

Handwritten notes and stamps on the left margin:

- Top: *Ms. [Signature] 5/31/11*
- Vertical stamp: **Human Resources, Risk Management**
- Vertical stamp: **Departmental Concurrence**
- Vertical stamp: **County Counsel**
- Vertical stamp: **Policy** (with checkboxes)
- Vertical stamp: **Consent** (with checkboxes)
- Bottom: **Dep't Recomm.:** and **Per Exec. Ofc.:**

943C



SUBMITTAL TO THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FROM: Department of Public Social Services

SUBMITTAL DATE:
June 14, 2011

SUBJECT: Delegation of Authority to the County of Riverside Risk Manager to Act on Behalf of the In-Home Supportive Services Public Authority in Matters Relating to the Member and the Authority

RECOMMENDED MOTION: That the In-Home Supportive Services Public Authority Board of Directors approves Resolution #2011-01, delegating authority to the County Riverside's Risk Manager to act on behalf of the Riverside County In-Home Supportive Services Public Authority (IHSS PA) in matters relating to the member and the authority in all risk management and insurance related matters.

BACKGROUND: Through County Ordinance 809, the County of Riverside Board of Supervisors created an advisory committee to review the various options for establishing an employer of record, and on June 11, 2002 (Agenda #3.15), approved County Ordinance 819 creating the Riverside County In-Home Supportive Services Public Authority (IHSS PA) to act as the employer of record for the IHSS providers. As such, the IHSS PA would obtain insurance. This insurance is in place and the IHSS PA is in compliance with the State regulations. This Form 11 will officially delegate authority to the Riverside County Risk Manager to act on behalf of the IHSS PA.

Susan Loew

Susan Loew, Director

SL:PR:clh

FINANCIAL DATA	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ N/A	For Fiscal Year:	N/A

SOURCE OF FUNDS: N/A	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE IN HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY BOARD OF DIRECTORS

On motion of Director Buster, seconded by Director Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: June 14, 2011
xc: DPSS/IHSS:HR

Kecia Harper-Ihem
Clerk of the Board
By: *[Signature]*
Deputy

RESOLUTION NO. 2011- 01

**A RESOLUTION DELEGATING AUTHORITY TO COUNTY OF RIVERSIDE
RISK MANAGER TO ACT ON BEHALF OF THE IN-HOME SUPPORTIVE
SERVICES PUBLIC AUTHORITY**

WHEREAS, the CSAC Excess Insurance Authority (Authority) has determined that it is necessary for each member of the Authority to delegate to a person[s] or position[s] authority to act on the member's behalf in matters relating to the member and the Authority; and

WHEREAS, except as to those actions that must be approved by the County of Riverside Board of Supervisors, such delegation of authority is necessary in order to carry out the purposes and functions of the Authority with its members; and

WHEREAS, in order to ensure a person[s] or position[s] is delegated with authority to act on the member's behalf in matters relating to the member and the Authority, action by the member's governing body is necessary; and

NOW THEREFORE, BE IT RESOLVED by the In-Home Supportive Services Public Authority Board of Directors as follows:

Except as to actions that must be approved by the County of Riverside Board of Supervisors, the County of Riverside Risk Manager is hereby appointed to act in all matters relating to the member and the Authority.

PASSED AND ADOPTED by the In-Home Supportive Services Public Authority Board of Directors this 14th day of June, 2011, by the following vote:

AYES: Buster, Tavaglione, Stone, Benoit and Ashley

ABSENT: None

NOES: None

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

KECIA HARPER-IHEM, Clerk of said Board

By: _____
Deputy

FORM APPROVED COUNTY COUNSEL
BY B. Miller 5/25/11
BEAUFORD T. MILLER, JR. DATE