

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency *MM*

BOARD AGENDA # *B-2

Urgent Routine

AGENDA DATE August 4, 2009

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval to Set a Public Hearing on September 1, 2009 at 9:15 a.m. Pursuant to Section 1442.5 of the Health and Safety Code to Consider Changes to the Medically Indigent Adult Program to include the Reduction to the Income Limits at which Patient Cost Sharing Applies, the Reduction to the Asset Limits for Eligibility, a Reduction in the Dental Scope of Benefits, and an Increase in Patient Cost Sharing Specifically for Major Restorative Dental Services

STAFF RECOMMENDATIONS:

Set a public hearing on September 1, 2009 at 9:15 a.m. pursuant to Section 1442.5 of the Health and Safety Code to consider changes to the Medically Indigent Adult program to include the reduction to the Income Limits at which patient cost sharing applies, the reduction in the Asset Limits for eligibility, a reduction to the Dental Scope of Benefits, and an increase in patient cost sharing specifically for major restorative dental services.

FISCAL IMPACT:

The Medically Indigent Adult (MIA) program represents the majority of the Health Services Agency's Indigent Health Care Program budget. The approved preliminary budget for Fiscal Year 2009-2010 for the Indigent Health Care Program is \$14,127,100. Funding for the MIA program is a comprised of Realignment (sales tax and vehicle license fees) and a required county match. The actual financial impact

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2009-512

On motion of Supervisor Chiesa, Seconded by Supervisor Grover

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Grover, Monteith, and Chairman DeMartini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

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FISCAL IMPACT (Continued):

of the changes to be considered following the proposed public hearing, will be based on the actual applicants, enrollment and utilization of covered services under the Medically Indigent Adult program during the fiscal year. By analyzing recent actual utilization and cost information of services provided to MIA program enrollees, it is estimated that annualized savings may be achieved in the range of \$392,158 – \$422,158 if the proposed changes are approved. Assuming declining funding, the Health Services Agency seeks to manage the program within available resources through various administrative and care management initiatives, combined with the proposed changes contained herein.

DISCUSSION:

Under Welfare and Institutions Code Section 17000, the County is required to provide or arrange for the provision of medical care services for the Medically Indigent Adult residents of the County. Under the law, the scope of benefits and eligibility guidelines are established at the discretion of each county's Board of Supervisors.

Due to decreasing MIA program funding coupled with rising enrollment, policy changes are necessary in order to produce decreased program expenditures and avoid deficit spending. Although funding was down by approximately 10% during Fiscal Year 2008-2009, the combination of policy changes made by the Board of Supervisors and other operational changes implemented by staff, allowed the program to operate within budget. Anticipating approximately another 8% decrease in funding for Fiscal Year 2009-2010, while experiencing an increase in program applications, staff projects the inability to operate at a break-even without making policy changes. Enrollment in Fiscal Year 2009-2010 is projected to increase by more than 15% based upon trends in applications and enrollments during the 2008-2009 Fiscal Year. Expenditure reductions could be achieved by reducing eligibility or by reducing the covered benefits of the program, or both. Staff recommendations give preference to providing lesser benefits over a larger population of qualified residents, rather than more service to fewer individuals.

Eligibility and Cost Sharing

The Medically Indigent Adult (MIA) program is for legal county residents who are not otherwise eligible for other healthcare coverage or access. Presently, the eligibility process includes obtaining various financial and other demographic information from an applicant in order to first determine eligibility, and second, for those who meet the

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eligibility criteria, to determine if the applicant is subject to a financial responsibility (cost sharing), and to what extent.

The financial guidelines include both an income and asset limit in order to qualify. Currently the income limit is set at 200% of the Federal Poverty Guideline (FPG), which is consistent with the majority of county medically indigent adult programs. No changes are recommended to the income limit. The asset limit for an applicant with a family size of one, after exemptions such as primary residence and automobile, is \$3,000. The proposed changes to be considered during a public hearing, include reducing the asset limit, after exemptions, to \$2,000. The actual limit would vary by family size as shown in Table 1. The \$2,000 proposed limit is for family size of one, which corresponds with approximately 90% of the MIA enrollees. Based on an analysis of recent actual eligibility, utilization, and cost information, it is estimated that this change could result in a program savings of up to \$30,000. However, applicants would have the option of "spending down" the amount over \$2,000 in order to qualify for or maintain eligibility. Spending down means prepaying certain expected liabilities such as mortgage or rent, and utilities.

