

**AGREEMENT FOR SERVICES 308-S1211
AMENDMENT I**

Therapeutic Counseling and Related Services

This Amendment I to that Agreement for Services 308-S1211, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County"), and James N. Hardwick, a sole proprietor, doing business as New Leaf Counseling Services, duly qualified to conduct business in the State of California (hereinafter referred to as "Contractor"), whose principal place of business is 1254 High Street, Auburn, CA 95603 (Mailing: 4673 Thorton Avenue, Suite A, Fremont, CA 94536);

RECITALS

WHEREAS, County has determined that it is necessary to obtain a Contractor to provide therapeutic counseling services, in-patient and out-patient substance abuse treatment services and drug testing on an "as requested" basis for women and women with children ("Client") referred by the County of El Dorado Health and Human Services Agency; and

WHEREAS, the parties hereto have mutually agreed to amend **Article I - Scope of Services, Article III - Compensation, Article XIII - Access to Records, Article XXXI - Administrator, and Exhibit "A" - Monthly Client Progress Report**.

NOW THEREFORE, the parties do hereby agree that Agreement for Services 308-S1211 shall be amended a first time as follows:

Articles I, III, XIII, XXXI, and Exhibit "A" - Monthly Client Progress Report are amended in their entirety to read as follows:

ARTICLE I

Scope of Services: Contractor shall provide personnel and services necessary to provide single or multiple units or sessions of therapeutic counseling, classes or other requested services ("service") on an "as requested" basis to female clients ("Client") referred by County's Health and Human Services Agency ("HHSA"). Services shall only be provided following approval via signed, written Program Disbursement Authorization by HHSA, hereinafter referred to as "PDA," "HHSA PDA Authorization," "HHSA Authorization," or "Authorization," or "PDA"). Multiple units of service ("Multiple Units") shall be defined as one or more units of same or similar service(s) provided to Client(s) on a single day, as more fully defined under Article III "Compensation for Services."

Furthermore:

- A. Contractor shall obtain an Authorization from HHSA that has been signed by the appropriate HHSA staff prior to providing any service(s) to any Client(s) detailed under "Scope of Service" or "Compensation;"
- B. Prior to providing any service(s) NOT detailed under "Scope of Service" or "Compensation" to Client(s), Contractor shall obtain an HHSA Authorization that has been signed by the appropriate HHSA staff and the HHSA Director or a member of HHSA Executive Management Team, which shall be defined as Assistant Director or above ("HHSA Executive Management");
- C. Perinatal services are not included in this Agreement unless explicitly addressed under "Scope of Services" or as otherwise pre-approved via an HHSA Authorization by a member of HHSA Executive Management prior to the commencement of perinatal services;
- D. HHSA Executive Management reserves the right to review and approve for reimbursement, on a case-by-case basis, all service(s) provided by Contractor to HHSA Client(s), including but not limited to services not explicitly addressed under "Scope of Services" or "Compensation;"
- E. No service shall commence without an HHSA Authorization that has been signed by the appropriate HHSA staff;
- F. Contractor shall not be compensated for services provided to a Client outside the authorized service dates identified on said Authorization;
- G. A copy of the HHSA Authorization shall be included with the invoice containing the service it pertains to and both documents shall be submitted to HHSA at the address indicated in the Article below titled "Compensation for Services." Failure to submit a copy of the HHSA Authorization with Contractor's invoice may result in payment being withheld until said Authorization is submitted.
- H. All required written reports must be submitted along with the invoice.

Whenever possible, services shall be provided by a currently Licensed Clinical Social Worker ("LCSW") or currently licensed Marriage and Family Therapist ("MFT") whose license has been issued and is regulated by the California Department of Consumer Affairs Board of Behavioral Sciences ("BBS"). Said license must be considered clear, i.e., license renewal fees have been paid, continuing education requirements (if applicable) have been met, and there have been no actions or revocations placed against it by the BBS.

The BBS does not have reciprocity with any other state licensing board. Therefore, any LCSW or MFT who is providing HHSA approved services to a Client who is receiving services outside California must have a current, clear license issued and regulated by the appropriate certifying agency for the state in which they are practicing.

