

BUDGET UPDATE**CONSENT CALENDAR**

3. 09-1370 Approval of Board of Supervisors Meeting Minutes for the Special Meeting of Monday, October 26, 2009 and the Regular Meeting of Tuesday, October 27, 2009.
This matter was Approved on the consent calendar.
4. 09-1230 Chief Administrative Office recommending the Board approve the employees eligible to receive the County's Early Retirement Incentive Plan. (Refer 10/27/09, Item 6)
This matter was Approved on the consent calendar.
5. 09-1320 District Attorney recommending the Board authorize the Chairman to sign the Certification document pertaining to the Grant Award Agreement with the State of California, Governor's Office of Emergency Services for the Elder Abuse Program.
FUNDING: State of California Office of Emergency Services.
This matter was Approved on the consent calendar.
6. 09-1321 District Attorney recommending the Board receive and file the Fifth Annual Report on Real Estate Fraud for Fiscal Year 2008-2009.
FUNDING: Real Estate Fraud Prosecution Trust.
A motion was made by Supervisor Nutting, seconded by Supervisor Briggs, to receive and file the report.
Yes: 5 - Knight, Nutting, Sweeney, Briggs and Santiago
7. 09-1233 Health Services Director requesting authorization to execute revenue-generating agreements on behalf of the County with other agencies for the provision of acute inpatient psychiatric treatment for individuals referred by the those agencies, contingent upon approval by County Counsel and Risk Management.
FUNDING: Revenues from Other Agencies.
This matter was Approved on the consent calendar.



County of El Dorado

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printable
version

Legislative File ID 09-1233

Type: **Agenda Item** Status: **Approved**

Enactment Date: Enactment No.:

Title: **Health Services Director requesting authorization to execute revenue-generating agreements on behalf of the County with other agencies for the provision of acute inpatient psychiatric treatment for individuals referred by the these agencies, contingent upon approval by County Council and Risk** ▲
▼

Controlling Body: **Board Of Supervisors**

Introduced: **10/6/2009** Version: **1**

Final Action: **11/3/2009** Contact: **Neda West**

Name: **HSD 11-3-09 PHF Services Agreements**

Requester: **Health Services**

Sponsors:

Attachments: **Legislative File Text**
Blue Route Boilerplate PHF Agreement.PDF
Boilerplate PHF Agreement.pdf

Next Meeting:

Legislative History

Date	Acting Body	Action Taken	Motion
11/3/2009	Board Of Supervisors	This matter was Approved on the consent calendar.	Pass (5:0)

Approvals

Approver	Date	Approval Status
Neda West	10/27/2009	Approved
Terri Knowlton	10/26/2009	Approved
Approver Note: Consent calendar.		
Agenda Coordinator	10/27/2009	Delegated
Gayle Erbe-Hamlin	10/29/2009	Approved

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County of El Dorado

Legislative File Number 09-1233 (version 1)

Health Services Director requesting authorization to execute revenue-generating agreements on behalf of the County with other agencies for the provision of acute inpatient psychiatric treatment for individuals referred by the those agencies, contingent upon approval by County Counsel and Risk Management.

FUNDING: Revenues from Other Agencies.

BUDGET SUMMARY:		
Total Estimated Revenue	FY 2009-10	\$371,280
Funding		
Budgeted	\$371,280	
New Funding	\$	
Savings	\$	
Other	\$	
Total Funding Available	\$371,280	
Change To Net County Cost		\$0

Fiscal Impact/Change to Net County Cost:

No change to Net County Cost. The FY 2009-10 budget includes an estimated \$371,280 in revenues from contracts with other agencies for Psychiatric Health Facility services.

Background:

For many years, other agencies have contracted with El Dorado County Mental Health to access Psychiatric Health Facility (PHF) services for their patients that require short-term inpatient mental health services. Services provided at the PHF address psychiatry, medication, clinical treatment, nursing, rehabilitation, health and records. El Dorado County Mental Health has historically contracted to provide these services to the counties of Alpine, Amador, Calaveras, Nevada, Placer, Plumas, Sacramento, Shasta, and Trinity, and to the U.S. Veterans Department of Veterans Affairs. These agreements provide revenue to offset the Mental Health Division's fixed operational costs of the PHF (required staffing levels and facility costs).

