



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

Medi-Cal Administrative Activities (MAA)
New Contract

LETTER OF INTENT TO PARTICIPATE

Please type in the following information and mail response to the address listed below:

Name of Local Governmental Agency (LGA): SANTA CLARA

Federal Employer Identification Number: 94-6000533

Contract Number: 09-86027 Expires: June 30, 2012

Printed Name and Title of Person Authorized to Sign the Standard Agreement Amendment STD 213:

LIZ KNISS, PRESIDENT BOARD OF SUPERVISORS

Address: 70 West Hedding Street, 10th Floor
San Jose, CA 95110

I DO NOT intend to participate in the Medi-Cal Administrative Activities (MAA) program for the next fiscal year.

XX I DO intend to participate in the MAA program and want to choose from the following contract agreement:

Multi-year extended contracts, subject to the provisions of the agreement and limitation of state liability and funding reduction in subsequent FYs. Please indicate below your intent to enter into this contract and the maximum total amount for all fiscal years. The maximum amount payable shall not exceed the following amounts:

XX Three- year contract: maximum amount payable under this agreement.

\$10,000,000 for FY 2009 - 2010 (July 1, 2009 thru June 30, 2010)

\$10,000,000 for FY 2010 - 2011 (July 1, 2010 thru June 30, 2011)

\$10,000,000 for FY 2011- 2012 (July 1, 2011 thru June 30, 2012)

\$ 30,000, 000.00 Grand Total Amount

LGA MAA Coordinator's Signature:

M P Eussen

(Please sign in blue ink)

Date Feb 9, 2009

Please be aware that if this form is not returned to the Department of Health Care Services, ATTN: Andrej Delich by February 15, 2009 the Department will assume that you do not wish to participate in the MAA program and your contract will expire.