, for the meeting on _____.

Dated:

Gail T. Borkowski, Clerk of the Board of Supervisors,
County of Monterey, State of California.

By _____
Deputy