

AGENDA TRANSMITTAL FORM

Budget Matters

Regular Agenda
 Consent Agenda
 Blue Slip
 Closed Session
 Meeting Date Requested:
02/10/2015

To: Board of Supervisors
 Date: 01/14/2015

From: Chuck Iley, CAO Phone Ext. 490
 (Department Head - please type)

Department Head Signature *[Signature]*

Agenda Title: Request for petty cash

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Human Resources is requesting the Board approve a petty cash fund in the amount of \$100 for miscellaneous department expenses.

Recommendation/Requested Action:
Approval

Fiscal Impacts (attach budget transfer form if appropriate) _____ Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? Name _____ N/A

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman *[Signature]* Counsel *BC*
 Auditor *JOB* GSA Director _____
 CAO *[Signature]* Risk Management *[Signature]*

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
HR; Auditor

FOR CLERK USE ONLY

Meeting Date February 10, 2015 Time 9 a.m. Item # 1A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
Completed by _____	For meeting of _____	
		ATTEST: _____ Clerk or Deputy Board Clerk

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>2/10/15</u>	

To: Board of Supervisors

Date: January 26, 2015

Budget Matters

From: Jon Hopkins, Dir.
(Department Head - please type)

Phone Ext. X759

Department Head Signature [Signature]

Agenda Title: Library Literacy Grant

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The library is requesting an increase in the library budget in the amount of \$15,411 due to additional Library Literacy Grant revenue which was received from the State Library.

The original approved budget amount was \$10,000 for Library Literacy Grant revenue and expenditures. However \$25,411 has actually been received in Library Literacy Grant revenue for fiscal year 2014/15.

Recommendation/Requested Action:

Approve increase to library budget

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts N/A

Is a 4/5ths vote required?

Yes

No

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached:

Yes

No

N/A

Comments:

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman [Signature]

Counsel GG

Auditor JOR

GSA Director Hop

CAO [Signature]

Risk Management [Signature]

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

GSA-Jon Hopkins ; Auditor

FOR CLERK USE ONLY

Meeting Date

February 10, 2015

Time

9 a.m.

Item #

1B

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes _____

Resolution _____

Ordinance _____

Absent: _____

Comments: _____

Distributed on _____

A new ATF is required from _____

Department _____

Completed by _____

For meeting _____

of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____

Clerk or Deputy Board Clerk

Save

DATE: 1/23/2015

REQUESTED BY: Jon Hopkins

DEPARTMENT: Library-6200

APPROVED BY ADMINISTRATIVE OFFICER: _____ DATE: _____

APPROVED BY ADMINISTRATIVE COMMITTEE: _____ DATE: _____

APPROVED BY BOARD OF SUPERVISORS: _____ DATE: _____

APPROVED BY AUDITOR/CONTROLLER: _____ DATE: _____

JOURNAL ENTRY NO. _____

BUDGET APPROPRIATIONS				REVENUE APPROPRIATIONS			
DEPARTMENT	ACCOUNT	INCREASE	DECREASE	FUND #	REVENUE #	INCREASE\$	DECREASE\$
6200	52425	\$15,411.00		6200	45240	\$15,411.00	

REASON FOR THE REQUEST:

Requesting increase in Library budget in the amount of \$15,411.00 due to additional Library Literacy Grant Revenue received.

\$10,000.00 was approved in the Library budget for Grant revenues and expenditures, \$25,411.00 has actually been received in

Library Literacy Grant revenue for fiscal year 2014/2015.

- PLEASE NOTE:**
- TRANSFERS BETWEEN OBJECTS - SALARIES & BENEFITS TO SERVICES & SUPPLIES BOARD OF SUPERVISORS APPROVAL
 - TRANSFER WITHIN OBJECTS - OFFICE EXPENSE TO TRAVEL - COUNTY ADMINISTRATOR APPROVAL
 - FIXED ASSETS - BOARD OF SUPERVISORS APPROVAL
 - TOTAL DOLLARS BUDGET INCREASE - BOARD OF SUPERVISORS APPROVAL

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 1-27-15

Resol.

- | | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Regular Agenda |
| <input checked="" type="checkbox"/> | Consent Agenda |
| <input type="checkbox"/> | Blue Slip |
| <input type="checkbox"/> | Closed Session |

Meeting Date Requested:

02/10/15

From: Aaron Brusatori
(Department Head - please type)

Phone Ext. x248

Department Head Signature *Aaron Brusatori*

Agenda Title: Resolution accepting work completed for the Rabbit Creek Culvert Repair Project - Phase 2

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 K.W. Emerson, Inc. completed the second phase (culvert replacement) of the project at Rabbit Creek Causeway on December 18, 2014. No Stop Notices have been filed and the Preliminary Lien Notices will be properly released prior to the retention payment to the contractor. To close this project the following process should be followed:
 The Board should accept this work as complete and authorize the Director of Transportation and Public Works to release retention (final payment) to the contractor. Also, the Board should authorize the Chair to sign three (3) original copies of the Agreement and Release of Claims.

Recommendation/Requested Action:

Accept the project as complete by Resolution. Sign the Agreement and Release of Claims for the contractor - K.W. Emerson, Inc.

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

Budgeted

Is a 4/5ths vote required?

Yes

No

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Comments: Resolution and three Agreement & Release of Claims attached.

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman *J.D.*

Counsel *GG*

Auditor *JOR*

GSA Director *hp*

CAO *al*

Risk Management *mt*

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Transportation and Public Works ; Auditor

FOR CLERK USE ONLY

Meeting Date February 10, 2015 Time 9 a.m. Item # 3A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

A new ATF is required from _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by _____

Department _____
For meeting _____
of _____

ATTEST: _____
Clerk or Deputy Board Clerk

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

RESOLUTION ACCEPTING THE)	RESOLUTION NO. 15-XXX
RABBIT CREEK CAUSEWAY CULVERT)	
REPAIR PROJECT - PHASE TWO OPEN)	
CUT AS COMPLETE)	

WHEREAS, the contractor has completed construction and installation A 60 inch culvert located at North Camanche Parkway at Rabbit Creek near Lake Camanche, California; and

BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California that said Board does hereby accept the work by K.W. Emerson, Inc. for the construction of Rabbit Creek Causeway Culvert Repair Project (Phase Two Open Cut) as complete; and

BE IT FURTHER RESOLVED by said Board that the Department of Transportation and Public Works Director has found that no liens or Stop Notices are filed and gives the Director authorization to release retention and final payment.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on the 10th day of February 2015, by the following vote:

AYES: Richard M. Forster, Lynn A. Morgan, Louis D. Boitano, John Plasse, and Brian Oneto

NOES: None

Chairman, Board of Supervisors

ATTEST:

JENNIFER BURNS, Clerk of the
Board of Supervisors, Amador County,
California

Deputy

ATTACHMENT A

AGREEMENT AND RELEASE OF CLAIMS

This Agreement and Release of Claims ("Agreement and Release"), made and entered into this _____ day of _____, 2015, by and between the County of Amador ("County"), and K.W. Emerson, Inc. ("Contractor"), whose place of business is 413 West Saint Charles Street, San Andreas, CA, 95249.

RECITALS

A. On **September 9, 2014**, County and Contractor entered into a contract (the "Contract") in the County of Amador, State of California, whereby Contractor agreed to perform certain work (the "Work") consisting of installation of 48-inch culvert beneath Camanche Parkway North between Rabbit Creek and Lake Camanche, including all the necessary components to perform the Work.

B. The Work under the Contract has been completed.

NOW, THEREFOR, it is mutually agreed between County and Contractor as follows:

1. Contractor will not be assessed damages except as detailed below:

Original Contract Sum	\$ <u>683,915.00</u>
Modified Contract Sum	\$ <u>688,216.51</u>
Payment to Date	\$ <u>653,805.47</u>
Damages	\$ <u>0.00</u>
Payment Due Contractor	\$ <u>34,411.04</u>

2. Subject to the provisions of this Agreement and Release, County shall forthwith pay to Contractor the sum of **Thirty Four Thousand Four Hundred Eleven Dollars and Four Cents (\$34,411.04)** under the Contract, less any amounts withheld under the Contract or represented by any Notice to Withhold Funds on file with County as of the date of such payment.

