



RESOLUTION No. 26-040

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING ACCEPTANCE OF FUNDS FROM THE DEPARTMENT OF HEALTH CARE SERVICES UNDER THE CAPACITY AND INFRASTRUCTURE, TRANSITION, EXPANSION, AND DEVELOPMENT (CITED) PROGRAM, WHICH IS PART OF THE CALIFORNIA PROVIDING ACCESS AND TRANSFORMING HEALTH (PATH) INITIATIVE TO SUPPORT IMPLEMENTATION OF ENHANCED CARE MANAGEMENT FOR THE CALIFORNIA CHILDREN'S SERVICES (CCS) POPULATION IN THE MAXIMUM AMOUNT OF \$277,190.36 FOR THE TERM OF JANUARY 1, 2026, THROUGH DECEMBER 31, 2026, AND DIRECTING THE AUDITOR-CONTROLLER TO AMEND THE PUBLIC HEALTH BUDGET FOR FISCAL YEAR 2025/26 (4/5 AFFIRMATIVE VOTE REQUIRED)

WHEREAS, on November 18, 2025, the California Department of Health Care Services (CDHCS), under the CITED Program, which is part of the PATH Initiative, offered the Nevada County Public Health Department (NCPH) the opportunity to participate in an Intergovernmental Transfer (IGT) agreement to provide funding to support implementation of their Enhanced Care Management (ECM) program for the California Children's Services (CCS) population; and

WHEREAS, the total amount offered by CDHCS is \$277,190.36 of IGT funding which includes 50% (\$138,595.18) federal funding and 50% (\$138,595.18) non-federal share contributed by the awardee which is the NCPH; and

WHEREAS, these funds will assist the NCPH in more effectively providing ECM services to individuals enrolled in the CCS program including children with severe, chronic, or life-threatening health conditions requiring specialized care; and