Table 1 - Asset Limits for Eligibility – Current and Proposed

No. of Persons in County Family Budget Unit (CFBU)	Current MIA Enrollment	Current MIA Eligibility Asset Limits (150% FPG)	Proposed MIA Eligibility Asset Limits
1 Person	90.8%	\$3,000	\$2,000
2 Persons	8.7%	\$4,500	\$3,000
3 Persons	<1%	\$4,725	\$3,150
4 Persons	<1%	\$4,950	\$3,300
5 Persons	<1%	\$5,175	\$3,450
6 Persons	<1%	\$5,400	\$3,600
7 Persons	0	\$5,625	\$3,750
8 Persons	0	\$5,850	\$3,900
9 Persons	0	\$6,075	\$4,050
10 Persons	0	\$6,300	\$4,200
Each Added Person		N/A	\$150

The second level of financial assessment determines whether a qualified applicant is subject to a financial responsibility of either copayments or monthly share of cost, based on monthly income. Presently, MIA enrollees who have income of less than 50% of the FPG qualify with the County bearing 100% of the enrollee's medical care cost (for

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covered services). Enrollees with income between 50% and 130% of FPG, are subject to copayments for care provided, and enrollees with income above 130% of FPG have a share of cost approximately equal to the amount of excess income above the 130% FPG amount. As a point of reference, presently 50% of FPG is \$451, 130% of FPG is \$1,173. The share of cost works similar to a health insurance deductible but on a monthly basis during months in which care is provided to the enrollee. For every dollar that the enrollee's income exceeds 125% of the FPG, the enrollee is responsible for that amount of his/her monthly medical care costs, and the MIA program becomes responsible for costs above the enrollee's share of cost. *Note: The formula to determine the actual monthly amount of share of cost begins at 125% of FPG to apply cost sharing on a fair basis. If the share of cost were calculated beginning at 130% of FPG, an enrollee with income just over 130% of FPG would incur less than an enrollee with income just below the 130% amount who is subject to copayments for each service provided. The upper limit of share of cost is equal to the 200% of FPG, which is also the ceiling for eligibility. To be considered during the proposed public hearing, is a change which would lower the monthly income level at which the minimal copayments would apply to \$300, and lower the monthly income level at which share of cost would apply to \$600. These figures would apply to a family size of one, while higher varying limits would apply by family size, and are as reflected in Attachment A.*

The proposed amounts would be set dollar thresholds and changed by Board of Supervisor approval, rather than percentages of the FPG and subject to automatic adjustments based upon the federal government's annual updates. This share of cost level and methodology is equivalent to the "Maintenance Need Level" applied by the State of California for determining share of cost under the Medi-Cal program. Based on an analysis of recent actual eligibility, utilization and cost information, it is estimated that this change could result in a program savings of up to \$233,000 annually, and impact approximately 2,653 individuals.

Under current policy, 69% of MIA enrollees have income levels which do not require cost sharing. Under the proposed policy it is projected that 61% of MIA enrollees would continue to be exempt from a financial responsibility of either copayments or monthly share of cost – see Table 3. Most enrollees that currently are subject to the small copayments (\$3 to \$25 depending on type of service) would instead be subject to the higher share of cost responsibility, ranging from \$45 to \$574. Enrollees that currently have a share of cost ranging from \$45 to \$677 would have a share of cost ranging from \$575 to \$1,205.

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Table 3 - MIA enrollees by financial responsibility – Current and Proposed Policy

Current Policy Results		Proposed Policy – Estimated Results	
Monthly Income	% of Enrollees	Monthly Income	% of Enrollees
No Financial Responsibility (0 – 49% of FPG – Income) <i>Currently 50% FPG = \$451</i>	69%	No Financial Responsibility (0 - \$299)	61%
Eligible with Copay (50 – 129% FPG – Income) <i>Currently 130% FPG = \$1,173</i>	23%	Eligible with Copay (\$300 - \$599)	11%
Eligible with Share of Cost (130 – 200% of FPG - Income) <i>Currently 200% of FPG is \$1,805</i>	7%	Eligible with Share of Cost (\$600 – 200% of FPG)	28%

It is estimated that 2,653 patients would have an increased financial responsibility under this proposal. The remaining patients would be eligible for services at no cost.