3. Contractor acknowledges and hereby agrees that there are no unresolved or outstanding claims in dispute against County arising from the performance of work under the Contract, except for (i) the Disputed Claims described in Paragraph 4 below, and (ii) continuing obligations described in Paragraph 6 below. It is the intention of the parties in executing this Agreement and Release that this Agreement and Release shall be effective as a full, final and general release of all claims, demands, actions, causes of action, obligations, costs, expenses, damages, losses and liabilities of Contractor against County, all its respective agents, employees, inspectors, assignees and transferees except for the Disputed Claims set forth in Paragraph 4 below and continuing obligations described in Paragraph 6 below.

4. The following claims are disputed (hereinafter, the "Disputed Claims") and are specifically excluded from the operation of this Agreement and Release:

<u>Claim No.</u>	<u>Date Submitted</u>	<u>Description of Claim</u>	<u>Amount of Claim</u>
------------------	-----------------------	-----------------------------	------------------------

[Insert information, including attachments if necessary]

5. Consistent with California Public Contract Code section 7100, Contractor hereby agrees that, in consideration of the payment set forth in Paragraph 2, above, Contractor hereby releases and forever discharges County, all its agents, employees, inspectors, assignees and transferees from any and all liability, claims, demands,

actions or causes of action of whatever kind or nature arising out of or in any way concerned with the work under the Contract, except for the Disputed Claims.

6. Guarantees and warranties for the Work, and any other continuing obligation of Contractor, shall remain in full force and effect as specified in the Contract Documents.

7. Contractor shall immediately defend, indemnify and hold harmless County, all its respective agents, employees, inspectors, assignees and transferees from any and all claims, demands, actions, causes of action, obligations, costs, expenses, damages, losses and liabilities that may be asserted against them by any of Contractor's suppliers and/or Subcontractors of any tier and/or any suppliers to them for any and all labor, materials, supplies and equipment used, or contemplated to be used in the performance of the Contract, except for the Disputed Claims.

8. Contractor hereby waives the provisions of California Civil Code Section 1542, which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his settlement with the debtor.

9. The provisions of this Agreement and Release are contractual in nature and not mere recitals and shall be considered independent and severable, and if any such provision or any part thereof shall be at any time held invalid in whole or in part under any federal, state, county, municipal or other law, ruling or regulations, then such provision, or part thereof shall remain in force and effect only to the extent permitted by law, and the remaining provisions of this Agreement and Release shall also remain in full force and effect, and shall be enforceable.

10. All rights of County shall survive completion of the Work or termination of Contract, and execution of this Release.

***** CAUTION: THIS IS A RELEASE - READ BEFORE EXECUTING *****

COUNTY OF AMADOR:

CONTRACTOR:

By: _____
Chairman, Board of Supervisors
Brian Oneto

By: Rusti Emerson
Principal

Name (please print): RUSTI EMERSON

Title: PRESIDENT

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 02/04/2015

From: Greg Gillott
(Department Head - please type)

Phone Ext. 366

Real

<input type="radio"/>	Regular Agenda
<input checked="" type="radio"/>	Consent Agenda
<input type="radio"/>	Blue Slip
<input type="radio"/>	Closed Session
Meeting Date Requested:	
<u>02/10/2015</u>	

Department Head Signature _____

Agenda Title: Raymond Marchant v. County of Amador, Workers Compensation Claim No. CAMA-555822

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Attached is the Resolution authorizing Industrial Disability Retirement for Raymond Marchant - CAMA-555822

Recommendation/Requested Action:
Request approval of attached Resolution

Fiscal Impacts (attach budget transfer form if appropriate)

N/A

Staffing Impacts

N/A

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman *J.R.*

Counsel *BC*

Auditor *JOR*

GSA Director _____

CAO *AK*

Risk Management *JMA*

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

CC; Risk; HR; _____

FOR CLERK USE ONLY

Meeting Date February 10, 2015 Time 9 a.m. Item # 38

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____

A new ATF is required from _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by _____

Department _____

ATTEST: _____

For meeting _____

Clerk or Deputy Board Clerk

of _____

Save

Print Form

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

RESOLUTION AUTHORIZING)	RESOLUTION NO. 15-XXX
INDUSTRIAL DISABILITY RETIREMENT)	
FOR RAYMOND MARCHANT)	

