

HAYWARD CITY COUNCIL

RESOLUTION NO. 24-____

Introduced by Council Member _____

RESOLUTION AUTHORIZING THE CITY MANAGER TO EXECUTE AN AGREEMENT WITH THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY FOR FISCAL YEAR 2024 THROUGH 2025 AND TO ACCEPT AND APPROPRIATE BETWEEN \$ 250,000 AND \$350,000 IN REIMBURSEMENTS FOR MEDI-CAL ADMINISTRATIVE ACTIVITY SERVICES PROVIDED BY THE CITY OF HAYWARD

WHEREAS, the City of Hayward and the Alameda County Health Services Administration Have an Annual Memorandum of Understanding whereby the Youth and Family Services Bureau provides Medic-Cal Administrative Activities to youth and families in the City of Hayward;

WHEREAS, pursuant to the Memorandum of Understanding and due to the critical role the City of Hayward Youth and Family Services Bureau plays in connecting the Hayward community to Medi-Cal covered services, the Alameda County Health Care Services Administration provides a yearly reimbursement to the City of Hayward for the cost of staff time spent providing these services; and

WHEREAS, the execution of a Fiscal Year 2024 through 2025 Agreement between the City of Hayward and the Alameda County Health Care Services Agency is necessary to continue to provide these services and receive such reimbursements under the MOU.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Hayward that the City Manager is hereby authorized and directed to negotiate and execute a Fiscal Year 2024 through 2025 Agreement with the Alameda County Health Care Services Agency to receive between \$250,000 and \$350,000 in monetary reimbursement for Medi-Cal Administrative Activity services provided by the City of Hayward's Youth and Family Services' Bureau.

FURTHERMORE, BE IT RESOLVED that the City Council of the City of Hayward authorizes the acceptance and appropriation of up to \$350,000 in monetary reimbursement for Medi-cal Administrative Activities.

IN COUNCIL, HAYWARD, CALIFORNIA _____, 2024

ADOPTED BY THE FOLLOWING VOTE:

AYES: COUNCIL MEMBERS:
 MAYOR:

NOES: COUNCIL MEMBERS:

ABSTAIN: COUNCIL MEMBERS:

ABSENT: COUNCIL MEMBERS:

ATTEST: _____
 City Clerk of the City of Hayward

APPROVED AS TO FORM:

City Attorney of the City of Hayward