While the State’s Medi-Cal program policies were considered in the development of these proposals, the recommendations are to change Medically Indigent Adult program policies as proposed, but not to directly adopt the Medi-Cal policies. At any given time, approximately 30% of the MIA enrollees have a pending application for the Medi-Cal program. If those applications are approved by the State, the Medi-Cal eligibility generally is made retroactive to the application date. The MIA program monitors this activity and then seeks to recover payments made for services rendered for which Medi-Cal will retroactively accept financial responsibility. For this reason, it is beneficial for the MIA financial policies regarding cost sharing to be consistent with Medi-Cal policy. However, given local funding constraints and the financial exposure held by the County, staff recommends retaining the discretion to analyze future Medi-Cal policy changes and as applicable, make appropriate recommendations to the Board of Supervisors.

Based on a recent staff conducted survey, the proposed changes to the eligibility and financial cost sharing policies are consistent with that applied by 40 of 58 counties’ medically indigent adult programs including the small counties’ County Medical Services Program operated by the State, and are consistent with the State Medi-Cal program.

Dental Related Changes

Presently, the MIA program covers preventative, restorative and emergency dental services within the Scope of Benefits, with an annual benefit limit of \$1,000. Prior to 1994, the program covered only emergency dental services. At that time, and although

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the law provides for County Board of Supervisor discretion, a court decision prompted the Health Services Agency to expand the services to the existing broad scope of benefits. The court decision provided that the State's Medi-Cal dental benefits be used as a benchmark. Effective July 1, 2009, the State's Medi-Cal program entirely eliminated dental benefits for adults.

To be proposed for consideration at the requested public hearing are the following two changes to the dental services covered by the MIA program. First, is the consideration to eliminate preventative dental care services from the covered Scope of Benefits. A review of utilization data from 4/1/08 – 3/31/09 identified that 740 individuals received preventative dental services resulting in program expenditures of \$29,421. Second, is the consideration to impose a 50% benefit limit specific to major restorative dental services, such as but not limited to dentures, temporary and permanent crowns and root canals. As proposed, for major restorative dental services, the MIA program would pay 50% of the cost, and the enrollee would pay for 50% of the cost, based on MIA's contracted reimbursement rates. Based upon the 4/1/08 – 3/31/09 data, this change would impact approximately 570 individuals for an annual estimated savings of \$129,737. This limited benefit would be specific to the major restorative dental services and would apply to all MIA enrollees. Note: If an enrollee has a monthly share of cost obligation, that obligation would have to be met in order for the MIA program's 50% benefit to apply. Also, an enrollee's payment of 50% of the cost of a major restorative dental service does not count toward the monthly share of cost obligation. The following examples are provided to illustrate how the 50% benefit would be applied for enrollees who have a monthly share of cost.

Service: Root Canal
Cost: \$400

Enrollee A: \$300 monthly share of cost
Enrollee had paid \$300 toward other medical services that month
Enrollee would pay for 50% of the cost = \$200
MIA program would pay 50% of the cost = \$200

Enrollee B: \$300 monthly share of cost
Enrollee had paid for no other MIA services so far that month
Enrollee would pay \$300 of the root canal
MIA program would pay remaining \$100

Later in the same month, Enrollee B has outpatient surgery, cost of \$800.

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Enrollee is responsible to pay \$200, recognizing that \$100 of the monthly share of cost had already been paid as that was the amount over the Enrollee's 50% responsibility for the root canal.

MIA program would incur remaining \$600.

While the dental benefits vary widely across county MIA programs, staff determined that the proposed changes to the dental benefits are relatively consistent with 87% (20 of 23) of county operated medically indigent adult programs.

The actual financial impact of the proposed changes will be based on the actual applicants, enrollment levels, and utilization of covered services under the Medically Indigent Adult program during the fiscal year. By using recent utilization and cost information of services provided to the approximately 6,000 – 7,000 annual MIA program enrollees, it is estimated that the annualized savings which would result from these combined changes is in the range of \$392,158 – \$422,158.