WHEREAS, the County of Amador, State of California (hereinafter referred to as “Agency”), is a contracting agency of the Public Employees’ Retirement System; and

WHEREAS, the Public Employee’s Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he is classified as a local safety member is disabled for purposes of the Public Employees’ Retirement Law and whether such disability is “industrial” within the meaning of such law; and

WHEREAS, an application for the Industrial Disability Retirement of Raymond Marchant employed by the Agency in the position of Deputy Sheriff has been filed with the Public Employees’ Retirement System; and

WHEREAS, the Board of Supervisors has reviewed the medical and other evidence relevant to such alleged Industrial Disability.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors hereby find and determine that Raymond Marchant is incapacitated within the meaning of the Public Employees’ Retirement Law for performance of his usual duties in the position of Deputy Sheriff; and

BE IT FURTHER RESOLVED that the Board of Supervisors hereby find and determine that such disability is a result of injury or disease arising out of, and in the course of, employment; and

BE IT FURTHER RESOLVED that a petition has not been filed with the Workers’ Compensation Appeals Board for determination pursuant to Section 21166, Government Code; and a copy of such determination will be provided if rendered; and

BE IT FURTHER RESOLVED that there will be no advanced disability pension payments paid to the member; and

BE IT FURTHER RESOLVED that no issue of third party liability is present in the disability of said Raymond Marchant; and

BE IT FURTHER RESOLVED that the primary disabling condition is categorized as “Orthopedic”; and

BE IT FURTHER RESOLVED that the member was separated from his employment in the position of Deputy Sheriff effective October 1, 2013. His last day on pay status was September 30, 2013.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on the 10th day of February, 2015 by the following vote:

AYES:

NOES:

ABSENT:

Brian Oneto, Chairman, Board of Supervisors

ATTEST: _____
JENNIFER BURNS, Clerk of the
Board of supervisors, Amador County,
California

Deputy

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 01/27/2015

Agmt

From: James Foley, Director of HHS
(Department Head - please type)

Phone Ext. 412

Department Head Signature _____

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>02/10/2015</u>	

Agenda Title: BHC Sierra Vista Hospital and Amador County Behavioral Health Second Amendment for FY 14-15

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve the Second Amendment with BHC Sierra Vista Hospital to provide Psychiatric Inpatient Treatment Services to Amador County clients.

This Second Amendment changes the Term and fee schedule.
The fee schedule for Medi-Cal Day Rate has increased by \$23.00.

Recommendation/Requested Action:

Approval of Second Amendment

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

None

Is a 4/5ths vote required? Yes No

Contract Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Resolution Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Ordinance Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____

Counsel GG

Auditor JOR

GSA Director HP

CAO de

Risk Management me

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Please return two original Second Amendments to Angie Grau in Behavioral Health. Risk

FOR CLERK USE ONLY

Meeting Date February 10, 2015 Time 9 a.m. Item # 4A

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____
Completed by _____	Department _____
	For meeting _____
	of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

ATTEST: _____
Clerk or Deputy Board Clerk

SECOND AMENDMENT TO SERVICES AGREEMENT

THIS SECOND AMENDMENT TO SERVICES AGREEMENT (this "Second Amendment") is made as of _____, 2015 by and between COUNTY OF AMADOR, a political subdivision of the State of California ("County") and BHC SIERRA VISTA HOSPITAL, INC., a California corporation (the "Contractor").

RECITALS

A. County and Contractor executed an agreement (the "Original Agreement") dated as of January 22, 2013 whereby Contractor agreed to provide psychiatric inpatient treatment services upon the terms and conditions set forth in the Original Agreement. The Original Agreement was amended by that certain First Amendment to Service Agreement dated as of November 12, 2013.

B. County and Contractor desire to further modify the Original Agreement as set forth in this Second Amendment. The Original Agreement, as amended by the First Amendment and this Second Amendment shall be referred to as the "Agreement."