If any service is delegated to an intern, the intern must be pre-licensed by the appropriate certifying state agency and all service assignments must be under the direct supervision of a currently licensed LCSW or MFT as described above. No intern shall be the sole author of any written initial visit report or any other report that pertains to Client or Client's treatment plan. All Client related documents must be reviewed, approved, and signed by said LCSW or MFT.

Contractor shall immediately contact the appropriate staff, at no charge to County, to inform them of Client appointment no-shows, cancellations, or any other urgent concerns directly affecting Client or Client's treatment plan.

County shall not pay for any services that have not been pre-approved by an HHSA Authorization, incomplete services, "no shows," cancellations, telephone calls or for the preparation of initial visit reports or bimonthly Client progress reports.

Initial Visit Report - Within thirty calendar (30) days of Client's initial visit, Contractor shall provide appropriate HHSA staff, at no charge to County, with a written initial visit report that shall detail Contractor's professional evaluation of Client's needs including the recommended type of therapy to be utilized, the recommended number/frequency of sessions and whether or not additional or different services may be required or recommended. Once recommended services have been pre-approved via an HHSA Authorization and Contractor has initiated services, Contractor may not make any alterations without first securing a revised HHSA Authorization from the appropriate HHSA staff.

Monthly Client Progress Reports (currently required from vendors providing services to CPS clients and on an "as requested basis" by other HHSA programs) - Contractor shall provide appropriate HHSA staff, at no charge to County, with a brief written progress report that outlines the primary issues being addressed with each Client, their progress to date and ongoing treatment goals (see Exhibit "A," marked "Monthly Client Progress Report," incorporated herein and made by reference a part hereof) no later than (30) days after the end of each Client's service month. A "service month" shall be defined as a calendar month during which Contractor provides Client services in accordance with "Scope of Services." If an alternate progress report is used, all fields noted on Exhibit "A" are mandatory.

Court Documents – Upon request, and within the time limit specified by County, Contractor shall provide appropriate HHSA staff with comprehensive written reports for County's use in court. Contractor shall be compensated for the report(s) at the DMC rate for Regular DMC individual counseling session rate with a maximum limit of a two (2) session rates charged per report. The written initial visit report is specifically excluded from the court documents reimbursement rate, as this service shall be provided at no charge to County and as further defined under "Initial Visit Report," above.

The above written reports are a required deliverable of this Agreement and Contractor's failure to provide them to HHSA within the specified time limits described above shall result in a significant delay in reimbursement for services until the required written reports have been received. It is a further requirement of this Agreement that all written reports submitted to HHSA shall contain the report writer's original signature. It is recommended, but not required, that all original signatures be made using blue ink. This signature shall act as an unsworn declaration that the contents of the written report(s) are accurate.

Contractor shall submit written reports to the appropriate HHSA staff as follows:

County of El Dorado Health and Human Services Attn: Accounting 3057 Briw Rd. A Placerville, CA 95667-5321 530/642-7100 (ph.) 530/626-7427 (fax)	County of El Dorado Health and Human Services Attn: Accounting 3368 Lake Tahoe Blvd., 100 South Lake Tahoe, CA 96150-7915 530/573-3201 (ph.) 530/541-2803 (fax)
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Court Meetings – As arranged by and upon notification from the Court, or as the Court directs County, Contractor shall attend client-related Court meetings (“Court Meeting”). Contractor shall be paid for their attendance at Court Meetings using the Regular DMC “Outpatient Drug Free (“ODF”) Individual Counseling face-to-face visit” Unit of Service Rate as their hourly rate for time actually spent at the Court Meeting. Contractor is required to sign in with the Court Clerk at said meeting and, as requested by County, may be required to provide Minutes of the Court to further verify their attendance at same. Failure to sign in with the Court Clerk or provide Minutes of the Court as requested by the County may delay payment. If the Court’s Meeting is cancelled by the Court less than 24 hours in advance of its scheduled calendar time and is not rescheduled for the same month, Contractor may invoice for the scheduled length of that month’s cancelled Court Meeting, not to exceed two (2) hours. Travel expenses incurred by Contractor as a result of the provision of these services including, but not limited to travel time, meals, lodging, mileage, etc., are not included in this Agreement and shall not be paid by County.

