

EVIDENTIARY EXAMINATION AGREEMENT

This Evidentiary Examination Agreement (“AGREEMENT”) is entered into by and between the **County of El Dorado Health and Human Services Agency, Social Services Division** (“AGENCY”) and Sutter Valley Medical Foundation dba Sutter Medical Foundation, a California nonprofit public benefit corporation (“SMF”).

RECITALS

WHEREAS the parties desire to enter into this AGREEMENT for the provision of evidentiary examination services by PHYSICIAN at the Bridging Evidence Assessment & Resources (“BEAR”) Care Center, at the request of the AGENCY.

WHEREAS, the use of photographic colposcopy by properly trained medical examiners produces a higher quality medical-legal examination;

WHEREAS, SMF owns and operates a multi-specialty clinic that is exempt from clinic licensure under California Health and Safety Code Section 12060(1). SMF has entered into a professional services agreement with Sutter Medical Group, a California corporation (“GROUP”), whereby SMF retains the services of physicians employed by GROUP.

WHEREAS, GROUP employs Angela Vickers, M.D. (“PHYSICIAN”), who has special experience in providing medical examinations for and collecting evidence from abused and neglected children and sexual assault victims, including special experience in photographic colposcopy;

WHEREAS, PHYSICIAN is the Director of SMF’s “Bridging Evidence Assessment & Resources Program,” located at 1625 Stockton Blvd, Sacramento, California; and

WHEREFORE, the parties agree as follows:

1. Effective Date. The “Effective Date” of this AGREEMENT shall be the date of final execution by all parties.

2. Professional Services.

2.1 At the request of the AGENCY, SMF shall provide such medical/evidentiary examinations and/or other consultation services as described in the Description of Services attached hereto as Exhibit A (the “SERVICES”). The SERVICES shall be provided at the BEAR Program.

2.2 Should any person refuse or fail to consent to the SERVICES, SMF shall not be required to perform the SERVICES, unless compelled to do so by law.

3. Authorization Process.

AGENCY shall request the SERVICES by providing to PHYSICIAN a written authorization request specifying the SERVICES to be provided prior to the SERVICES being rendered. Attached hereto as Exhibit B is an Authorization Form for Evidentiary Exams that may be copied and used by AGENCY to meet the requirements of this AGREEMENT. All requests for SERVICES must include the following:

- A. Patient name;
- B. Date and time of the request;
- C. The specific SERVICE(S) to be performed; and
- D. The printed name, signature, and badge number of the officer/social worker authorizing the examination.

4. Billing, Payment, Compensation.

4.1 Professional Services.

4.1.1 SMF shall invoice AGENCY within thirty (30) days from the date of providing SERVICES covered under this AGREEMENT. The invoice shall include a description of SERVICE(S) performed, date of service, and a copy of the executed authorization form.

4.1.2 AGENCY shall pay SMF for SERVICES performed according to the rates listed in Exhibit C. AGENCY shall not be required to pay for other medically necessary diagnostic and treatment services provided to patients receiving evidentiary examinations unless specifically authorized by AGENCY.

4.1.3 AGENCY shall pay SMF's invoices for SERVICES within forty-five (45) days of the invoice date. Payments not received within forty-five (45) days shall be deemed late and will accrue interest at the rate of ten percent (10%) per annum from the invoice date.

4.1.4 SMF shall be paid monthly for the actual fees, costs and expenses for the time and materials required and expended, and approved by the AGENCY, but in no event shall total compensation under this Agreement exceed Forty Nine Thousand Dollars (\$49,000.00) without AGENCY's prior written approval.

5. Amendment. This AGREEMENT may be amended only by a writing executed by SMF and AGENCY. Notwithstanding anything to the contrary herein, SMF may amend the scope of SERVICES described in Exhibit A and the fee schedule set forth in Exhibit C by providing AGENCY written notice of such amendment. Such amendment shall become effective thirty (30) days after notice, unless specifically objected to in writing by AGENCY within such thirty (30) days after notice.

