

Health Care Funding Resolution Committee Petition Form

Instructions: Please fill out this form in its entirety to initiate the petition to the County Health Care Funding Resolution Committee. Additional supporting documents, as detailed below, must be included with the submittal of this form. Please send the completed form, including supporting documents, via certified mail to the addresses below. A decision on the petition will be issued within 45 days of the date that the Department of Finance notifies all three Committee members of receipt.

Department of Finance
Attn: Matt Paulin,
Program Budget Manager
915 L Street
Sacramento, CA, 95814

Department of Health Care Services
Attn: Mari Cantwell, Chief Deputy
Director of Health Care Programs
1501 Capitol Ave
Sacramento, CA 95814

Santa Clara County
Attn: Rene G. Santiago, Deputy
County Executive; Director,
Santa Clara Valley Health and
Hospital System
2325 Enborg Lane, Suite 220
San Jose, CA 95128

County:

Date:

County Contact Information

Name:

Name:

Title:

Title:

Phone:

Phone:

Email:

Email:

Type of Petition:

Petition to dispute the Department of Health Care Services' determination of the historical amounts and percentages pursuant to Sections 17612.3 and 17613.3 of the Welfare and Institutions Code

Must be received by the Department of Finance by February 28, 2014.

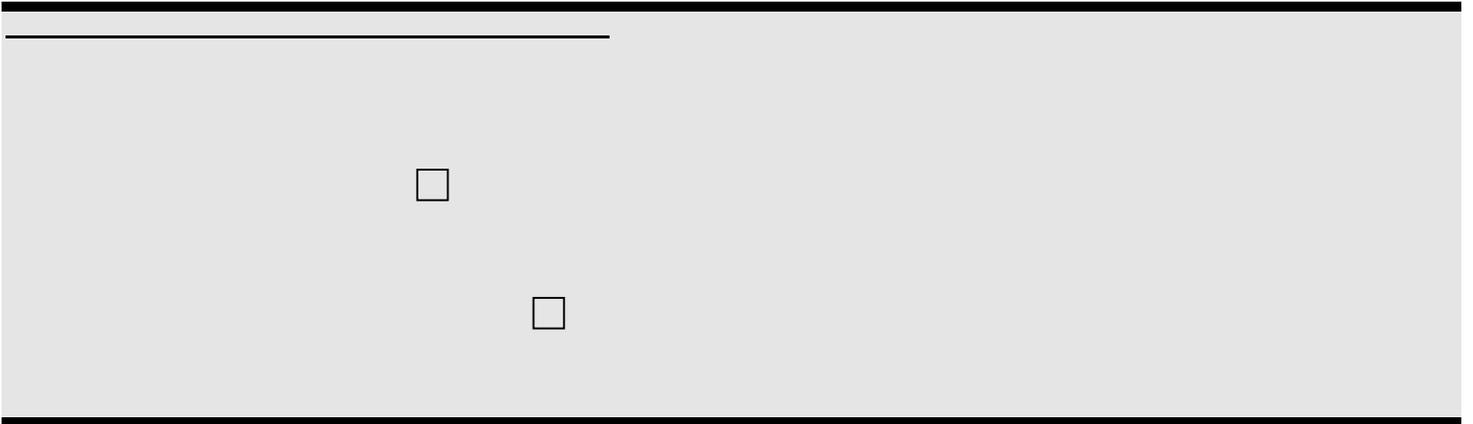
Petition to change from the 60/40 methodology to the County Savings Determination Process (W&I Section 17600.60 (d)(1))

Must include (1) evidence that there have been changes in expenditures related to state and federal law, regulation and rulemaking, or court decisions that have a material impact on the provision of health care services to indigent adults; and (2) all of the data necessary to participate in Article 12 (commencing with Section 17612.1) or Article 13 (commencing with Section 17613.1) as appropriate.

Petition for an Alternative Cost Calculation (W&I Section 17600.60 (e))

Must include (1) documentation of extraordinary circumstances related to the county's local health care marketplace, provider(s), and provider contracts; and (2) all necessary data to support this petition.

(continued on next page)



DETAIL OF REQUEST

A. Summary of Disputed Issue(s) *(Must be specific.)*

B. Background/History *(Provide relevant background/history, if applicable.)*

C. Evidence and Documentation in Support of Petition *(Provide additional attachments to this form, as necessary.)*