The PHF can accommodate up to 10 patients within the current facility and staffing arrangements. Mental Health staff manages the daily census and accept referrals from other agencies when space is available in order to maximize revenues and offset the fixed operational costs of the PHF. El Dorado County retains the exclusive right of refusal of referrals from the other agencies if the PHF is unable to accommodate additional patients at any time. In FY 2008-09, the average daily census for El Dorado

County patients and indigents ranged from 2.8 to 8.6 per month, with an annual average of 5.6 patients per day. The average daily census for other agency patients ranged from 0.2 to 4.7 per month, with an annual average of 2.2 patients per day. The combined daily census for all patients ranged from 5.0 to 9.2 per month, with an average of 7.75 patients per day.

Reason for Recommendation:

The Department has been working to establish a standard "boilerplate" agreement for the provision of PHF services to other agencies. The new standard agreement conforms to current County contract standards, incorporates a daily rate structure that adjusts with any changes in the State maximum allowable rates for inpatient services, and, once executed, continues until terminated by either party. Additionally, all code sections have been researched and updated, billing language has been revised and clarified, and Health Insurance Portability and Accountability Act (HIPAA) provisions have been updated. A standard PHF agreement will provide for consistency with all contracted agencies and allow for a more streamlined contracting process for PHF services.

The new standard PHF agreement will be used to replace PHF agreements as they expire (some of which may include terms that precede this Board date) and for any new agencies that may request to contract with the El Dorado County. Should any modifications to the standard agreement be necessary (i.e. to accommodate issues such as changes in code references, changes suggested by Counsel, or changes required by the other agency) those revisions must be reviewed and approved by County Counsel and Risk Management. Further, each individual agreement will be submitted to County Counsel and Risk Management for review and approval prior to execution. (Note: The agreement with the U.S. Department of Veterans Affairs is developed using a contract format required by that agency, however the Department will work to incorporate the new standard PHF agreement terms and conditions within the format provided.)

Authorization for the Health Services Director to execute the agreements will help to expedite their processing and ensure that agreements are in place as soon as possible for the purpose of providing services and generating revenues. In accordance with El Dorado County Policy C-17, the Department will present all PHF agreements to the Board on an annual basis to approve their continuation.

Action to be Taken Following Approval:

Department to develop agreements with other agencies, obtain County Counsel and Risk Management approval for each individual agreement, and execute the agreements on behalf of the County.

Contact:

Neda West, Health Services Department

Concurrences:

County Counsel and Risk Management have approved the standard "boilerplate"

agreement and will review individual agreements with each agency as they are developed and processed.

Resubmittal - Revisions 10/16/09
as of

Contract #: PHF BOILERPLATE

CONTRACT ROUTING SHEET

Date Prepared: 7/22/09

Need Date: 7/30/09

PROCESSING DEPARTMENT:

Department: Health Services

Dept. Contact: Terri Knowlton

Phone #: 621-5571

Department

Head Signature: *[Signature]*

CONTRACTOR:

Name: OTHER CALIFORNIA COUNTY

Address: Proposed Boilerplate for all future PHF contracts with other

Phone: counties

2009 JUL 22 AM 7:52
OTHER CALIFORNIA COUNTY COUNSEL

CONTRACTING DEPARTMENT: Health Services – Mental Health Division

Service Requested: Contract review / approval

Contract Term: Upon execution, until terminated Contract Value: Varies

Compliance with Human Resources requirements? Yes: N/A No: 7:52

Compliance verified by: EDC Mental Health providing services to other Counties

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

Approved: Disapproved: Date: 8-10-09 By: *[Signature]*

Approved: Disapproved: Date: 10-20-09 By: *[Signature]*

** With revisions outlined in memo of 10-20-09.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/22/09 By: *[Signature]*

Approved: Disapproved: Date: By:

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

AGREEMENT

THIS AGREEMENT, made and entered by and between {COUNTY NAME} County, a political subdivision of the State of California (hereinafter referred to as “{COUNTY NAME}”) and El Dorado County Health Services Department, Mental Health Division, which operates a Psychiatric Health Facility (hereinafter referred to as “EL DORADO”);

R E C I T A L S

WHEREAS, in accordance with the current Mental Health legislation, {COUNTY NAME} has been charged with the responsibility of providing mental health services for mentally disordered persons, and;

WHEREAS, EL DORADO has the facilities and the ability to be certified and staffed to provide psychiatric inpatient hospital care and maintenance for mentally disordered persons,

WHEREAS, it is the responsibility of EL DORADO to assure that the inpatient psychiatric services rendered to patients admitted to EL DORADO’S facility are consistent with state and federal laws.

NOW, THEREFORE, {COUNTY NAME} and EL DORADO mutually agree as follows:

ARTICLE I

Term: This agreement shall become effective when fully executed by both parties hereto. The term of this Agreement shall commence {DATE} and shall continue unless the Agreement is terminated by either party in accordance with **ARTICLE XII - Default, Termination, and Cancellation** herein below.

ARTICLE II

Scope of Services: EL DORADO shall provide psychiatric inpatient services to residents of {COUNTY NAME} who meet the eligibility requirements specified below. Services will be provided, with prior authorization by {COUNTY NAME}, to eligible persons who may be either on voluntary or involuntary status. {COUNTY NAME} understands and accepts that patients are encouraged and permitted to sign in as a voluntary commitment when possible and appropriate.

The length of stay of each mentally disordered person shall be determined by EL DORADO’S professional staff. As part of the inpatient treatment services, EL DORADO may, but is not required to, provide necessary emergency and non-elective ancillary medical services.

Direction and Supervision: Such services shall be provided by EL DORADO for {COUNTY NAME} patients under the general supervision of the {COUNTY NAME / DEPARTMENT NAME / TITLE} or his/her designee.

Patient Eligibility:

Patients to be served under this contract must be age eighteen (18) or older and eligible for Mental Health Services in conformance with all applicable federal and state statutes.

All persons referred for admission to EL DORADO'S facility will be medically cleared for admission to a non-medical facility prior to admission to EL DORADO'S facility. This medical clearance will be provided directly or indirectly and payment arranged or provided by {COUNTY NAME}. Criteria and requirements for medical clearance will be determined by EL DORADO.

Referrals for admissions to EL DORADO'S facility must be approved by EL DORADO'S on-duty physician. EL DORADO shall not be required to accept referrals if it determines that there is insufficient bed capacity, nor shall EL DORADO be required to accept referrals for treatment of individuals housed in jail or other penal institutions. EL DORADO reserves the right to deny any referral at the sole discretion of the on-duty physician or Clinical Director.

Services under this Agreement shall be rendered without regard to race, color, sex, religion, national origin, ancestry, handicap, physical or mental status as specified in applicable federal and state laws. The specific admission procedures shall be mutually agreed upon by the respective El Dorado County Health Services Director and {COUNTY NAME / DEPARTMENT NAME / TITLE}.

Admissions Procedure: As provided in Welfare and Institutions Code (W&I) Section 5151, patients to be admitted under that code section shall be assessed to determine the appropriateness of the involuntary detention prior to admission at EL DORADO'S facility. As authorized by W&I Section 5151, EL DORADO designates {COUNTY NAME}'S {Department Name} clinical staff to conduct that assessment. EL DORADO agrees that only those patients which {COUNTY NAME} refers to EL DORADO for said program shall receive services, and that {COUNTY NAME} shall not be required to pay for services until authorization for those services has been given by {COUNTY NAME}. {COUNTY NAME} agrees to cooperate with the admission of {COUNTY NAME}'S patients to EL DORADO'S facility. {COUNTYNAME} residents presenting for crisis evaluation in El Dorado County and detained pursuant to W&I Section 5151 may be admitted by EL DORADO to EL DORADO'S facility. Upon notification and confirmation of residency in {County Name} County, {COUNTY NAME} shall authorize admission and payment consistent with the terms of this agreement. Alternatively, {COUNTY NAME} may arrange for transfer to another treatment facility.

