

ORIGINAL

COUNTY OF SHASTA
OFFICE OF AUDITOR-CONTROLLER
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER
02/28/2023

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
0080/41010/052016	MENTAL HEALTH	JOHN MUIR BEHAVIORAL HEALTH CENTER	11/11-12/03/20 IV SD SVCS	\$39,270.00	Per Shasta County Contracts Manual 6-101 Section 1.3.3, and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. There is no contract with vendor for services provided.	See attached memo from department.
0080/41010/052016	MENTAL HEALTH	JOHN MUIR BEHAVIORAL HEALTH CENTER	5/17-23/21 JH SD SVCS	\$11,610.00	Per Shasta County Contracts Manual 6-101 Section 1.3.3, and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. There is no contract with vendor for services provided.	See attached memo from department.
0080/41010/052017	MENTAL HEALTH	VISTA PACIFICA ENTERPRISES INC	4/22 7 ADD L BED HOLD DAYS PMT	\$1,791.79	Per Shasta County Contracts Manual 6-101 Section 1.3.3, and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. There is no contract with vendor for additional services provided.	See attached memo from department.
	TOTAL			\$52,671.79		

Auditor's Certification:

ns
I certify that the foregoing is a true list of claims properly and regularly coming before the Shasta County Board of Supervisors, and that the computations are correct.

Date: 2/17/23

Signature: Kylar**Approval of Claims:**


These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

Date: _____

Chairman
Board of Supervisors
County of Shasta
State of California



Inter-Office Memorandum

To: Nolda Short, Auditor-Controller
From: Megan Dorney, HHSA Branch Director 
Date: January 20, 2023
Re: John Muir Hospital (HH081622A & HH052821A)

Shasta County Health and Human Services Behavioral Health Branch has received invoices from John Muir Hospital for two clients where services have been provided with no current contract in place. Both clients were admitted on an acute status, meaning they met the criteria for acute inpatient mental health treatment services. Clients did not have Medi-Cal that could be billed at the time of services provided.

HHSA will also continue to work with BHSS to develop a current contract with John Muir Hospital to facilitate these types of specialty services should the need arise in the future.

HHSA is requesting that both invoices be paid at FY 20-21 rates due to there being no contract in place between Shasta County and John Muir Hospital at the time of services. One adult client at the rate of \$1,785 per day for 22 days and one youth client at the rate of \$1,935 per day for 6 days total for both invoices \$50,880.00.