Court Appearances - Upon subpoena by County, Contractor shall attend court sessions. County shall only pay Contractor for court appearances when County subpoenas Contractor. Contractor is required to sign in with the Court Clerk at said appearance and, as requested by County, may be required to provide Minutes of the Court to further verify their attendance at same. Failure to sign in with the Court Clerk or provide Minutes of the Court as requested by the County shall delay payment. Contractor shall be paid for court appearances at the DMC rate for Regular DMC individual counseling session rate for time actually spent at the subpoenaed court session. Travel time shall not be included in the reimbursement for these services.

Multidisciplinary Team Meeting Appearances - Upon request by County, Contractor shall attend multidisciplinary team meetings. County shall only pay Contractor for attendance at multidisciplinary team meetings when County specifically requests Contractor’s attendance. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams or organizations in which County considers Contractor or Contractor’s staff or assigns to be regular standing members. Contractor shall be paid for these appearances at the DMC rate for Regular DMC individual counseling session rate for time actually spent at the meeting. Travel time shall not be included in the reimbursement for these services.

Client services shall be provided during Contractor and/or County-defined normal business hours and days, which may include evenings and weekends. Contractor-defined “after-hours” appointments shall be approved in writing by the Client’s caseworker (“Caseworker”) and Caseworker’s supervisor (“Supervisor”).

ARTICLE III

Compensation for Services: Prior to the commencement of any HHS authorized service(s), Contractor shall determine the category that Client falls under as set forth in the chart listed below:

<i>Client Insurance Category</i>	<i>Procedures to Follow to Receive Reimbursement for Services</i>
Uninsured Clients	For Clients without health insurance coverage, Contractor shall bill County for authorized service(s) provided in accordance with the rates set forth below. Contractor shall not charge <u>any</u> amount whatsoever to Clients who do not have health insurance.
Medi-Cal Clients with no "share of costs"	Contractors who are Medi-Cal providers shall bill Medi-Cal for authorized service(s) provided. Contractor shall <u>not</u> bill Client or County for any difference between their "regular" fee and what they receive from Medi-Cal for services rendered, any co-pay(s), any deductible, or any other amount(s).
Medi-Cal Clients with "share of costs"	Contractors who are Medi-Cal providers shall bill Medi-Cal for authorized service(s) provided and shall bill County for Client's share of costs, up to the rate amount set forth in this Agreement. Contractor shall <u>not</u> bill Client or County for any additional costs, including but not limited to the difference between their "regular" fee and what they receive from Medi-Cal for services rendered, any co-pay(s), any deductible(s), or any other amount(s).
Clients with private health insurance coverage	Contractor shall bill Client's private health insurance carrier as primary insurance carrier for all authorized service(s) provided. Contractor shall only bill County for any insurance-required Client co-pay or deductible amounts. Contractor shall <u>not</u> bill Client or County for any difference between their "regular" fee and what they receive from private insurance for services rendered, any co-pay(s), any deductible(s), or any other amount(s). If Client's private health insurance company does not cover the ordered service(s), Contractor shall follow the above procedures for Uninsured Clients.

After determining the proper insurance category Client falls under, and unless as otherwise defined in this Agreement, provided services shall be billed using the County standardized rate structure, which shall use the most current California Drug Medi-Cal ("DMC") Alcohol and Drug Services Program "Regular DMC" and "Perinatal DMC" rates (collectively "DMC rates") as its benchmark and as set forth in the chart listed below. Furthermore, for the purposes of this Agreement:

- A. DMC rates are for reimbursement reference purposes only and any descriptive information contained within the DMC rate schedule shall not apply to this Agreement unless otherwise specifically addressed. California-approved Drug Medi-Cal DMC rates are located on the California Department of Health Services at the following website address: <http://www.dhcs.ca.gov/formsandpubs/Pages/ADPBulletinsLtrs.aspx>.¹

¹ The California ADP Bulletin contains information on the most current DMC rates, which can be found at the CA Dept. of Health

B. DMC rates shall be subject to an annual adjustment in order to match the most current State-approved DMC rate schedule. Any adjustments to the DMC rate schedule by the State shall become effective the first day of the month that follows California's announcement that its governor has signed the Budget Bill for that particular Fiscal Year, thereby enacting the California State Budget Act.²