6. Insurance. The parties shall each carry policies of insurance issued by insurance companies licensed in the State of California to do business, or be adequately self-insured, in the following minimum amounts:

6.1 General Liability – Comprehensive or Commercial Form (MINIMUM LIMITS).

- | | | |
|-----|---------------------------------|-------------|
| (1) | Each Occurrence | \$2,000,000 |
| (2) | Personal and Advertising Injury | \$2,000,000 |
| (3) | General Aggregate | \$4,000,000 |

6.2 Medical Liability.

In addition to the above coverages, SMF and PHYSICIAN shall carry professional medical liability insurance in the following amounts:

- | | | |
|-----|-------------------|-------------|
| (1) | Each Occurrence | \$1,000,000 |
| (2) | General Aggregate | \$3,000,000 |

7. Term – Termination.

7.1 Term. The term of this AGREEMENT shall be for one (1) year from the Effective Date of execution and shall automatically renew on its anniversary date for successive one (1) year terms unless terminated as provided herein.

7.2 Without Cause. At any time after the first one (1) year term, either party may terminate this AGREEMENT without cause by sixty (60) days prior written notice period. If this AGREEMENT is terminated prior to its first anniversary for any reason, the parties shall not enter into a renewal or extension of this AGREEMENT, or a new agreement for the same or substantially similar services prior to the first anniversary of the Effective Date of this AGREEMENT.

8. Material Breach. Any party shall have the right to terminate this AGREEMENT upon a material breach of any terms or conditions of this AGREEMENT by another party, provided such breach continues uncured for fifteen (15) days after receipt by the breaching party of written notice of such breach from the non-breaching party.

9. Legal Jeopardy. If one of the parties obtains a written opinion of legal counsel stating that, in the event of an audit or investigation, this AGREEMENT is likely to be challenged by any governmental agency as illegal or improper or resulting in fines, penalties or exclusion from the Medicare or Medi-Cal programs, or, in the case of HOSPITAL, the loss of tax-exempt status, or its ability to obtain tax-exempt financing, that party may terminate this AGREEMENT by providing written notice, including a copy of such opinion, to the other parties. Within ten (10) days of such notice, the parties shall meet and confer to discuss mutually acceptable means of restructuring the relationship to eliminate the legal concern. In the event that the parties are unable to reach agreement on new terms within twenty (20) days of their meeting, this AGREEMENT shall automatically terminate.

10. Licenses, Permits and Other Approvals. SMF and PHYSICIAN represent and warrant to AGENCY that they have all licenses, permits, qualifications and approvals of whatsoever nature legally required for SMF and PHYSICIAN to practice their profession and perform the work described herein. SMF and PHYSICIAN represent and warrant to AGENCY that SMF and PHYSICIAN shall, at their sole cost and expense, obtain and/or keep in effect at all times during the term of this

Agreement any licenses, permits, and approvals which are legally required for SMF and PHYSICIAN to practice their profession at the time the services are performed.

11. Non-Exclusivity. This AGREEMENT is not exclusive, and nothing herein shall preclude either party from contracting with any other person or entity for any purpose. AGENCY makes no representation or guarantee as to the number of referrals to SMF and PHYSICIAN.

12. Notices. Notices shall be made by hand-delivery, facsimile, generally recognized overnight delivery service or regular mail. If given by regular mail, notice shall be deemed to have been given on the third day after it is deposited in the U.S. Mail, postage prepaid. Notice by hand-delivery or overnight delivery shall be effective upon delivery. Notice by facsimile shall be deemed given when sent, provided the transmitting machine shows error free transmittal completed, and that any transmittal after 5:00 p.m. on a regular business day (Monday through Friday) or on a generally recognized holiday, shall be deemed given as of the next business day. Notices shall be addressed as follows.

To SMF:

Theresa Frei, CEO
2700 Gateway Oaks, #1200
Sacramento, CA 95833
Fax: 916-887-7123

To AGENCY:

County of Eldorado
Health and Human Services Agency
3057 Briw Road
Placerville, CA 95667
Attn: Contracts Unit
Fax: (530) 653-2229

13. Administrator. The County Officer or employee with responsibility for administering this Agreement is Leslie Griffith, Deputy Director, Health and Human Services Agency, or successor.

14. Confidentiality – Patient Information. None of the parties shall disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the patient, any patient or medical information regarding AGENCY or SMF patients, SMF, PHYSICIAN and AGENCY, shall comply with all federal and state laws and regulations, and all rules and regulations regarding the confidentiality of such information, including, but not limited to, the Health Insurance Portability and Accountability Act (“HIPAA”) (45 C.P.R. Part 160, et seq.), the California Confidentiality of Medical Information Act, and the Confidentiality of Alcohol and Drug Abuse Patient Records regulations (42 C.F.R. Part 2), as amended from time to time.