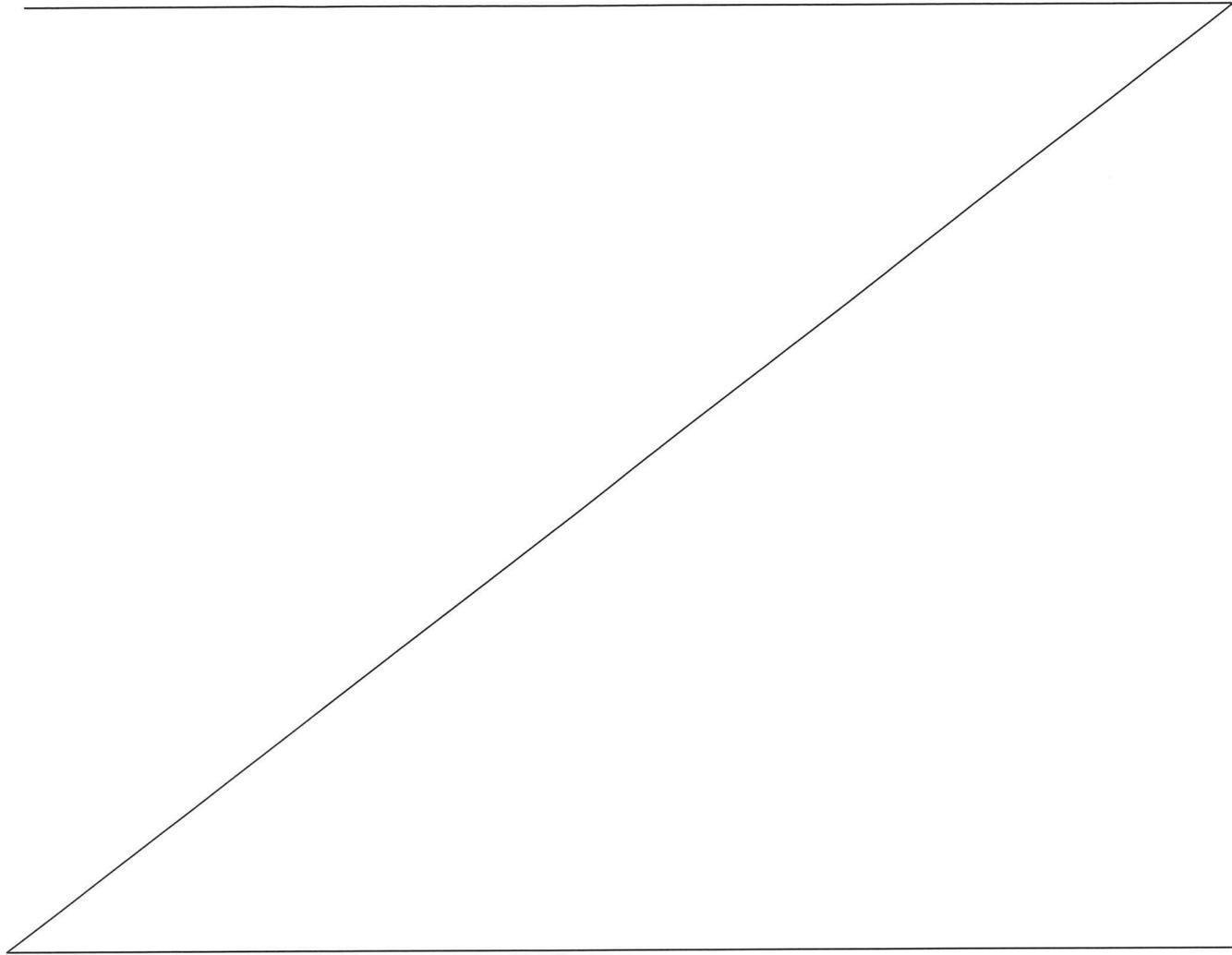
WHEREAS, the NCPH will utilize these funds to supplement staffing costs, offer staff training, purchase office equipment, and upgrade its electronic health records system.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the County is hereby authorized to accept the CDHCS agreement and funds under the CITED Program, which is part of the PATH Initiative, in the maximum amount of \$277,190.36 for the term of January 1, 2026, through December 31, 2026, and the Director of Public Health, or their designee, is hereby authorized to sign the Acknowledgement of Grant Terms and Conditions and any necessary documents in connection with this Award and all amendments thereto, on behalf of the County of Nevada and the Auditor-Controller is authorized and directed to amend Public Health budget (4/5 affirmative vote required) as follows:

Fiscal Year 2025/26

Revenue: FD1589 / CC40114 / PG4923401 / AC49132010 / RC46000 \$277,190.36

Expenditure: FD1589 / CC40114 / PG4923401 / AC49132010 / SC22090 \$138,696.18



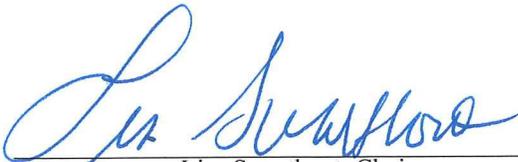
PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 17th day of February 2026, by the following vote of said Board:

- Ayes: Supervisors Heidi Hall, Robb Tucker, Lisa Swarthout, Susan Hoek, and Hardy Bullock.
- Noes: None.
- Absent: None.
- Abstain: None.
- Recuse: None.

ATTEST:

TINE MATHIASSEN
Chief Deputy Clerk of the Board of Supervisors

By: 


Lisa Swarthout, Chair

**California Providing Access and Transforming Health
Capacity and Infrastructure, Transition, Expansion and Development Program –
Intergovernmental Transfer**

Acknowledgement of Grant Terms and Conditions

As an express condition of receiving grant funds from the California Department of Health Care Services (DHCS) under the Capacity and Infrastructure, Transition, Expansion and Development (CITED) Program – Intergovernmental Transfer (IGT), which is part of the California Providing Access and Transforming Health (“PATH”) Initiative,