<i>Service</i>	<i>County Standardized Rate</i>
Monthly Client Progress Reports. No later than thirty (30) days after the end of each service month, Contractor shall provide the appropriate HHSA staff, at no charge to the County, with a brief written progress report outlining the primary issues being addressed with each Client, their progress, and ongoing treatment goals. Monthly Progress Report must be submitted along with the invoice.	No Charge
Court Meetings. Upon notification from Court or as Court directs County, and at a rate equivalent to the individual counseling session rate for the time Contractor appeared in person at Court Meeting and pro-rated for time actually spent at the pertinent court session. If Court's Meeting is cancelled by the Court less than 24 hours in advance of scheduled calendar time and is not rescheduled for the same month, Contractor may invoice for the scheduled length of cancelled Court meeting, not to exceed two (2) hours. Travel expenses including but not limited to travel time, meals, lodging, and mileage shall not be paid by County.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Court Appearances. Upon subpoena by County and pro-rated for time actually spent at the pertinent court session. Travel time shall not be included in the reimbursement for these services.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Court Documents Preparation. Upon written request via HHSA Authorization at a rate equivalent to the individual counseling session rate and up to a maximum limit of two (2)-session rates charged per report.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Family Therapy Session. 90 minutes per session upon written request via HHSA Authorization and wherein one (1) or more therapists or counselors treat no more	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Group Counseling UOS* Rate

Services (<http://www.dhcs.ca.gov/formsandpubs/Pages/ADPBulletinsLtrs.aspx>). This link will open the "Alcohol and Drug Bulletins and Letters" page. Click on the link titled "Proposed Drug Medi-Cal Rates for Fiscal Year ____" (most current fiscal year) or click on the Exhibit link to open the DMC rate chart.

² The most current information on the status of the enactment of the California budget act may usually be found at the following website: <http://www.ebudget.ca.gov>

<i>than twelve (12) family members at the same time. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.</i>	per each attending family member
Group Counseling Session. 90 minutes per session and per group therapy participant upon written request via HHSA Authorization and wherein one (1) or more therapists or counselors treat no less than three (3) and no more than twelve (12) group therapy participants at the same time. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Group Counseling UOS* Rate
Individual Counseling Session. 50-60 minutes per session and per individual upon written request via HHSA Authorization. Multiple Units of Service shall be allowed upon approval of appropriate HHSA staff.	Current Drug Medi-Cal Rate for Regular DMC Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Multidisciplinary Team Meeting. Upon written request via HHSA Authorization and for time actually spent in the meeting. The definition of multidisciplinary team meetings as it applies to this Agreement excludes any community-based teams in which County considers Contractor or Contractor's staff or assigns to be regular standing members.	Current Drug Medi-Cal Rate for Regular DMC for Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Initial Assessment. 50-60 minutes per Initial Assessment and per individual upon written request by County. Initial Assessment shall include face-to-face interviews and all required or relevant laboratory testing, including but not limited to substance abuse testing, at no additional cost to County. The definition of Initial Assessment as it applies to this Agreement is an initial process that identifies Clients who are likely to have alcohol or other drug (AOD) disorders with associated behavioral disorders. Only one (1) Initial Assessment per Client shall be allowed.	Current Drug Medi-Cal Rate for Regular DMC for Outpatient Drug Free (ODF) Individual Counseling UOS* Rate
Initial Assessment Results plus Initial Assessment, AOD and/or Treatment Plan Report(s). Any reports, results and/or treatment plans resulting from Client's Initial Assessment, including but not limited to any relevant laboratory testing and/or substance abuse testing results, shall be provided to County within 21 days of Client's Initial Assessment at no charge to County.	N/A
Monthly AOD Reports. No later than thirty (30) days after the end of each service month, Contractor shall provide the Caseworker, at no charge to the County, with a brief written progress report outlining the primary issues being addressed with each Client, their	N/A