15. Anti-Referral Laws. Nothing in this AGREEMENT, nor any other written or oral agreement, nor any consideration in connection with this AGREEMENT, contemplates or requires, or is intended to induce (i) the admission or referral of any patient to or the generation of any business for HOSPITAL or (ii) the referral of any patient to PHYSICIAN, SMF or any SMF physician.

16. Compliance with laws. SMF and PHYSICIAN shall comply with all applicable laws, ordinances, and codes of federal, State and local governments while performing services under this Agreement, and shall commit no trespass on any public or private property in performing any of the work authorized by this Agreement.

17. Indemnification and Litigation Costs. To the fullest extent permitted by law, SMF shall indemnify, protect, defend, and hold harmless AGENCY, its officers, officials, agents, employees and volunteers from and against any and all claims, damages, demands, liability, costs,

losses and expenses, including without limitation, court costs and reasonable attorneys' and expert witness fees, arising out of any failure to comply with applicable law, any injury to or death of any person(s), damage to property, loss of use of property, economic loss or otherwise arising out of the performance of the work described herein, to the extent caused by a negligent act or negligent failure to act, errors, omissions, recklessness or willful misconduct incident to the performance of this Agreement on the part of SMF (and its agents and employees), except such loss or damage which was caused by the negligence, or willful misconduct of the AGENCY. The provisions of this section shall survive termination or suspension of this Agreement. AGENCY shall indemnify, protect, defend and hold harmless SMF, its officers, officials, agents, employees and volunteers from and against any and all claims, damages, demands, liability, costs, losses and expenses, including without limitation, court costs and reasonable attorneys' and expert witness fees, arising out of any failure to comply with applicable law, any injury to or death of any person(s), damage to property, loss of use of property, economic loss to the extent caused by a negligent act or negligent failure to act, errors, omissions, recklessness or willful misconduct on the part of AGENCY (and its agents and employees), except such loss or damage which was caused by the negligence, or willful misconduct of SMF . The provisions of this section shall survive termination or suspension of this Agreement.

18. Employment Practices. SMF and PHYSICIAN, by execution of this Agreement, certifies that they do not discriminate against any person upon the basis of race, color, creed, national origin, age, sex, disability or marital status in its employment practices.

19. Complete Agreement/Amendment. This AGREEMENT constitutes the entire understanding between the parties respecting the subject matter contained herein, and supersedes any and all prior oral or written agreements respecting such subject matter. Except as stated in this AGREEMENT, no waiver, modification, or addition to this AGREEMENT shall be binding unless expressed in writing and signed by all parties.

[Remainder of this page left blank intentionally]

20. Execution. By their signature below, each of the following represent that they have authority to execute this Agreement and to bind the party on whose behalf their execution is made.

SMF

By: Theresa Frei
Signature

Name: Theresa Frei

Title: Chief Executive Officer

Date: 2/1/17

AGENCY

By: Leslie Griffith
Signature

Name: Leslie Griffith

Title: Deputy Director

Date: 1/13/17

By: Patricia Charles-Heathers
Signature

Name: Patricia Charles-Heathers, Ph. D.

Title: Director

Date: 1/13/17

AGENCY

By: _____
Signature

Name: Shiva Frentzen, Chair

Title: Board of Supervisors

Date: _____

PHYSICIAN ACKNOWLEDGEMENT

The undersigned PHYSICIAN acknowledges receipt of a copy of this AGREEMENT, accepts the position as "PHYSICIAN" and agrees to carry out such duties as set forth in the AGREEMENT.

Angela Vickers
Angela Vickers, M.D.

EXHIBIT A

SERVICES

DESCRIPTION OF SERVICES

1. Acute Evidentiary Exam for Sexual Abuse/Sexual Assault Victims

Definition: A medical examination to evaluate, diagnose, and treat injuries suffered during a recent sexual assault (rape) or recent episode of child sexual abuse (molestation) as well as collect and document evidence from the patient according to law enforcement protocols. These exams are usually conducted within 72 hours of the last sexual contact, but this time frame may be extended to 7 days in adolescent and adult females. These exams are conducted on an emergency basis in order to provide the patient confidential care and safety and to preserve the evidence.

Patients: Patients to be examined in this program include children and adults, female or male victims.

Physical Examination: The exam includes a complete history and physical exam as well as a non-invasive microscopic exam of the anus and genitals using the colposcope. Only female adult and adolescent patients will undergo internal vaginal speculum exam, including vaginal wet mount prep for sperm evaluation. The patient may have several Q-tip samples collected from the skin, mouth, anus, vulva, and vagina. Adolescents and adults will have a blood and urine sample collected for toxicology screens.