NOW, THEREFORE, the parties agree as follows:

1. The first sentence of the first paragraph of section 4. entitled "TERM; EARLY TERMINATION OF AGREEMENT" on page 2 of Agreement shall be modified to read as follows:

4. TERM; EARLY TERMINATION OF AGREEMENT. This Agreement shall continue in effective through June 30, 2015.

2. Attachment B to the Original Agreement is hereby deleted, and the document attached as Attachment B to this Second Amendment substituted in its place:

3. Except as set forth in this Second Amendment, the Agreement shall remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Second Amendment as of the date first set forth above.

COUNTY OF AMADOR

CONTRACTOR: BHC SIERRA VISTA
HOSPITAL, INC., a California corporation

BY: _____
 Brian Oneto
 Chairman, Board of Supervisors

BY:  _____
 Mike Zauner, CEO
 Federal I.D. No.: 62-1658512

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
JENNIFER BURNS, CLERK OF THE
BOARD OF SUPERVISORS

BY:  _____
 Gregory Gillott

BY: _____
 Deputy

ATTACHMENT B – Fee Schedule

This Agreement is not to exceed One Hundred Thousand Dollars (\$100,000) during the term of this contract for Fiscal Year 2014-2015.

This CONTRACTOR is a Certified Medi-Cal Provider, No. HSM34087G (Certified Sacramento County)

Children's Mental Health Medi-Cal Rates

In consideration for Contractor's providing psychiatric inpatient services to County patients, County shall guarantee Contractor the current MediCal rate of \$770.00 per child day, excluding physician charges. County shall guarantee Contractor the current MediCal rate of \$519.94 per child day for an Administrative Day. Physician charges will be billed separately to county at the rate of \$90.00 for MediCal Inpatient Professional Service. Pertinent information regarding MediCal Inpatient Professional Services will be sent to the County on a spreadsheet. This will allow the County the ability to bill the State for recoupment of payment for these services.

Adult's Mental Health Medi-Cal Rates

Sacramento County 's 2014-15 negotiated and contracted all inclusive inpatient rate for medi-cal eligible individuals 22 to 64 years of age is \$950.00 per day for accommodation code 124 and includes room and board, psychiatric services, medication , laboratory fees, medical history and physical, and all ancillary medical and psychiatric services but excludes the day of discharge.

Prior authorization is not required for EMERGENCY services provided to County residents. "Emergency services" are defined as those screening, stabilization, and treatment services provided by Contractor to County residents who are inpatients on "5150" status or otherwise meet the definition of services provided in a medical emergency as defined in Emergency Medical Treatment And Active Labor Act 42USC§1395dd. All other inpatient services must be pre-authorized.

Payment for services provided by Contractor to County MediCal eligibles will be made through the TARS process and the MediCal Fiscal Intermediary, EDS. Preliminary TARS must be submitted to Amador County Behavioral Health by first business day after admission to Contractor's facility with final TARS to be submitted within 14 days of discharge. County will process TARS within 14 days of receipt at address below:

Amador County Behavioral Health

10877 Conductor Blvd., Suite 300

Sutter Creek, CA 95685

The rate structure used to negotiate this Agreement is inclusive of all services defined as psychiatric inpatient services in Title 9, Chapter 11, including the treating and does not include non-hospital based physician or psychological services unless the provider is a Short/Doyle provider. County will not pay for any services to MediCal beneficiaries of other counties. Per Diem rate for inpatient psychiatric services provided to County beneficiaries by Contractor is to be considered payment in full to third party liability and beneficiary share of cost. The rate for Non-MediCal patients admitted to Contractor's facility with prior authorization by County will be \$950.00 per day including physician charges and will be paid to Contractor within 30 days after receipt of claim. The rate for an Administrative Day will be \$609.94. County will be separately liable for transportation and transfer costs incurred when medically necessary.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1717 Arch Street Philadelphia, PA 19103 429813-SIERR--15-16 Sierra	CONTACT NAME: _____ PHONE (A/C, No, Ext): FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Endurance American Specialty Insurance Company</td> <td>41718</td> </tr> <tr> <td>INSURER B:</td> <td>National Union Fire Ins Co. of Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td>New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER D:</td> <td>The Insurance Company of the State of Pennsylvania</td> <td>19429</td> </tr> <tr> <td>INSURER E:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>INSURER F:</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Endurance American Specialty Insurance Company	41718	INSURER B:	National Union Fire Ins Co. of Pittsburgh PA	19445	INSURER C:	New Hampshire Insurance Company	23841	INSURER D:	The Insurance Company of the State of Pennsylvania	19429	INSURER E:	_____	_____	INSURER F:	_____
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Endurance American Specialty Insurance Company	41718																			
INSURER B:	National Union Fire Ins Co. of Pittsburgh PA	19445																			
INSURER C:	New Hampshire Insurance Company	23841																			
INSURER D:	The Insurance Company of the State of Pennsylvania	19429																			
INSURER E:	_____	_____																			
INSURER F:	_____	_____																			