HH081622A Adult invoice - \$39,270.00
HH052821A Youth invoice - \$11,610.00

SHASTA COUNTY
AUDITOR-CONTROLLER

JAN 24 2023

RECEIVED

JOHN MUIR MEDICAL CENTER 2740 GRANT STREET CONCORD CA 945202265 9259412127 IV						JOHN MUIR BEHAVIORAL PO BOX 39000 DEPT 33787 SAN FRANCISCO CA94113						E3015990305 25127438 STATEMENT COVERS PERIOD FROM 111120 THROUGH 120320						0111																							
PATIENT NAME V [REDACTED] I [REDACTED]						PATIENT ADDRESS [REDACTED] VACAVILLE						CA 956874928																													
BIRTHDATE 01-09-93 SEX M DATE 111120 HR 18 MIN 1 SEC 6 DHR 14 STAT 01 CHS						CONDITION CODES 22 23 24 25 26 27 28 29 30						ADMIT STATE																													
OCCURRENCE DATE CODE						OCCURRENCE DATE CODE						OCCURRENCE DATE CODE						OCCURRENCE DATE CODE																							
SHASTA COUNTY MENTAL HEALTH PLAN ATTN: MANAGED CARE UMR - INPATIENT PO BOX 496048 REDDING, CA 96049						VALUE CODES AMOUNT 80 22						VALUE CODES AMOUNT						VALUE CODES AMOUNT																							
REV. CD.						DESCRIPTION						ICPCS / RATE / HIPPS CODE						SERV. DATE						SERV. UNITS						TOTAL CHARGES						NON-COVERED CHARGES					
0124 ROOM & BOARD - SEMI-PRIV						2944.75												22						6478450						000											
0250 PHARMACY - GENERAL CLASS																		334						1584930						000											
0301 LABORATORY - CHEMISTRY																		3						119298						000											
0988 PROFESSIONAL FEES - CONS																		1						29250						000											
Authorized for payment by Managed Care by Anthony Eyestone on 2/11/21 Probable already paid. James A. West, RN Digitally signed by James A. West, RN Date: 2022.09.16 10:39:24 -07'00'																																									
41010 052016 11/11-12/03/20 IV SD SUCU 22x1785 = \$39,270.00 SEP 01 2022																																									
ENTERED JAN 20 2023 BY: [Signature] 04918910																																									
0001 PAGE 1 OF 1						CREATION DATE 081622 TOTALS						8211928						000																							
PAYER NAME SHASTA COUNTY MENTAL HE98999						HEALTH PLAN ID Y Y						PRIOR PAYMENTS 000						EST. AMOUNT DUE 8211928						HIPPI 1215962782																	
INSURED'S NAME V [REDACTED], I [REDACTED]						REL 18						GROUP NAME SHASTA COUNTY						INSURANCE GROUP NO. COUNTY CONTRACT																							
TREATMENT AUTHORIZATION CODES						DOCUMENT CONTROL NUMBER						EMPLOYER NAME																													
F250 YZ590 1D72829 VF1210 VF17210 YK921 YZ818																																									
ADMINISTRATIVE F250 PATIENT REASON FOR VISIT OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE OTHER PROCEDURE CODE DATE																																									
REMARKS B3283Q00000X																																									

HH052801A

US-04 CMS-1450 APPROVED OMB NO. 0938-0997  Printed on Recycled Paper FORM #61N'04 (REV. 02/07) THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Contra Costa County

Standard Form L-1

Revised 2014

STANDARD CONTRACT
(Purchase of Services - Long Form)

Number 24-794-8(26)
Fund/Org # As Coded
Account # As Coded
Other # _____

1. **Contract Identification.**

Department: Health Services – Behavioral Health Services Division/Mental Health

Subject: Inpatient Psychiatric Hospital Services for County referrals and authorization for children, adolescents and adults

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

Contractor: **JOHN MUIR BEHAVIORAL HEALTH**

Capacity: Non-Profit Corporation

Legal Address: 2740 Grant Street, Concord, California 94520

Mailing Address: 1450 Treat Boulevard, Suite 350, Walnut Creek, California 94597

3. **Term.** The effective date of this Contract is July 1, 2020. It terminates on June 30, 2021 unless sooner terminated as provided herein.

4. **Payment Limit.** County's total payments to Contractor under this Contract will not exceed **\$4,000,000.**

5. **County's Obligations.** County will make to the Contractor those payments described in the Payment Provisions attached hereto which are incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

6. **Contractor's Obligations.** Contractor will provide those services and carry out that work described in the Service Plan attached hereto which is incorporated herein by reference, subject to all the terms and conditions contained or incorporated herein.

7. **General and Special Conditions.** This Contract is subject to the General Conditions and Special Conditions (if any) attached hereto, which are incorporated herein by reference.

8. **Project.** This Contract implements in whole or in part the following described Project, the application and approval documents of which are incorporated herein by reference: Not Applicable

Contra Costa County

Standard Form L-1

Revised 2014

STANDARD CONTRACT
(Purchase of Services - Long Form)

Number 24-794-8(26)

9. **Legal Authority.** This Contract is entered into under and subject to the following legal authorities:
42 U.S.C. 1395, et seq.; 42 U.S.C. 300e; Welfare and Institutions Code §§ 14000, et seq.; Health and Safety Code, §§
1340-1399.904; California Government Code §§ 25209.6, 26227, and 31000; and all legal authorities cited in the
attached HIPAA Business Associate Addendum, which is incorporated herein by reference.

