

RESOLUTION NO. _____

**RESOLUTION OF THE NAPA COUNTY BOARD OF SUPERVISORS,
STATE OF CALIFORNIA, FOR REIMBURSEMENT FOR ADMINISTRATIVE
COSTS FOR THE MEDI-CAL INMATE PROGRAM (MCIP)**

WHEREAS, the purpose of the MCIP agreement is to establish a process to submit claims for Medi-Cal enrolled inmates and to set amounts needed to satisfy the County's responsibility to reimburse DHCS for the nonfederal share of MCIP services costs incurred by DHCS. Staff will continue to work with Queen of the Valley Medical Center and other local medical providers to ensure inmate medical claims are submitted in accordance with MCIP. Participation in MCIP, will help with the medical costs that exceed the contracted limit with Wellpath of \$25,000 per incident. Wellpath provides contracted medical service to inmates incarcerated at the Jail.

WHEREAS, on July 1, 2017, COUNTY and CONTRACTOR entered into Agreement No. 170747B. to participate in the Medi-Cal County Inmate Program (MCIP)

WHEREAS, COUNTY and CONTRACTOR amended the Agreement on July 1, 2023, to extend the term and increase the contract maximum.

WHEREAS, COUNTY and CONTRACTOR now desire to amend Agreement No. 170747B to extend the term and increase the contract maximum.

NOW, THEREFORE, BE IT RESOLVED by the Napa County Board of Supervisors as follows:

1. The Board of Supervisors authorizes the Napa County Department of Corrections to amend Agreement No. 170747B to extend the term and increase the contract maximum for participation in the Medi-Cal Inmate program (MCIP) for the period beginning July 1, 2026 and ending June 30, 2029.

THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED
 by the Napa County Board of Supervisors, State of California, at a regular meeting of the Board
 held on the _____ day of _____, _____, by the following vote:

AYES: SUPERVISORS _____

NOES: SUPERVISORS _____

ABSTAIN: SUPERVISORS _____

ABSENT: SUPERVISORS _____

NAPA COUNTY, a political subdivision of
 the State of California

By: _____
 AMBER MANFREE, Chair of the
 Board of Supervisors

<p>APPROVED AS TO FORM Office of County Counsel</p> <p>By: <u>Corey S. Utsurogi</u> Deputy County Counsel</p> <p>Date: <u>5/14/26</u></p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: _____ Processed By: _____ Deputy Clerk of the Board</p>	<p>ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors</p> <p>By: _____</p>
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