



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Tentative Decision for Determining Payments to the Family Support Subaccount

In compliance with section 17600.50 (b) of the Welfare and Institutions code relating to health and humans services, Article 13 Counties (which include, Fresno, Merced, Orange, Placer, Sacramento, San Diego, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, and Yolo) must tentatively inform the Director of the Department of Health Care Services by November 1, 2013 of whether the county is choosing the County Savings Determination Process or the 60/40 formula option.

_____ County tentatively 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 17613.1

OR

60/40 Formula - 60 percent of the 1991 health realignment funds that otherwise would have been allocated to the county and 60 percent of the county maintenance of effort, pursuant to W&I Code, Section 17600.50(b)(2).

The county acknowledges that the option selected in this letter is tentative and subject to change at the discretion of the county until the county informs the State of its final decision. The county acknowledges that it is required to adopt a resolution informing the State of its final decision by January 22, 2014. If the county fails to adopt a resolution informing the State by January 22, 2014, 62.5 percent of the total 1991 health realignment funds that otherwise would have been allocated to the counties and 62.5 percent of the maintenance of effort will be used in determining the payments to the Family Support Subaccount, pursuant to W&I Code, Section 17600.50(d)(1).

I hereby certify, under penalty of perjury, that I am the official responsible for tentatively informing the State by November 1, 2013 of the above option in said county for determining its payments to the Family Support Subaccount.

_____ Date _____
County Official (Signature)

County Official Title