10. **Signatures.** These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS	ATTEST: Clerk of the Board of Supervisors
By <u>Suzanne Tavano, Ph.D.</u> FF63369D4EC34B7... airman/Designee	By <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> Deputy

CONTRACTOR

Signature A	Signature B
Name of business entity <u>John Muir Behavioral Health</u>	Name of business entity <u>John Muir Behavioral Health</u>
By <u>Chris Pass</u> 70432889D19884D8...f individual or officer)	By <u>Max Reynolds</u> F8D0FAS7245D449...f individual or officer)
<u>Chris Pass</u> (Print name and title A, if applicable)	<u>Max Reynolds Senior Vice Pres / Assistant Board Sec</u> (Print name and title B, if applicable)

Note to Contractor: For corporations (profit or nonprofit) and limited liability companies, the contract must be signed by two officers. Signature A must be that of the chairman of the board, president, or vice-president; and Signature B must be that of the secretary, any assistant secretary, chief financial officer or any assistant treasurer (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on form L-2.

Contra Costa County
Standard Form L-3
Revised 2014

SERVICE PLAN

Number 24-794-8(26)

- 2.8 Patient Rights. The Contractor shall adopt and post in a conspicuous place the County's written policies on patient's rights, specifically, the (1) Mental Health Consumer Grievance Procedures; and (2) Consumer's Rights policy, which are incorporated herein by this reference. Contractor shall post these documents in accordance with § 70707 of Title 22 of the California Code of Regulations and § 5325 of the Welfare and Institutions Code. Complaints by Clients with regard to substandard conditions may be investigated by the County, the State of California or by the Joint Commission on Accreditation of Healthcare Organization (JCAHO) or such other agency, as required by law or regulation, or at the County's discretion. A copy of the Mental Health Consumer Grievance Procedures and the Consumer's Rights policy is on file in the office of the County's Behavioral Health Services Director, and County has furnished copies to Contractor.
- 2.9 Medi-Cal Beneficiary Evaluation of Contractor's Services. The Contractor shall provide a written questionnaire to the Medi-Cal Beneficiary, or the Beneficiary's legal representative, at the time of the Medi-Cal Beneficiary's admission. The questionnaire shall be approved by the Department of Health Care Services and offer the Medi-Cal Beneficiary the opportunity to evaluate the care given. It shall be collected at the time of discharge and maintained in the Contractor's file for four years, and shall be made available to agents of the County, State Department of Health Services, Department of Health Care Services, and the Department of Health and Human Services.
- 2.10 Disclosures. Contractor shall notify County immediately in writing upon the occurrence of any of the following events:
- (a) Contractor's license to operate as an acute care facility, or its Joint Commission Accreditation, or its certification under Title XVIII or XIX of the Social Security Act is suspended, revoked, terminated, or subjected to terms of probation or other restriction; or Contractor is notified of any such proposed action;
 - (b) Contractor's liability insurance is canceled, terminated, not renewed, or materially modified, or Contractor is notified of any such proposed action;
 - (c) An act of nature or any other event occurs which substantially interrupts all or a portion of Contractor's facilities or which has a materially adverse effect on Contractor's ability to perform its obligations hereunder;
 - (d) A petition is filed to declare Contractor bankrupt or for reorganization under the bankruptcy laws of the United States or a receiver is appointed over all or any portion of the Contractor's assets, or the Contractor fails to pay when due any material obligation; or
 - (e) Any other situation arises which could reasonably be expected to materially affect Contractor's ability to carry out its obligations under this Agreement.

ARTICLE 3 COMPENSATION

- 3.1 Rate Structure: Contingent Liability of County. Subject to the payment limit of this Contract, Payment Provisions and the following compensation provisions, County will pay Contractor the following fees as full compensation for all services, directly related to the psychiatric diagnosis for which Clients are hospitalized.
- (a) **\$1,575.00** for each Adult (age 18 up to under age 21) Medi-Cal "Acute Psychiatric Day of Service" at John Muir Behavioral Health Center, inclusive of all Inpatient Psychiatric Hospital Services, including routine services and hospital-based ancillary services directly related to the psychiatric diagnosis for which they are admitted, but NOT including physician services rendered to Medi-Cal Beneficiaries;
 - (b) **\$1,785.00** for each Adult non-Medi-Cal "Acute Psychiatric Day of Service" at John Muir Behavioral Health Center, inclusive of all inpatient hospital services, including routine services and hospital-based ancillary services directly related to the psychiatric diagnosis for which they are admitted, and physician services rendered to County Clients;

Initials: CP ^{DS} Contractor [Signature] ^{DS} County Dept.

