

Contract #: 399-F1311

Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 9/20/13 *To Counsel: 10/21/13*

Need Date: 10/16/13

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Kathy Lang

Phone #: X7147

Department: _____

Head Signature: *[Signature]*

Don Ashton, M.P.A., Interim Director

CONTRACTOR:

Name: Solano County

Address: 275 Beck Avenue

Fairfield, CA 94533

Phone: 707-784-8380

CONTRACTING DEPARTMENT: Health and Human Services Agency Mental Health Division

Service Requested: Use of EDC psychiatric health facility

Contract Term: 1/1/13 - 6/30/15 Contract/Grant Value: \$250,000

Compliance with Human Resources requirements? N/A Yes _____ No: X

Compliance verified by: Revenue generating Agreement - not applicable

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 10/7/13 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

See comments

Revised per comment 10/11/13

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 10/8/2013 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact Kathy Lang x7147 for pick-up. Thank you!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 9/23/13
Contracts Supe Review/Date

Program Mgr. Review/Date

[Signature]
Contracts Mgr. Review/Date
9/30/13

[Signature]
CFO Review/Date
10/21/13
13-1339 A 1 of 2

EL DORADO COUNTY COUNSEL
2013 OCT 3 11:10 AM
HUMAN RESOURCES DEPT.
RECEIVED
10/21/13 4:22 PM

CONTRACT ROUTING SHEET

Date Prepared: 12/28/12

Need Date: 1/10/13

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: *[Signature]*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Solano County
Address: 275 Beck Avenue
Fairfield, CA 94533
Phone: 707-784-8535

CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD

Service Requested: Use of EDC psychiatric health facility
Contract Term: 1/1/13 - 6/30/15
Contract/Grant Value: \$250,000
Compliance with Human Resources requirements? Yes X No
Compliance verified by: N/A - funding Agreement

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____ Disapproved: Date: 1/17/13 By: *[Signature]*
Approved: *[Signature]* Disapproved: _____ Date: _____ By: _____

- 1/17 Returned to Dept for revisions as described below: drafted by Solano
- ✓ Pg 3 Section 2 C: reconcile problems w/ solano physicians serving as attending physicians and Co. making discharge decisions on pg 4
- ✓ Revised Pg 4 lines 16 and 17 - re "qualified" Solano staff. Do you want any more detail?
- ✓ Pg 5 confirm that there is no billing for "acute" care in CEB; clarifying meaning of section C. Consider deleting "provided that such discharge is not w/in 24 hours of prior discharge" - change "prior authorization" to "prior notification"
- ✓ take out last paragraph on pg 7 and identify county contact person for notification;

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! review "E."

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

- ✓ Pg 8 - take out "and all obligations... shall be immediately discharged. Add "Solano shall be responsible for reimbursement for all services provided under these circumstances"
- ✓ Pg 9 - revise insurance provision after billing w/ RISK

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT.

Departments:

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 12/26/12
Contracts Review/date

[Signature] 12/26/12
Contracts Mgr Review/date

Reviewed by Patricia Charles-Heathers + Lori Waelder