Coordination of Care: {COUNTY NAME} and EL DORADO agree that both of their clinical staffs will fully communicate and cooperate in the development of treatment, planning, determination of length of stay, and readiness for discharge, and in the process of planned transition back into the community and to this end may freely exchange patient information as a

unitary treatment program. {COUNTY NAME} agrees to facilitate timely placement for patients ready for discharge.

Aftercare and Discharge: It is recognized that to make efficient use of any inpatient facility, the provision of aftercare services is of extreme importance. To this end, it is the responsibility of {COUNTY NAME} to maintain adequate aftercare services, such that efficient referral to these services may be made as part of discharge planning of patients, including transportation, if necessary.

{COUNTY NAME} will be responsible for aftercare and placement of all patients covered by this agreement upon their discharge from EL DORADO'S facility or any subsequent placement facility.

{COUNTY NAME} staff will work with EL DORADO'S staff prior to a client's discharge to effect an appropriate placement; however, it is {COUNTY NAME}'S responsibility to assure appropriate aftercare treatment and placement of clients discharged from EL DORADO'S facility.

Documentation: Documentation of services provided by EL DORADO for each patient of {COUNTY NAME} shall be available for review by {COUNTY NAME} upon request.

ARTICLE III

Compensation:

1. **Rates for Services:** In consideration for EL DORADO providing inpatient psychiatric services to {COUNTY NAME}'S patients pursuant to this Agreement, {COUNTY NAME} shall pay EL DORADO the Short-Doyle/Medi-Cal (SD/MC) Statewide Maximum Allowance (SMA) rate in effect at the time of service plus 15%, rounded up to the nearest whole dollar. The rate shall be inclusive of medications, psychiatrist's time, laboratory work and court costs. The full per-day rate shall apply to the day of admission regardless of the time of admission. There is no administrative day rate. Payment is due from {COUNTY NAME} for each day of inpatient psychiatric service, including the day of admission, excluding the day of discharge.
2. **Patient Billing:**
 - a. EL DORADO will bill Medi-Cal and any other applicable State, Federal or private sources available at the time services are performed.
 - b. {COUNTY NAME} will be charged the contracted rate less a credit for anticipated payments due to EL DORADO as stated in section 2a.
 - c. Inpatient days that cannot be billed pursuant to section 2a shall remain the financial responsibility of {COUNTY NAME} at the contracted rate.
 - d. Any credit provided to {COUNTY NAME} for billing per section 2a that is subsequently disallowed shall be reimbursed by {COUNTY NAME} to EL DORADO.

3. **Transportation Costs:** All transportation costs to and from EL DORADO'S facility for medical care and clearance are the responsibility of {COUNTY NAME}. {COUNTY NAME} shall reimburse EL DORADO for transportation costs incurred by EL DORADO in implementing a discharge plan authorized by {COUNTY NAME}. In consideration for EL DORADO'S providing transportation for {COUNTY NAME} patients, {COUNTY NAME} shall pay EL DORADO \$25.00 per hour/per driver plus mileage at the then in effect federal mileage reimbursement rate.

Payments to EL DORADO shall be made within 45 days of receipt of invoice by {COUNTY NAME}. The total amount of this agreement shall not exceed {\$XXX,XXX.00} per fiscal year (July 1 through June 30).

ARTICLE IV

Applicable Records: EL DORADO shall maintain for four (4) years or until certification review findings are resolved, whichever is later, adequate records on each {COUNTY NAME} patient served, including intake information and a record of services provided by EL DORADO staff in sufficient detail to make possible an evaluation of services, and shall contain all the data necessary for reporting to the State Department of Mental Health, including records of interviews and progress notes. EL DORADO shall maintain complete financial records. Any apportionment of costs shall be made in accordance with generally accepted accounting principles and shall evidence proper audit trails reflecting the true cost of services rendered. Statistical data shall be kept and reports made as required by the {COUNTY NAME} {Department Name} and the State Department of Mental Health in a form specified by either.