Evidence: Digital photographs are taken of the patient's injuries including magnified colposcopic images of the anus and genitals. These photos are held under secured file and can be released under a court subpoena or by request from law enforcement investigators. The collected evidence is prepared and packaged by the medical provider according to protocol, after the patient has been discharged. The evidence is kept in a locked cabinet until picked up by law enforcement. The appropriate Cal OES evidentiary examination form is completed and immediately available to law enforcement shortly after the patient's exam or can be faxed at the officer's convenience.

Treatment: The adult and adolescent patients are provided STD prophylaxis and offered pregnancy prophylaxis, following confirmation of a negative urine pregnancy test. Patients with serious injuries will be referred to the Emergency Department of their choice for appropriate consultation. Patients will be referred to counseling, and/or crisis counseling, if appropriate, at the time of the visit.

2. Non-Acute Evidentiary Exam for Sexual Abuse/Sexual Assault Victims

Definition: A medical examination to evaluate and diagnose injuries suffered during a previous sexual assault (rape) or child sexual abuse (molestation) as well as document healing/healed injuries to patient according to law enforcement protocols. These exams are usually conducted after 72 hours from the last sexual contact, and sometimes years after the last contact. These exams are conducted on a scheduled basis during regular hours.

Patients: Patients to be examined in this program for non-acute abuse generally include children and adolescents, female or male victims.

Physical Examination: The exam includes a complete history and physical exam as well as a non-invasive microscopic exam of the anus and genitals using the colposcope. In cases with findings suggestive of an STD, genital, urine, and blood samples may be taken for culture and serology studies. Adolescent females will receive a urine pregnancy test.

Evidence: Digital photographs are taken of the patient's injuries including magnified colposcopic images of the anus and genitals. These photos are held under secured file and can be released under a court subpoena or by request from law enforcement investigators. There is usually no additional evidence to be delivered to law enforcement in a non-

acute sexual abuse evidentiary examination. The appropriate OES evidentiary examination form is completed and immediately available to law enforcement shortly after the patient's exam or can be faxed at the officer's convenience.

Treatment: There is usually no treatment needed for the non-acute cases. However, patients will be referred to counseling and/or crisis counseling, as appropriate, at the time of the visit.

3. Physical Abuse/Neglect Evidentiary Exam

Definition: A medical examination to evaluate, diagnose, and treat injuries suffered during physical abuse or secondary to neglect. These injuries include bruises, burns, fractures, internal organ injury and head trauma, and failure to thrive. Patients with serious injuries will be immediately triaged to the Emergency Department. These cases should be scheduled on an urgent basis (same day, next day), but must be triaged by a medical provider or social worker for serious injuries requiring emergency care or non-urgent cases that could be scheduled up to a week later.

Patients: 0-17 years of age, though most are under 5 years of age.

Physical Examination: The medical provider will obtain a complete set of vital signs, including weight, height, and head circumference. A complete physical examination will be conducted.

Laboratories/Studies: Many patients will need blood and urine studies. Some patients under 3 years will need urgent complete skeletal surveys as well as urgent referrals for pediatric ophthalmology. Laboratory and radiological studies will be billed to the patient's insurance, which may require coordination with the primary care provider.

Treatment: Patients with serious injuries will be referred to the Emergency Department of their choice for treatment. Non-serious medical conditions will be treated in the clinic. All patients will need mental health referrals and some will need crisis counseling

4. Abbreviated VAWA Exam

Definition: In 2011, the California Governor's Office of Emergency Services (Cal OES) developed guidelines in response to the federal Violence Against Women Act (VAWA) that states that all sexual assault survivors must be provided a forensic evidentiary exam upon their own request. This includes cases in which the survivor declines to contact law enforcement, or in which law enforcement declines to authorize an exam. Cal OES also issued the new 924 evidentiary exam form with instructions to complete the abbreviated VAWA exam. There are important differences between the abbreviated VAWA 924 exam and the standard 923 adult/adolescent evidentiary exam. In the abbreviated VAWA 924 exam, the history is self-directed; there is no collection of clothing, urine, or blood for toxicology. The abbreviated VAWA 924 exam is also delayed to the next business day, so the survivor may bathe, eat, drink, and use the toilet as usual. The abbreviated VAWA 924 exam is designed to serve survivors who truly request a forensic evidentiary exam, but cannot obtain one by the usual pathways of law enforcement. The abbreviated VAWA 924 exam is not meant to serve survivors who only request medical care following a sexual assault. In such cases, the survivor should be referred to their own medical provider or an urgent care facility of their choice.