Nevada County Public Health (Awardee), whose business address is 950 Maidu Ave, Nevada City, CA 95959 and whose Federal Tax Identification Number is 946000526, hereby warrants and guarantees that it will comply with all applicable federal, state, and local laws and regulations, as well as with as the following terms and conditions:

- I. **Role of Third-Party Administrator.** DHCS has designated Public Consulting Group LLC (PCG) as the Third-Party Administrator (TPA), to administer the grant program and to communicate with Awardee with respect to grant administration in connection with the CITED Program. Awardee understands that the TPA is acting solely as a third-party administrator on behalf of DHCS and is not liable or responsible for DHCS decisions or actions. Awardee hereby releases and holds harmless the TPA and its officers, agents, employees, representatives, and/or designees from and against any liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses arising out of, or relating to the receipt of grant funds. DHCS shall not be liable to Awardee for any incidental, indirect, special, punitive, or consequential damages, including, but not limited to, such damages arising from any type or manner of commercial, business, or financial loss, even if PCG or DHCS had actual or constructive knowledge of the possibility of such damages and regardless of whether such damages were foreseeable. Awardee hereby releases and holds harmless DHCS and its officers, agents, employees, representatives, and/or designees from and against any liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses arising out of, or relating to receipt of grant funds and associated activities in connection with CITED.

II. Eligibility. To receive grant funds under this program, the Awardee must be actively contracted with a Medi-Cal Managed Care Plan (MCP) or an MCP's authorized subcontractor or other entity authorized to contract with for the provision of Enhanced Care Management (ECM) and/or Community Supports, or have a signed attestation letter from an MCP or an MCP's authorized subcontractor or other entity authorized to contract with that they strongly intend to contract with Awardee to provide ECM and/or Community Supports within the timeframe of these Terms and Conditions. If the intent or ability to contract with an MCP has changed, ended, or been altered, Awardee must contact the TPA within twenty-four (24) hours to advise of this change. If there is no longer a contract as enumerated above or documented intent to contract, the grant may be terminated pursuant to Section VI, below. To receive grant funds through CITED-IGT, the Awardee must contribute the non-federal share through IGT. Entities eligible to apply for CITED-IGT include: cities, counties, other local government agencies and public hospitals.

III. Use of Funding.

- a. Awardee Project Plan. The awardee shall use grant funds exclusively to implement the project plan as outlined in the awardee's submitted and approved grant application, unless otherwise approved by the TPA and DHCS.
- b. Program Guidance and Conditions. In using the funds to implement the project plan, Awardee must follow all terms, conditions, and guidelines provided in the CITED Program guidance, found at www.ca-path.com, and in these Terms and Conditions.
- c. Changes and Modifications. Changes and modifications made to the submitted and approved grant application or to the program guidelines may be proposed by Awardee in writing and are subject to the approval of DHCS. No change or modification will be valid without the approval of DHCS.
- d. Expiration of Funds. It is agreed that all funds awarded must be completely expended by the last progress report available. Failure to comply with this requirement will result in the recoupment of available funds.
- e. Discontinued Services. It is agreed that all funds awarded must be used on services that have not been discontinued by the MCP. Funds must be

used on eligible services that are offered by the MCP in the service area where CITED funds will be used.

IV. Grant Amount and Method of Payment.

a. Grant Amount. The total grant amount awarded to Awardee shall not exceed \$277,190.36. Awardee acknowledges that the grant amount has been determined by DHCS and will not be negotiated. Awardee shall certify that the funds transferred qualify for federal financial participation pursuant to 42 Code of Federal Regulations (CFR) part 433, subpart B, and not derived from impermissible sources.

i. The IGT funds will qualify for federal financial participation per 42 CFR part 433, subpart B, and will not be derived from impermissible sources, such as recycled Medicaid payments, federal money excluded from use as a state match, impermissible taxes, and non-bona fide provider-related donations, per STC 126.a. Sources of non-federal funding shall not include provider taxes or donations impermissible under section 1903(w) of the Social Security Act, impermissible IGT from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statute to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). For this purpose, federal funds do not include Public Hospital Redesign and Incentives in Medi-Cal (PRIME) payments, patient care revenue received as payment for services rendered under programs such as the Designated State Health Programs, Medicare, or Medicaid.