<i>progress, and ongoing treatment goals.</i>	
Residential Perinatal Treatment (per bed day). Upon written request by County. Perinatal treatment shall be defined as Drug Medi-Cal substance abuse services that are provided to pregnant or postpartum women. The Drug Medi-Cal defined postpartum period is sixty (60) days from the date pregnancy terminated plus the days remaining until the end of the month in which the pregnancy terminated. Services are provided by program-designated personnel and shall include the following elements at no extra cost to the County: Personal recovery/treatment planning and assistance (including substance abuse testing), educational sessions, social/recreational activities, individual and group sessions, and information and/or assistance in obtaining health, social, vocational, and community services.	Current Drug Medi-Cal Rate for Regular DMC for Perinatal Residential Services UOS* Rate
Residential (non-perinatal) Treatment (per bed day). Upon written request of County. Services are provided by program-designated personnel and include the following elements at no extra cost to the County: Personal recovery/treatment planning and assistance (including substance abuse testing), educational sessions, social/recreational activities, individual and group sessions, and information and/or assistance in obtaining health, social, vocational, and community services.	\$70.00 per bed day
Transitional Living, including Parenting and Perinatal Transitional Living (per bed day). Upon written request by County. A clean and sober living environment meeting the requirements of the California Association of Recovery Homes voluntary certification process. Clients in transitional housing shall be encouraged to actively seek permanent housing, work toward a high school diploma or GED if they do not possess one and, if unemployed, begin an intensive job search within 72 hours of entering transitional housing.	Not to exceed \$450.00 monthly per adult and \$25.00 monthly per child. Daily rate is \$15/day per adult and \$0.85/day per child.
Substance Abuse EtG Testing. Includes urinalysis collection and written analysis of test findings. Multiple Units of Service shall be allowed upon approval of Caseworker. All results, positive and negative shall be faxed to Caseworker within three (3) business days.	Not to exceed \$24.95 per test
Urinalysis Screening. UA PO7 screen includes	Not to exceed \$9.00 per test

urinalysis collection and written analysis of test findings. Multiple Units of Services shall be allowed upon approval of Caseworker. All results, positive and negative shall be faxed to Caseworker within three (3) business days.

***Unit of Service**

It is a requirement of this Agreement that Contractor shall submit an original invoice, which shall act as an unsworn declaration that its contents have been reviewed and approved by Contractor. Photocopied or faxed invoices are not acceptable. Invoices with “white-out” types of corrections will not be accepted. If applicable, HHSA PDAs or other written authorizations for services shall be attached to invoices. Only the name(s) of Clients listed on PDA shall be listed on the invoice. Contractor shall ensure that only billing information is included on the invoice. Information related to Client(s) diagnosis, prognosis or treatment is not permitted on the invoice.

Each invoice shall contain all of the following data:

- A. Contractor name, address, and phone number.
- B. Service date(s) and number of units of service per service date.
 - 1. Multiple Units of Service: Contractor shall ensure that said invoice clearly documents the date and type of each unit of service.
- C. Client name(s).
 - 1. The name of each Client present for each individual service covered by the HHSA PDA.
 - 2. The names of HHSA Clients covered by the HHSA PDA being seen at the same time for each “group” type of therapy including but not limited to Group Therapy or Family Therapy.
 - 3. For Court Meeting services, Contractor shall include a list of the names of their clients whose cases were discussed or, for Court cancelled meetings as described in the above service / rate table, scheduled to be discussed during said Court Meeting.
- D. Type of service(s) provided.
- E. Agreement rate for each service provided.
 - 1. All fee(s) charged to County shall be in accordance with the rates as set forth in this Agreement.
- F. Total amount billed to the County of El Dorado under the subject invoice.
- G. Statement verifying Contractor has confirmed Client’s appropriate insurance category (see above chart detailing Client insurance coverage) and, if applicable, whether Contractor has billed Client’s said health insurance carrier(s) as primary health insurance carrier(s) and, for Clients with private health insurance coverage, if Contractor is only invoicing County for any private health insurance carrier-required co-pays or deductibles.

County shall not pay for any services that have not been pre-approved by HHSA via an HHSA Authorization as described above, incomplete or unsatisfactory services, “no shows,” cancellations, telephone calls, or for the preparation of initial visit reports or monthly Client progress reports.