Patients: The abbreviated VAWA 924 exam will be provided to any adult survivor or adolescent survivor 12 years of age or older, who requests a forensic evidentiary exam and cannot obtain an exam by the usual pathways of law enforcement. This will include adult survivors who decline to contact law enforcement. (All cases of adolescent and child sexual abuse in which the survivor is under 18 years of age must be reported to law enforcement). The abbreviated VAWA 924 exam will also be provided to a survivor, 12 years old and over, in which law enforcement declines to authorize an evidentiary exam, and the survivor still requests a forensic evidentiary exam. When a survivor presents to a law enforcement agency, medical facility, or advocacy center and falls within the requirements of an abbreviated VAWA 924 exam, the survivor will be interviewed to confirm the request of a forensic evidentiary

exam. If the survivor requests the evidentiary exam and the crime occurred within County of El Dorado, the Sutter BEAR Team will be contacted immediately to make arrangements for an abbreviated VAWA 924 exam. The BEAR forensic examiner is the “gatekeeper” of all abbreviated VAWA 924 exams and will make the final decision as to if and when an abbreviated VAWA 924 exam will be performed.

Physical Examination: The abbreviated VAWA 924 exam will be scheduled into the BEAR Clinic during regular business hours on the next business day following identification of the case. The survivor may bathe, eat, drink, and pass urine and stool as usual while awaiting the BEAR clinic appointment. An advocate will be scheduled for the same appointment. Per the Cal OES 924 exam protocol, this exam includes a self-directed interview form that is supervised by the forensic examiner. The examiner will conduct a complete physical exam, and document any injuries on the 924 form and by digital photography. The examiner will conduct a detailed anogenital exam using colposcopy and when indicated vaginal speculum exam and anoscopy. The examiner will document the anogenital exam with digital photography and collect all pertinent samples for the crime kit from the vagina, cervix and anus. Urine and blood toxicology and clothing will not be collected in most cases.

Evidence: The evidence will be dried and packaged per protocol into the DOJ crime kit. A case number must be assigned to the kit. If law enforcement is already involved with the case, the case will be assigned with that agency. If no law enforcement agency has been identified at the time of the exam, the case will be temporarily assigned to the County of El Dorado Sheriff/PD. The evidence will be placed into the secure BEAR locker. Law enforcement will pick-up the evidence on the next business day and then maintains the crime kit in a secure location within their agency. Crime kits will not be submitted to the crime lab until requested by law enforcement or the District Attorney’s office.

Treatment: All survivors requesting an abbreviated VAWA 924 exam will be offered prophylaxis for sexually transmitted infections and pregnancy. A pregnancy test will also be performed. The survivor will be offered counseling services through WEAVE.

Special Billing: Per the Cal OES guidelines, the BEAR program will invoice the assigned law enforcement agency \$300.00 for an abbreviated 924 VAWA exam. Law enforcement may then recover the \$300.00 fee from Cal OES, using the instructions outlined in the Cal OES Informational Bulletin: Sexual Assault. The instructions may be found at [http://www.oes.ca.gov/PublicSafetyandVictimServices/Documents/Forms 2014/Medical forms/Information Bulletin Final.pdf](http://www.oes.ca.gov/PublicSafetyandVictimServices/Documents/Forms%202014/Medical%20forms/Information%20Bulletin%20Final.pdf)

5. Case Consultation

Definition: A case review of medical records, X-rays, laboratories, investigative reports, and photographs in order to evaluate for abuse and neglect vs. accidental injury or other medical condition.

Patients: 0 – 17 years of age

Physical Examination: No direct patient history or physical examination is performed.

6. Testimony in Court

Definition: Testimony provided under subpoena based on direct physical exam of a patient or case review.