Contra Costa County
Standard Form L-3
Revised 2014

SERVICE PLAN

Number 24-794-8(26)

- (c) **\$1,685.00** for each child (12 years of age and younger) and adolescent (ages 13-17) Medi-Cal "Acute Psychiatric Day of Service" at John Muir Behavioral Health inclusive of all inpatient hospital services, including routine services and hospital-based ancillary services directly related to the psychiatric diagnosis for which they are admitted, but NOT including physician services rendered to Medi-Cal Beneficiaries;
- (d) **\$1,935.00** for each child (12 years of age and younger) and adolescent (ages 13-17) non-Medi-Cal "Acute Psychiatric Day of Service" at John Muir Behavioral Health Center, inclusive of all inpatient hospital services, including routine services and hospital-based ancillary services directly related to the psychiatric diagnosis for which they are admitted, and physician services rendered to County Clients;
- (e) **\$554.66** for each "Administrative Day of Psychiatric Service" at John Muir Behavioral Health Center, inclusive of all Inpatient Psychiatric Hospital Services, including routine services and hospital-based ancillary services, but NOT including physician services rendered to Medi-Cal Beneficiaries;
- (f) **\$250.00** per day for physician services rendered to child and adolescent Medi-Cal beneficiaries for each "Acute Psychiatric Day of Service" or "Administrative Day of Psychiatric Service" at John Muir Behavioral Health Center;
- (g) Physician fees for adult Medi-Cal patients are billed by the physician or physician group and not by John Muir Behavioral Health; *and*
- (h) Transportation charges are NOT included in the rates specified above.

3.2 Denial of Payment. County will deny payment for:

- (a) All non-emergency services for which the required treatment authorization request form was not obtained prior to rendering such services; *and*
- (b) Services claimed as emergency services, which - based solely on information immediately available to Contractor at the time of care - could not reasonably have been deemed emergent in nature.
- (c) Such denial shall not create any liability on the part of the Client, and Contractor shall neither bill nor collect from the Client any charges in connection with such services.

3.3 Billing Procedures as Express Conditions Precedent to the County Payment Obligation.


- (a) As a condition precedent to payment, the Contractor shall determine and certify to County that Inpatient Psychiatric Hospital Services rendered are not covered, in whole or in part, under any other state or federal medical care program or under any other contractual or legal entitlement, including, but not limited to, a private group indemnification or insurance program or workers' compensation. To the extent that such coverage is available, the County payment obligation pursuant to Paragraph 3.1 shall be reduced.
- (b) As a further condition precedent to payment, Payment Provisions, Paragraph 2. (Payment Demands) shall apply only to Clients who are not Medi-Cal Beneficiaries. For Medi-Cal Beneficiaries, the Contractor shall submit claims to the Fiscal Intermediary for all Inpatient Psychiatric Hospital Services rendered in accordance with the applicable billing requirements contained in § 14718 of the Welfare and Institutions Code.
- (c) An Acute Psychiatric Day of Service may be billed for each Client who meets admission and/or continued stay criteria, documentation requirements, treatment and discharge planning requirements and occupies a psychiatric inpatient hospital bed at 12:00 midnight in the facilities of the Contractor. Nevertheless, a day of service may be billed if the Client is admitted and discharged during the same day provided that such admission and discharge is not within 24 hours of a prior discharge.

Initials: CP JS
Contractor County Dept.



Inter-Office Memorandum

To: Nolda Short, Auditor-Controller
From: Megan Dorney, HHSA Branch Director
Date: January 20, 2023
Re: Vista Pacifica (P-2022-04)



Shasta County Health and Human Services Behavioral Health Branch has a contract with Vista Pacifica. This contract provides services for inpatient clients 24 hours a day with behavioral health needs within a skilled nursing facility.