All records shall be available for inspection by the Auditors of {COUNTY NAME} or the State Department of Mental Health at reasonable times during normal business hours. EL DORADO agrees to extend to {County Name / Department / Title} or his/her designee the right to review and investigate all records, program, or written procedures relating to {COUNTY NAME} patients at any reasonable time; EL DORADO agrees to provide {County Name / Department Name} data in a timely fashion as directed and as specified by {County Name / Department Name}.

ARTICLE V

Rules and Laws: EL DORADO and {COUNTY NAME} agree that both are bound in the accomplishment of this Agreement by provisions of W&I Section 5600 et seq.; Title 9, CA Code of Regulations Division 1, Chapter 10; regulations of the State Department of Mental Health; the Local Mental Health Authority; and other applicable laws, regulations and policies governing the provisions of public Mental Health services. EL DORADO and {COUNTY NAME} agree to maintain the confidentiality of patient information and records as provided by applicable law; notwithstanding, professional records and {COUNTY NAME} patient information shall be interchangeable between EL DORADO and {COUNTY NAME} to establish and support a high level of clinical services and continuity of care and aftercare services.

ARTICLE VI

Confidentiality: EL DORADO shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for statistical information not identifying any client. EL DORADO shall not use such information for any purpose other than carrying out EL DORADO'S obligations under this Agreement. EL DORADO shall promptly transmit to {COUNTY NAME} all requests for disclosure of such information not emanating from the client. EL DORADO shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such information to anyone other than {COUNTY NAME}, except when subpoenaed by a court. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph. If the Consultant receives any individually identifiable health information ("Protected Health Information" or "PHI") from {COUNTY NAME} or creates or receives any PHI on behalf of {COUNTY NAME}, EL DORADO shall maintain the security and confidentiality of such PHI as required of {COUNTY NAME} by applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

ARTICLE VII

HIPAA Compliance: The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA). The County of {COUNTY NAME} {Department Name} is a Hybrid Entity under said Act, and EL DORADO, a health care provider as defined in HIPAA (Title 45 C.F.R. Section 160.103), is a Covered Entity under said Act. Each Covered Entity hereby represents that they are and shall remain in compliance with the rules and regulations of said Act as required by law. Each Covered Entity understands that it has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, including the training of staff and the establishment of proper procedures for the release of such information as required by HIPAA.

The parties acknowledge that the disclosures of Protected Health Information specified herein concern the provision of health care services to, and the treatment of, individuals only. Therefore, pursuant to Title 45 C.F.R. Section 164.502(e)(1)(ii)(A), Covered Entity and EL DORADO are not required to enter into a separate business associate agreement. Although not presently required, to the extent that it may in the future become mandatory that the parties execute a business associate agreement pursuant to HIPAA, such an agreement shall be executed and made part hereof. Failure or refusal of a party to execute a business associate agreement when required by law shall constitute a basis for termination of this Agreement in its entirety.

ARTICLE VIII

Status of Contractor: The parties hereto agree that EL DORADO, its agents and employees, including its professional and non-professional staff, in the performance of the Agreement shall act in an independent capacity and not as officer or employees or agents of {COUNTY NAME}. EL DORADO shall furnish all personnel, supplies, equipment, furniture, insurance, utilities,

telephone, and quarters necessary for the performance of the Mental Health services to be provided by EL DORADO pursuant to the Agreement.

ARTICLE IX

Changes to Agreement: This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

ARTICLE X

Assignment: This Agreement shall not be assigned by EL DORADO, either in whole or in part, without prior written consent of {COUNTY NAME}. This Agreement and the terms and conditions hereof shall insure and be binding upon the successors and assigns of the parties hereto.

ARTICLE XI

Fiscal Considerations: The parties to this Agreement recognize and acknowledge that both EL DORADO and {COUNTY NAME} are political subdivisions of the State of California. As such, both are subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of {COUNTY NAME}'S and EL DORADO'S businesses, they will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.