Public Hearing

The proposed changes are subject to a public hearing requirement under California Health and Safety Code Section 1442.5. All requirements will be met with regard to posting notices in advance of this hearing.

POLICY ISSUE:

Approval of this item supports the Board of Supervisors' priorities of *A healthy community* and *Efficient delivery of public services* by considering changes which seek to preserve as much access to healthcare as possible within reduced available funding.

STAFFING IMPACT:

There is no staffing impact associated with this proposal.

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Attachment A – Income Related Eligibility Policy – Current and Proposed

MIA Income Eligibility Policy	Current Policy and No Change Proposed	Current Policy				Proposed Policy			
		Income Level with No Patient Cost Sharing (0 - 49% of FPG)	Copayment Income Range 50% FPG - 130% FPG	Share of Cost Income Limit = 130% FPG	Monthly Share of Cost Range	Income Level with No Patient Cost Sharing	Copayment Income Range	Share of Cost Income Limit	Monthly Share of Cost Range
Family Size - Family Budget Unit	Income Limit for Eligibility = 200% of FPG								
1 Person	\$1,805	\$0 - \$450	\$451 - \$1,173	\$1,173	\$45 - \$676	\$0 - \$299	\$300 - \$599	\$600	\$45 - \$1205
2 Persons	\$2,428	\$0 - \$606	\$607 - \$1,578	\$1,578	\$64 - \$911	\$0 - \$475	\$476 - \$749	\$750	\$64 - \$1494
3 Persons	\$3,052	\$0 - \$762	\$763 - \$1,984	\$1,984	\$76 - \$1145	\$0 - \$572	\$573 - \$933	\$934	\$76 - \$2118
4 Persons	\$3,675	\$0 - \$918	\$919 - \$2,389	\$2,389	\$92 - \$1378	\$0 - \$663	\$664 - \$1,099	\$1,100	\$92 - \$2575
5 Persons	\$4,298	\$0 - \$1,074	\$1,075 - \$2,794	\$2,794	\$107 - \$1612	\$0 - \$749	\$750 - \$1,258	\$1,259	\$107 - \$3039
6 Persons	\$4,922	\$0 - \$1,229	\$1,230 - \$3,199	\$3,199	\$123 - \$1846	\$0 - \$827	\$828 - \$1,416	\$1,417	\$123 - \$3505
7 Persons	\$5,545	\$0 - \$1,385	\$1,386 - \$3,604	\$3,604	\$139 - \$2079	\$0 - \$902	\$903 - \$1,549	\$1,550	\$139 - \$3995
8 Persons	\$6,168	\$0 - \$1,541	\$1,542 - \$4,009	\$4,009	\$154 - \$2313	\$0 - \$966	\$967 - \$1,691	\$1,692	\$154 - \$4476
9 Persons	\$6,792	\$0 - \$1,697	\$1,698 - \$4,415	\$4,415	\$170 - \$2547	\$0 - \$1,041	\$1,042 - \$1,824	\$1,825	\$170 - \$4967
10 Persons	\$7,415	\$0 - \$1,853	\$1,854 - \$4,820	\$4,820	\$185 - \$2780	\$0 - \$1,108	\$1,109 - \$1,958	\$1,959	\$185 - \$5456
Each Added Person	\$623			\$406				\$14	



NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that, pursuant to Section 1442.5 of the California Health and Safety Code and other applicable laws, the Board of Supervisors of the County of Stanislaus, State of California, will hold a public hearing regarding the reduction or elimination of certain health and medical services provided by the County. The public hearing will commence on **September 1, 2009 at 9:15 a.m. in the Board Chambers, 1010 10th Street, Modesto, California**, at which time and place all interested persons may appear and be heard. The hearing shall be in accordance with the provisions of Health and Safety Code Section 1442.5.

Those services that are proposed for reduction or elimination are listed on the continuation of this notice on pages following. At any time prior to the time fixed for the hearing, any interested person may file written comments on the proposed action with the Clerk of the Board of Supervisors of the County of Stanislaus. Both oral and written comments will be considered by the Board of Supervisors at the time and place fixed for hearing.

Additional information regarding this hearing may be obtained by contacting the Stanislaus County Health Services Agency at (209) 558-7163, or by writing:

Stanislaus County Health Services Agency
Attention: Administration
P.O. Box 3271
Modesto, CA 95353

THIS NOTICE shall be posted at the entrance to all County health care facilities.