Total Fund (Award Amount)	State Share IGT (Awardee Contribution)	Federal Share
\$ 277,190.36	\$ 138,595.18	\$ 138,595.18

b. Method of Payment. Following the receipt and approval of Awardee’s CITED-IGT Progress Report, DHCS will issue requests to Awardee for the necessary IGT amounts, provided Awardee has submitted all required information, forms, and documentation, including Awardee’s signature on this Acknowledgement, required to facilitate payment. Awardee shall make IGT of funds to DHCS in the amount specified within seven (7) days of

receiving the State’s request. If the IGTs are made within the requested timeframe, DHCS will issue the payment within fourteen (14) days after the transfers are made.

- c. Reliance on Provided Information. DHCS and the TPA are entitled to rely on the accuracy and completeness of information provided by Awardee in the disbursement of grant funds.

V. Reporting Requirements.

- a. Progress Reports. Awardee is required to submit semi-annual progress reports to the TPA through secured data portal specified by DHCS and PCG every six (6) months until the final project milestones described in the submitted and approved grant application are met. Each progress report must include a detailed description of completed milestones, status of activities for that quarter, and any deviations from the agreed-upon milestones. Awardee should expect to include documentation providing proof that expenditures were made for permissible items and activities as described in the approved application.
- b. Reporting Schedule. The reporting schedule is as follows:

CITED Round 4 IGT Awardees				
Progress Report	Report Measurement Period	Open Date	Due Date	Month of Funds Disbursement (Estimate)
Midway	January 1, 2026 – June 30, 2026	June 23, 2026	July 15, 2026	October 2026
Final	July 1, 2026 – December 31, 2026	December 21, 2026	January 15, 2027	April 2027

- c. Failure to Report. If Awardee fails to submit any semi-annual report within five (5) calendar days of the report becoming due, DHCS may terminate the grant pursuant to Section VII, below.

VI. Additional DHCS Terms and Conditions.

- a. Funding received through the CITED Program will not duplicate or supplant¹ funds received through previous CITED funding rounds; other programs or initiatives; or by other federal, state, or local funding sources.
- b. DHCS may, in its reasonable discretion, modify payment dates or amounts and will notify Awardee of any such changes in writing.
- c. DHCS or the TPA may conduct outreach to any Awardee to request additional information, ask questions, or seek clarification on information provided in a CITED Application or CITED Progress Report. If outreach is conducted by DHCS or the TPA, Awardee must respond within three (3) business days, unless an alternative timeline is approved by DHCS or the TPA. Failure to respond within this timeframe may result in delay or deferred fund disbursement.
- d. Awardee may be subject to audit or inquiry with respect to the receipt and use of grant funds at any time. Awardee must respond to inquiries, communications, and reasonable requests for additional information or documentation from DHCS or the TPA within one (1) business day of receipt and must provide any requested information within three (3) business days, unless an alternative timeline is approved by DHCS or the TPA.
- e. Awardee must alert DHCS and the TPA within twenty-four (24) hours of identifying any circumstances that prevent carrying out any of the activities described in the submitted and approved grant application or of identifying any circumstances that prevent provision of the non-federal share via IGT. In such cases, Awardee may be required to return unused funds to DHCS if an alternative solution cannot be reached.

¹ Other federal, state, or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, Awardee must describe how similar or related services and activities supported by other federal, state or local funding sources are complemented or enhanced by efforts funded by PATH. For example, if other funding 1) may allow additional/different populations to be served or 2) may allow additional/different services to be provided beyond those funded by PATH. To the extent otherwise allowable PATH activities are reimbursed by other federal, state, or local programs, PATH funding must not duplicate such reimbursement.