Behavioral Health has received an invoice for services provided for 17 days of bed holds 4/14-4/30/2022. The contract only provides 10 days of bed holds at a contracted rate. Bed holds are to ensure the client has a room to return to at the facility. If a bed hold does not occur the room would be provided to the next client. This is critical to clients that are more difficult to place in a skilled nursing facility that meets all the client needs. HHSA is requesting the remaining 7 days be paid at a higher rate of \$255.97. The total amount that is due \$1,791.79.

HHSA staff will work with Behavioral Health Services staff to ensure that any extra bed days are invoiced at a contracted rate and are approved prior to services provided.

P-2022-04 \$1,791.79

SHASTA COUNTY
AUDITOR-CONTROLLER

JAN 24 2023

RECEIVED

VISTA PACIFICA CONVALESCENT
3662 Pacific Avenue
Jurupa Valley, CA 92509

Vend 00521

County: Shasta County
Month: April 2022
Invoice: P-2022-04 HH051322D
Date: 5/13/2022

BILL TO: Shasta County Health & Human Services Agency

Attn: Accounts Payable

ldwilson@co.shasta.ca.us

PO Box 496005

Redding, CA 96049-6005

0004688

RESIDENT UNITS OF SERVICE

<u>Resident</u>	<u>From</u>	<u>To</u>	<u>Units</u>	<u>Level</u>	<u>Rate</u>	<u>Total</u>
Glasser, Steven	4/14/2022	4/30/2022	17	Bed-Hold	\$ 255.97	\$ 4,351.49

INVOICE

<u>Level</u>	<u>Units</u>	<u>Rate</u>	<u>Total</u>
Patch A	0	\$70.00	\$0.00
Patch B	0	\$140.00	\$0.00
Patch C	0	\$180.00	\$0.00
Patch D	0	\$0.00	\$0.00
Room Reserve (RR)	0	\$264.90	\$0.00
Bed-Hold	17	\$255.97	\$4,351.49

amount paid -2503.3

Total Claim \$1,848.19

Notes:

Rates Effective 7/1/2021

0.*

1,848.19+

56.40-

1,791.79*

5/13/2022

Date

255.97+

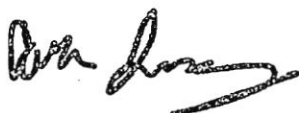
255.970

255.97x

7. =

1,791.79*

0.*



Signature of Provider Representative

Submitted by:
Carla Sanchez
Vista Pacifica Ent., Inc.
(951) 682-4833 ext. 102

41010 052017
4/22 Payment of
7 add'l Bed Hold

ENTERED

JAN 20 2023

BY: 

04918898

Vend 006521

VISTA PACIFICA CONVALESCENT
3662 Pacific Avenue
Jurupa Valley, CA 92509

County: Shasta County
Month: April 2022
Invoice: P-2022: HH051328B
Date: 5/13/2022

BILL TO: Shasta County Health & Human Services Agency

Attn: Accounts Payable

ldwilson@co.shasta.ca.us

PO Box 496005

Redding, CA 96049-6005

CB004688

RESIDENT UNITS OF SERVICE

Resident	From	To	Units	Level	Rate	Total
SG G [REDACTED]	4/14/2022	4/30/2022	17.10	Bed-Hold	\$ 255.97	\$ 4,351.49

INVOICE

Level	Units	Rate	Total
Patch A	0	\$70.00	\$0.00
Patch B	0	\$140.00	\$0.00
Patch C	0	\$180.00	\$0.00
Patch D	0	\$0.00	\$0.00
Room Reserve (RR)	0	\$264.90	\$0.00
Bed-Hold	17.10	\$255.97	\$4,351.49
amount paid			-2503.3

Total Claim \$1,848.19

Notes:

Rates Effective 7/1/2021

ENTERED

JAN 18 2023

BY: [Signature]

04918492

5/13/2022

Date

Signature of Provider Representative

Submitted by:
Carla Sanchez
Vista Pacifica Ent., Inc.
(951) 682-4833 ext. 102

41010 052017

4/22 BH increase 10 days
Per SNF Rates

\$56.40

255.97+

250.33-

5.640

5.64*

5.64+

5.640

5.64x

10.00

56.40*

Vend 000521
VISTA PACIFICA CONVALESCENT
3662 Pacific Avenue
Jurupa Valley, CA 92509