EXHIBIT B
AUTHORIZATION FORM FOR EVIDENTIARY EXAM

BEAR Program,
Sutter Medical Foundation

FAX completed authorization
to (916) 262-9109

**Agency Authorization Form
Forensic Consultation Services & Evidentiary Exams**

Today's Date: _____ Date of Service Requested: _____

Type of Service Requested:

- | | |
|---|---|
| <input type="checkbox"/> Victim: Acute evidentiary exam for sexual abuse/sexual assault victim* (<72 hrs since last sexual contact or <7 days for adolescents/adults) | <input type="checkbox"/> Physical abuse/neglect exam |
| <input type="checkbox"/> Victim: Non-acute evidentiary exam for sexual abuse/sexual assault victim (>72 hrs since last sexual contact) | <input type="checkbox"/> Case consultation/review of records |
| | <input type="checkbox"/> Suspected perpetrator: Evidentiary exam for sexual abuse/sexual assault* |
| | <input type="checkbox"/> Other: _____ |

Patient's Name: _____ Age/DOB: _____

Brief Explanation: _____

Materials provided for review: _____

Service requested by (*printed name*): _____ Title: _____

Phone / Pager #: _____ Badge #: _____ Case #: _____

Send invoice for completed services to: _____

Agency Name & Address: _____

Authorized Supervisor (*printed name*): _____ Title: _____

Authorized Signature: **X** _____ Date: _____

Day Exam:

Services in which the medical exam begins **after 8:00 am and before 4:00 pm**, Monday-Friday. Call first to determine location of exam. For acute sexual assault cases, page the 24-hr BEAR Team at **(916) 523-BEAR (523-2327)**. For nonacute sexual abuse cases on weekdays, call **(916) 262-9108**, ask for BEAR Program Manager. For physical abuse cases, page (916) 523-7517. Office FAX is (916) 262-9109.

After-hours Exam:

Services in which the medical exam begins **after 4:00 pm and before 8:00 am**, Mon-Fri, and 24-hours Sat-Sun & holidays. Call first to determine location of exam. After hours, page BEAR Team at **(916) 523-BEAR (523-2327)**.

BEAR Clinic Location: Sutter Medical Plaza, 1625 Stockton Boulevard, Sacramento CA 95816, at the corner of Stockton Blvd. & Alhambra Blvd.

**Acute evidentiary and suspect examination services are provided 24 hours, 7 days per week. Pre-authorization is REQUIRED.*

EXHIBIT C

Sutter Medical Foundation Fee Schedule (Pediatric and Adult)

Forensic Medical Examinations:

Clinic Exam:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Acute evidentiary exam for sexual abuse/sexual assault
<i>Colposcopy and one follow-up exam included.</i> ▪ Non-acute evidentiary exam for sexual abuse/sexual assault
<i>Colposcopy exam included.</i> ▪ Physical abuse evidentiary exam ▪ Suspect evidentiary exam for sexual abuse/sexual assault ▪ Abbreviated VAWA evidentiary exam | <p>\$1,400.00 day rate</p> <p>\$1,650.00 after hrs</p> <p>\$550.00</p> <p>\$550.00</p> <p>\$725.00</p> <p>\$300.00</p> |
|---|--|

Case Consultation:

- | | |
|--|-------------------------------------|
| <ul style="list-style-type: none"> ▪ Case consultation or review of records, including telephone consultation and/or written report if requested
<i>Time is charged in ¼-hour increments beyond specified minimum.</i> | <p>\$150/hour (¼ -hour minimum)</p> |
|--|-------------------------------------|

Expert Testimony:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Court appearance, including testimony and wait time ▪ Travel time to court or deposition location | <p>\$150.00/hour</p> <p>\$100.00/hour</p> |
|--|---|

Training:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Specialized educational/training activities for medical providers, law enforcement and social work personnel, attorneys, and other child abuse professionals..... | <p>Complimentary: Two half-day trainings per year for contracting agency</p> |
|--|--|

Pre-authorization is REQUIRED. Weekdays, call (916) 262-9108.
For urgent sexual assault cases or after hours, please page (916) 523-BEAR (523-2327).

Day rate: Services in which the medical exam begins between 8:00 am and 4:00 pm, Monday-Friday.
After-hours rate: Services in which the medical exam begins *after* 4:00 pm and *before* 8:00 am, Monday-Friday, and 24 hours Saturday-Sunday and holidays.

ADDENDUM TO AGREEMENT 316-S1711

Catalog of Federal Domestic Assistance: Pursuant to the Office of Management and Budget (OMB) Uniform Grants Guidance, all recipients and sub-recipients of federal funds must be provided the Catalog of Federal Domestic Assistance (CFDA) number at the time the contract is awarded. The following are CFDA numbers and program titles for programs administered by the County on behalf of California Department of Social Services that may apply to this contract:

CFDA Number	Federal Award ID Number	Federal Award Date	Program Title
93.658	1501CAFOST	10/1/14, 1/1/15	Foster Care – Title IV-E