Notwithstanding any other provision of this Agreement to the contrary, either party shall give notice of cancellation of the Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Agreement.

Upon the effective date of such notice, this Agreement shall be automatically terminated and {COUNTY NAME} and EL DORADO released from any further liability hereunder. In addition to the above, should the respective Boards of Supervisors, during the course of a given year, for financial reasons reduce or order a reduction in the budget for either {COUNTY NAME}'S or EL DORADO'S departments for which services were contracted to be performed, pursuant to this paragraph, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

ARTICLE XII

Default, Termination, and Cancellation:

A. Default: Upon the occurrence of any default of the provisions of this Agreement, a party

shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended in the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date in which the extension of time to cure expires.

Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in subsequent written notice after the time to cure has expired.

- B. **Ceasing Performance:** {COUNTY NAME} or EL DORADO may terminate this Agreement in the event either becomes unable to substantially perform any term or condition of this Agreement.
- C. **Termination or Cancellation without Cause:** {COUNTY NAME} or EL DORADO may terminate this Agreement in whole or in part upon seven (7) calendar days written notice by either party without cause. If such prior termination is effected, {COUNTY NAME} will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to EL DORADO, and for such other services, which {COUNTY NAME} may agree to in writing as necessary for contract resolution. In no event, however, shall {COUNTY NAME} be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, EL DORADO shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise. In the event of termination for default, {COUNTY NAME} reserves the right to take over and complete the work by contract or by any other means.

ARTICLE XIII

Notice to Parties: All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested. Notices to County shall be addressed as follows:

Notices to EL DORADO shall be addressed as follows:

COUNTY OF EL DORADO
HEALTH SERVICES DEPARTMENT, MENTAL HEALTH DIVISION
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: NEDA WEST, DIRECTOR

or to such other location as EL DORADO directs.

Notices to {COUNTY NAME} shall be addressed as follows:

{NAME, TITLE}
{DEPARTMENT}
{COUNTY NAME}
{ADDRESS}
{CITY, STATE, ZIP CODE}

Or to such other location as {COUNTY NAME} directs.

ARTICLE XIV

Indemnity: {COUNTY NAME} shall be responsible for damages caused by the acts or omissions of its officers, employees and agents occurring in the performance of this Agreement. EL DORADO shall be responsible for damages caused by the acts or omissions of its officers, employees and agents occurring in the performance of this Agreement. It is the intention of EL DORADO and {COUNTY NAME} that the provisions of this paragraph be interpreted to impose on each party, responsibility for the acts of their respective officers, employees and agents. It is also the intention of EL DORADO and {COUNTY NAME} that, where comparative negligence is determined to have been contributory, principles of comparative negligence will be followed and each party will bear the proportionate cost of any damages attributable to the negligence of that party, its officers, employees and agents. Both parties agree to provide written notification within thirty (30) days of receipt of any claim or lawsuit arising from this Agreement.

ARTICLE XV

Insurance: EL DORADO is covered for its general liability, automobile liability, property, and workers' compensation liability through a self-insurance program, in conjunction with excess coverage through the California State Association of Counties – Excess Insurance Authority. A certificate of coverage will be furnished to {COUNTY NAME} upon request.

ARTICLE XVI

Administrator: The El Dorado County Officer or employee with responsibility for administering this Agreement is Barry Wasserman, Mental Health Program Manager, Health Services Department, Mental Health Division, or successor.

ARTICLE XVII

Agreement Approval: This Agreement shall be null and void in its entirety if disapproved by the State Department of Mental Health.

ARTICLE XVIII

Entire Agreement: This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

-- COUNTY OF EL DORADO --

Dated: _____

By: _____
Neda West, Director
Health Services Department
"EL DORADO"

-- COUNTY OF {COUNTY NAME} --

Dated: _____

By: _____
Chairman
Board of Supervisors
County of {County Name}
"{COUNTY NAME}"

ATTEST:
Clerk of the Board of Supervisors

By: _____ Dated: _____

Approved as to Form:
Office of the County Counsel
County of {COUNTY NAME}

By: _____