

**ADMISSION AGREEMENT FOR ACUTE PSYCHIATRIC TREATMENT SERVICES  
COUNTY OF SOLANO DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

THIS ADMISSION AGREEMENT is made and entered into as of 9/24/2011 (Admission Date), by and between Solano County Health and Social Services Department (hereinafter "County") and El Dorado Psychiatric Health Facility (hereinafter "Contractor").

- A. This Agreement will terminate on the date of the client's discharge.
- B. This Agreement specifically covers Acute Psychiatric Treatment Services for:

<u>Client Name</u>	<u>Client #</u>	<u>Admit Date</u>	<u>Discharge Date</u> <small>(60-90 days from admit date)</small>
<u>Sharon Hogan</u>	_____	<u>9/24/11</u>	<u>9/30/11</u>

C. Compensation shall be as follows (check rate(s) that apply):

- Rate of \$ 650<sup>00</sup>/day per [hour] [week] [month] to a maximum amount of \$ \_\_\_\_\_ total.  
(Circle one)
- Applicable MediCal Rates as designated below:  
 \_\_\_\_\_ \$ \_\_\_\_\_ per [hour] [day] [week] [month]  
 \_\_\_\_\_ \$ \_\_\_\_\_ per [hour] [day] [week] [month]
- Other Applicable Rates \_\_\_\_\_ (See Attachment)

Upon submission of an invoice by Contractor, and approval by the County's authorized representative, County shall pay Contractor monthly in arrears for work performed the prior month. Each invoice must specify services rendered, to whom, date of service and the charges in accordance with the agreed-upon method.

- D. This Agreement may be void and unenforceable if all or parts of federal or state funds applicable to this Agreement are not available to County. If applicable funding is reduced, County may require the renegotiation of compensation terms with Contractor to conform to reduced funding levels.
- E. Contractor certifies that all Certificates of Insurance, Contractor's Signing Authority Form, Business and Professional Licenses/ Certificates, federal IRS ID number, or other applicable required licenses/certificates are filed with the Contract Administrator.
- F. This agreement is for the duration of client's admittance and terminates upon discharge.
- G. Following termination, Contractor shall be reimbursed for all expenditures made in good faith that are unpaid at the time of termination.
- H. The facility accepts all liability and responsibility for placement and treatment of client during admittance to said facility.

COUNTY  
By [Signature]  
Date 7/2/14

CONTRACTOR  
By [Signature]  
Norma Santiago, Chair, Board of Supervisors  
Federal I.D. # 94-6000511  
Date 6/10/14

**ATTEST: James S. Mitrisin**  
Clerk of the Board of Supervisors  
By [Signature]  
**Marcie MacFarland, Deputy Clerk**

Control #: AA- **3805**