County: Shasta County
Month: April 2022
Invoice: P-2022-04 41050122B
Date: 5/1/2022

BILL TO: Shasta County Health & Human Services Agency
Attn: Accounts Payable
PO Box 496005
Redding, CA 96049-6005
ldwilson@co.shasta.ca.us

RESIDENT UNITS OF SERVICE

Resident		From	To	Units	Level	Rate	Total
	SB	4/1/2022	4/30/2022	30	Patch A	\$ 70.00	\$ 2,100.00
	BF	4/1/2022	4/30/2022	30	Patch B	\$ 140.00	\$ 4,200.00
	LG	4/1/2022	4/30/2022	30	Patch A	\$ 70.00	\$ 2,100.00
	SG	4/1/2022	4/6/2022	6	Patch A	\$ 70.00	\$ 420.00
	JG	4/14/2022	4/30/2022 **	17 10	Bed-Hold	\$ 250.33	\$ 4,255.61 2503.30
	KH	4/1/2022	4/30/2022	30	Patch A	\$ 70.00	\$ 2,100.00
	LJ	4/1/2022	4/30/2022	0	Patch B	\$ 140.00	\$ -
	ER	4/1/2022	4/30/2022	30	Patch A	\$ 70.00	\$ 2,100.00
	LT	4/1/2022	4/30/2022	30	Patch C	\$ 180.00	\$ 5,400.00
	GW	4/1/2022	4/30/2022	30	Patch B	\$ 140.00	\$ 4,200.00

INVOICE

Level	Units	Rate	Total
Patch A	126	\$70.00	\$8,820.00
Patch B	60	\$140.00	\$8,400.00
Patch C	30	\$180.00	\$5,400.00
Patch D	0	\$0.00	\$0.00
Room Reserve (RR)	0	\$259.06	\$0.00
Bed-Hold	17	\$250.33	\$4,255.61 2503.30

Notes:

Rates Effective 7/1/2021

41010 050017
4/22 Patch SUCs
Total Claim \$26,875.61
25,123.30

ENTERED

MAY 11 2022

BY: *OW*

04885346

Don Long
Signature of Provider Representative

5/1/2022
Date

Submitted by:
Carla Sanchez
Vista Pacifica Ent., Inc.
(951) 682-4833 ext. 102

** Per contract pg 16 Bed holds limited to maximum of 10 days.

Laurie Wilson

From: Genell Restivo
Sent: Thursday, January 5, 2023 10:45 AM
To: Laurie Wilson
Cc: Kista Haslam
Subject: RE: Vista Pacifica- Add'l 7 day Bed Hold

Sensitivity: Confidential

When it comes to some of our more difficult conserved clients to place, we discuss and make decisions to extend contractual limitations. This discussion/decision was made with Monteca and previous leadership, Robin and Paige. Not sure if this helps or not.

From: Laurie Wilson <ldwilson@co.shasta.ca.us>
Sent: Thursday, January 5, 2023 7:13 AM
To: Genell Restivo <grestivo@co.shasta.ca.us>
Cc: Kista Haslam <khaslam@co.shasta.ca.us>
Subject: RE: Vista Pacifica- Add'l 7 day Bed Hold
Sensitivity: Confidential

Here is the attachment.

Laurie Wilson
Account Clerk III
HHSA-Business & Support Services
Administration Branch
P.O. Box 496005 Redding, Ca. 96049
Voice: (530) 229-8445
email: ldwilson@co.shasta.ca.us
www.shastahhsa.net



**Shasta County
Health & Human
Services Agency**

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From: Laurie Wilson
Sent: Thursday, January 5, 2023 7:11 AM
To: Genell Restivo <grestivo@co.shasta.ca.us>
Cc: Kista Haslam <khaslam@co.shasta.ca.us>
Subject: Vista Pacifica- Add'l 7 day Bed Hold