COVERAGES **CERTIFICATE NUMBER:** CLE-003885759-14 **REVISION NUMBER:** 11

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ _____ \$ _____
B	AUTOMOBILE LIABILITY			6758458 (AOS)	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO			6758459 (VA)	01/01/2015	01/01/2016	BODILY INJURY (Per person) \$ _____
B	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS			6758460 (MA)	01/01/2015	01/01/2016	BODILY INJURY (Per accident) \$ _____
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$ _____
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			HLC10006193200	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						SIR 10% of Limit \$ _____
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			024508679 (AOS), 024508680 (AOS)	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	024508681 (FL)	01/01/2015	01/01/2016	E.I. EACH ACCIDENT \$ 2,000,000
D	If yes, describe under DESCRIPTION OF OPERATIONS below			024508682 (CA)	01/01/2015	01/01/2016	E.I. DISEASE - EA EMPLOYEE \$ 2,000,000
D				024508683 (MA, WI)	01/01/2015	01/01/2016	E.I. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 General Liability: The above referenced Insured is self insured for \$3,000,000 each and every occurrence for 01/01/15 - 01/01/16.
 Hospital Professional Liability: The above referenced Insured is self insured for \$3,000,000 each and every occurrence for 01/01/15 - 01/01/16.
 General Liability & Umbrella Liability - Certificate holder is included as an additional insured as required by written contract but limited to the operations of the insured under said contract and always subject to the policy terms, conditions, and exclusions.

CERTIFICATE HOLDER Amador County of Risk Management 810 Court St Jackson, CA 95642	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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AGENDA TRANSMITTAL FORM

Misc. Appts & Resign.

To: Board of Supervisors

Date: 02/03/2015

From: Brian Oneto, Chairman
(Department Head - please type)

Phone Ext. 470

- Regular Agenda
- Consent Agenda
- Blue Slip
- Closed Session

Meeting Date Requested:
02/10/2015

Department Head Signature _____

Agenda Title: Commission on Aging

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

Approval of a resignation and new appointment to the subject Commission:

Resignation of Ms. Sharon McVicker from subject Commission
Appointment of Ms. Susan Tomasich who is replacing Ms. McVicker as Alternate to the subject Commission

Recommendation/Requested Action:

Approval

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Comments: _____

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman [Signature]

Counsel GC

Auditor [Signature]

GSA Director [Signature]

CAO [Signature]

Risk Management [Signature]

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Letter to Ms. Tomasich w/cc to Laurie Webb c/o of Senior Center, 229 NYRR, Jackson, CA; Clerk to update database

FOR CLERK USE ONLY

Meeting Date

February 3, 2015

Time

9 a.m.

Item #

7A

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes _____

Resolution _____

Ordinance _____

Absent: _____

Comments: _____

Distributed on _____

A new ATF is required from _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.

Completed by _____

Department
For meeting
of _____

ATTEST: _____
Clerk or Deputy Board Clerk

Save

Print Form

COMMITTEE MEMBER APPLICATION FORM

Date 1-30-2015

Please consider me for the following committee:

NAME: Susan Tomasi

Mailing Address: [REDACTED]

Physical Address: same

Business Address: [REDACTED]

Telephone - Home: [REDACTED] Work: [REDACTED]

Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):

I am representing Assist Care Residential
Care Communities as an alternate
for Ron Reagan

Signature Susan Tomasi

*Please be aware this completed form may be released to any member of the public or media upon request.

Application Accepted	Application Rejected
Date Appointed	Committee Number
Term Expires	Supervisory District