- f. All inquiries and notices relating to this Agreement should be directed to the representatives listed below:

Department of Health Care Services, Managed Care Quality & Monitoring Division	Organization's Name: Nevada County Public Health
Branch Chief, Managed Care Programs Oversight Branch	Title: Director of Public Health
Attention: Michel Huizar	Attention: Kathy Cahill
Email: 1115path@dhcs.ca.gov	Email: kathy.cahill@nevadacountyca.gov

General CITED Program questions may be directed to cited@ca-path.com
cited@ca-path.com

- g. DHCS and the TPA may rely on the authority of the above-named individual to speak and act on behalf of Awardee. Either party may make changes to the information above by providing written notice to the other party within twenty-four (24) hours. Said changes shall not require an amendment to this Agreement.
- h. The awardee will retain all records and documentation related to the receipt and use of PATH grant funds for no less than three (3) years beyond the date of final payment and will make such records available for complete inspection by DHCS upon request.
- i. DHCS reserves the right to receive, use, and reproduce all reports and data produced, delivered, or generated by or about Awardee and its activities pursuant to this grant and may authorize others to do so without limitation, except as restricted by applicable law.
- j. Awardee will not unlawfully discriminate against any person because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status in the conduct of any activity funded by DHCS.
- k. Awardee expressly agrees and acknowledges that DHCS is a direct beneficiary of the Terms and Conditions with respect to all obligations and

functions undertaken pursuant to the Terms and Conditions, and DHCS may directly enforce all provisions of the Terms and Conditions.

- i. Awardee is required to provide a signed contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with to provide ECM and/or Community Supports services. Alternatively, Awardee may submit a signed agreement indicating that the MCP or the MCP's authorized subcontractor or other entity authorized to contract with intends to contract with Awardee for the provision of ECM and/or Community Supports.
 - i. If the awardee does not provide a signed contract by the last progress report, then the TPA will be withholding 5% or \$5,000, whichever is lower.
- m. If the Awardee's above documentation is terminated and the awardee does not have another qualifying document that meets the above criteria, the awardee is precluded from receiving additional CITED funding until they provide the TPA and / or DHCS proof of a qualifying document as outlined above.
- n. If Awardee's existing ECM/Community Supports contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with is terminated and Awardee does have an approved contract or intent-to-contract with another MCP or an MCP's authorized subcontractor or other entity authorized to contract with, Awardee is precluded from receiving additional CITED funding until they provide the TPA and/or DHCS proof of an existing ECM/Community Supports contract or intent to contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with.

VII. Termination. Upon written notice to Awardee, DHCS may terminate the grant award in any of the following circumstances:

- a. If Awardee fails to perform any one or more of the requirements set forth in these Terms and Conditions;
- b. If any of the information provided by Awardee to DHCS or to the TPA is untruthful, incomplete, or inaccurate;
- c. Upon Awardee's debarment or suspension by competent authority, if such debarment or suspension precludes any activity funded by the grant;

- d. Upon Awardee's indictment in any criminal proceeding;
- e. If Awardee is reasonably suspected of fraud, forgery, embezzlement, theft, or any other misuse of public funds;
- f. If DHCS does not receive or maintain sufficient funds to administer the program;
- g. If any restriction, limitation, or condition is enacted by Congress or by any other governing body or agency that impedes the funding or administration of the grant; or
- h. For any other purpose deemed necessary or advisable by DHCS.

In the case of early termination, Awardee may be subject to audit, recoupment by DHCS of unused or misused funds, and/or preclusion from receiving additional funding, dependent upon the circumstances of the termination.

IN WITNESS THEREOF, APPLICANT has executed this Acknowledgment as of the date set forth below.

APPLICANT

(Signature)

(Kathy Cahill, Director of Public Health)

Date