Date: August 5, 2009

Please remove this notice after September 1, 2009, as instructed.



PROPOSED SERVICE LEVEL REDUCTION

Reductions in the level of services that provide medical care to indigent persons are subject to prescribed formal Public Notice and Public Hearings (Health and Safety Code Section 1442.5). The reduction of these services in the Health Services Agency is estimated to save between \$392,158 and \$422,158 annually. This Notice contains a list of the proposed reductions, with an estimate of reduced expenditures and number of persons affected.

Projected Annual Savings	Description of Reduction or Elimination
0 - \$30,000	1. Reduce the Medically Indigent Adult (MIA) program's Asset Limit for eligibility, after exemptions, to \$2,000 for a family size of one, and to \$3,000 for a family size of two, thereafter increasing by \$150. Based on a recent eligibility analysis, an estimated 65 individuals annually would have assets greater than the proposed limit. Such individuals (current enrollees and new applicants) would be given the opportunity to spend-down excess assets by paying rent, mortgage, or utilities in advance, such that this proposed change would not necessarily reduce the number of those eligible for the program.
\$233,000	2. Reduce the MIA program's Monthly Income Limits at which Cost Sharing applies to eligible enrollees. While the actual limits would vary by family size, for a family size of one (represents 90% of MIA enrollees) the monthly income range for which covered services would be subject to the existing MIA copayment schedule would be \$300 to \$599, and the monthly income range for which covered services would be subject to a monthly share of cost would be \$600 and above. Copayments vary by service type and range from \$3 to \$25. Share of cost is the monthly amount the MIA enrollee is responsible to pay towards monthly medical and dental services received before the MIA program becomes financially responsible. Monthly share of cost would range from \$46 - \$1,205 for an individual with a family size of one. Based on a recent eligibility analysis, it is estimated that 2,653 individuals annually would be subject to an increased financial responsibility if this change is approved.
\$29,421	3. Eliminate preventative dental services from the MIA program's Scope of Benefits. Based on a recent utilization analysis, it is estimated that approximately 740 individuals annually would be impacted if this change is approved.
\$129,737	4. Reduce the dental benefit for major restorative dental services to a 50% benefit level, thereby sharing half the cost with the MIA enrollee. This change would apply to major restorative dental care including but not limited to dentures, permanent or temporary crowns, and root canals. Based on a recent utilization analysis, it is estimated that approximately 570 individuals annually would be impacted if this change is approved.

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that, pursuant to Section 1442.5 of the California Health and Safety Code and other applicable laws, the Board of Supervisors of the County of Stanislaus, State of California, will hold a public hearing regarding the reduction or elimination of certain health and medical services provided by the County. The public hearing will commence on Tuesday, September 1, 2009 at 9:15 a.m., or as soon thereafter as the matter may be heard, in the Board Chambers, 1010 10th Street, Modesto, California, at which time and place all interested persons may appear and be heard.

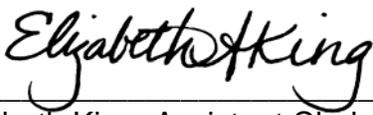
ADDITIONAL NOTICE IS GIVEN that the reduction of these services in the Health Services Agency is estimated to save between \$392,158 and \$422,158 annually. The services proposed for reduction or elimination are as follows:

Projected Annual Savings	Description of Reduction or Elimination
0 - \$30,000	1. Reduce the Medically Indigent Adult (MIA) program's Asset Limit for eligibility, after exemptions, to \$2,000 for a family size of one, and to \$3,000 for a family size of two, thereafter increasing by \$150. Based on a recent eligibility analysis, an estimated 65 individuals annually would have assets greater than the proposed limit. Such individuals (current enrollees and new applicants) would be given the opportunity to spend-down excess assets by paying rent, mortgage, or utilities in advance, such that this proposed change would not necessarily reduce the number of those eligible for the program.
\$233,000	2. Reduce the MIA program's Monthly Income Limits at which Cost Sharing applies to eligible enrollees. While the actual limits would vary by family size, for a family size of one (represents 90% of MIA enrollees) the monthly income range for which covered services would be subject to the existing MIA copayment schedule would be \$300 to \$599, and the monthly income range for which covered services would be subject to a monthly share of cost would be \$600 and above. Copayments vary by service type and range from \$3 to \$25. Share of cost is the monthly amount the MIA enrollee is responsible to pay towards monthly medical and dental services received before the MIA program becomes financially responsible. It is a monthly amount and only applies during months in which services are provided. Based on a recent eligibility analysis, it is estimated that 2,653 individuals annually would be subject to an increased financial responsibility if this change is approved.
\$29,421	3. Eliminate preventative dental services from the MIA program's Scope of Benefits. Based on a recent utilization analysis, it is estimated that approximately 740 individuals annually would be impacted if this change is approved.
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NOTICE IS FURTHER GIVEN that at any time prior to the time fixed for the hearing, any interested person may file written comments on the proposed action with the Clerk of the Board of Supervisors of the County of Stanislaus. Both oral and written comments will be considered by the Board of Supervisors at the time and place fixed for hearing. Additional information regarding this hearing may be obtained by contacting the Stanislaus County Health Services Agency at (209) 558-7163, or by writing the Stanislaus County Health Services Agency, Attention: Administration, P.O. Box 3271, Modesto, CA 95353.

DATED: August 4, 2009

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk of
the Board of Supervisors of the County of Stanislaus,
State of California

BY: 

Elizabeth King, Assistant Clerk of the Board

**DECLARATION OF PUBLICATION
(C.C.P. S2015.5)**

**COUNTY OF STANISLAUS
STATE OF CALIFORNIA**

I am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am a printer and principal clerk of the publisher of **THE MODESTO BEE**, which has been adjudged a newspaper of general circulation by the Superior Court of the County of **STANISLAUS**, State of California, under the date of **February 25, 1951, Action No. 46453**. The notice of which the annexed is a printed copy has been published in each issue thereof on the following dates, to wit:

AUGUST 21, 27, 2009

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that this declaration was executed at **MODESTO**, California on

AUGUST 27, 2009


(Signature)

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ADDITIONAL NOTICE IS GIVEN that the reduction of these services in the Health Services Agency is estimated to save between \$392,158 and \$422,158 annually. The services proposed for reduction or elimination are as follows:

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\$233,000	2. Reduce the MIA program's Monthly Income Limits at which Cost Sharing applies to eligible enrollees. While the actual limits would vary by family size, for a family size of one (represents 90% of MIA enrollees) the monthly income range for which covered services would be subject to the existing MIA copayment schedule would be \$300 to \$599, and the monthly income range for which covered services would be subject to a monthly share of cost would be \$600 and above. Copayments vary by service type and range from \$3 to \$25. Share of cost is the monthly amount the MIA enrollee is responsible to pay towards monthly medical and dental services received before the MIA program becomes financially responsible. It is a monthly amount and only applies during months in which services are provided. Based on a recent eligibility analysis, it is estimated that 2,653 individuals annually would be subject to an increased financial responsibility if this change is approved.
\$29,421	3. Eliminate preventative dental services from the MIA program's Scope of Benefits. Based on a recent utilization analysis, it is estimated that approximately 740 individuals annually would be impacted if this change is approved.
\$129,737	4. Reduce the dental benefit for major restorative dental services to a 50% benefit level, thereby sharing half the cost with the MIA enrollee. This change would apply to major restorative dental care including but not limited to dentures, permanent or temporary crowns, and root canals. Based on a recent utilization analysis, it is estimated that approximately 570 individuals annually would be impacted if this change is approved.

NOTICE IS FURTHER GIVEN that at any time prior to the time fixed for the hearing, any interested person may file written comments on the proposed action with the Clerk of the Board of Supervisors of the County of Stanislaus. Both oral and written comments will be considered by the Board of Supervisors at the time and place fixed for hearing. Additional information regarding this hearing may be obtained by contacting the Stanislaus County Health Services Agency at (209) 558-7163, or by writing the Stanislaus County Health Services Agency, Attention: Administration, P.O. Box 3271, Modesto, CA 95353.

DATED: August 4, 2009

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk of the Board of Supervisors of the County of Stanislaus, State of California

BY: Elizabeth King, Assistant Clerk of the Board

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BOARD OF SUPERVISORS