Contractor is required to submit monthly invoices and reports with a copy of the Authorization, no later than thirty (30) days following the end of a “service month.” For billing purposes, a “service month” shall be defined as a calendar month during which Contractor provides Client services in accordance with “Scope of Services.” Failure to submit invoices by the 30th of the month following

the end of a service month, failure to attach the appropriate HHS A Authorization, failure to submit all reports required hereunder, or failure for Contractor to ensure that original invoices are submitted or that required reports contain original verifying signatures shall result in payment(s) being withheld until the appropriate documents are received by staff. Receipt by HHS A of invoices and associated paperwork submitted by Contractor for payment shall not be deemed evidence of allowable costs under this Agreement. Upon request by County, Contractor may be required to submit additional or new information, which may delay reimbursement.

Invoices and reports shall be sent as follows:

<i>For Service(s) Authorized by West Slope HHS A Staff, Please Send Invoices to:</i>	<i>For Service(s) Authorized by East Slope HHS A Staff, Please Send Invoices to:</i>
<p style="text-align: center;">County of El Dorado Health and Human Services Agency Attn: Accounting Unit 3057 Briw Road Placerville, CA 95667-5321</p>	<p style="text-align: center;">County of El Dorado Health and Human Services Agency Attn: Accounting Unit 3368 Lake Tahoe Blvd. 100 South Lake Tahoe, CA 96150-7915</p>

For all satisfactory services provided herein, County agrees to pay Contractor monthly in arrears and within forty-five (45) days following County's receipt and approval of all valid invoice(s) identifying services rendered.

The total contractual obligation under this Agreement shall not exceed \$100,000.00 for both the stated services and term.

ARTICLE XIII

Access to Records: Contractor shall provide Federal, State, or County authorities with access to any books, documents, papers and records of Contractor which are directly pertinent to this specific Agreement for the purpose of audit, examination, excerpts, and transcriptions. Contractor further acknowledges that contracts involving the expenditure of public funds in excess of \$10,000 are subject to examination and audit by the California State Auditor pursuant to Government Code Section 8546.7. In order to facilitate these potential examinations and audits, Contractor shall maintain all books, documents, papers, and records necessary to demonstrate performance under this Agreement for a period of at least three years after final payment or for any longer period required by law.

Article XXXI

Administrator: The County Officer or employee with responsibility for administering this Agreement is Patty Moley, Health and Human Services Agency, Program Manager II, or successor.

Except as herein amended, all other parts and sections of that Agreement 308-S1211 shall remain unchanged and in full force and effect.

Requesting Contract Administrator Concurrence:

By: 
Patty Moley,
Program Manager II
Health and Human Services Agency

Dated: 8/20/13

Requesting Department Head Concurrence:

By: 
Don Ashton, M.P.A.,
Interim Director
Health and Human Services Agency

Dated: Aug. 21, 2013

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IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to that Agreement for Services 308-S1211 on the dates indicated below.

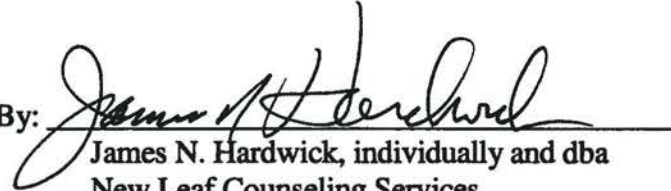
-- COUNTY OF EL DORADO --

Dated: 10/1/13
By: 
Ron Briggs, Chair
Board of Supervisors
"County"

ATTEST:
James S. Mitrison
Clerk of the Board of Supervisors

By: 
Deputy Clerk
Dated: 10/1/13

-- CONTRACTOR --

By: 
James N. Hardwick, individually and dba
New Leaf Counseling Services
"Contractor"
Dated: 8/28/13



**County of El Dorado
Health and Human Services Agency
Monthly Client Progress Report**

Provider's Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Client's Name: _____

Social Worker's Name: _____

Dates of sessions since last report (please indicate no shows by writing "N/A" next to the date):

Assessment, goals, and treatment plan:

Progress since last report:

Please complete a progress report on each client referred by the County of El Dorado Health and Human Services Agency-Social Services Division on a monthly basis and send the report to the appropriate office listed below:

West Slope Vendors, send report to:	East Slope Vendors, send report to:
County of El Dorado Health and Human Services ATTN: Accounting Unit 3057 Briw Road Placerville, CA 95667	County of El Dorado Health and Human Services ATTN: Accounting Unit 3368 Lake Tahoe Blvd., #100 South Lake Tahoe, CA 96150

Provider's Signature

Date