

**REVENUE AGREEMENT
BETWEEN
COUNTY OF SHASTA
AND
COUNTY OF BUTTE
FOR ACUTE PSYCHIATRIC INPATIENT CARE
FY 2017/18**

COUNTY:

Shasta County

Business Address:

2640 Breslauer Way

Redding, CA 96001

EXECUTIVE SUMMARY*

Annual Revenue Contract Amount: \$37,000.00

Expected Annual Units of Service: Approximately 50 client days

Butte County PHF Rate: \$727.00 per day

Type of Service Provided: Acute psychiatric inpatient services at the Butte County Psychiatric Health Facility (PHF) for referred Shasta County clients.

Term: 7/1/17 – 6/30/18

***This summary is not to be used as a part of the attached contract for the description or provision of services, basis for payment, or terms as represented in the actual document.**

It is provided for information only.

**REVENUE AGREEMENT
BETWEEN
COUNTY OF SHASTA
AND
COUNTY OF BUTTE
FOR ACUTE PSYCHIATRIC INPATIENT CARE
FY 2017-18**

This Agreement is made and entered into by and between the County of Shasta, a political subdivision of the State of California, through its Health and Human Services Agency's, hereinafter referred to as SHASTA, and the County of Butte, a political subdivision of the State of California, through its Butte County Department of Behavioral Health, hereinafter referred to as BUTTE.

RECITALS

SHASTA wishes to extend to residents of Shasta County certain hospital-based psychiatric inpatient services which BUTTE is equipped, staffed, and prepared to provide under the terms and conditions set forth in this Agreement.

SHASTA believes it is in the best interest of the people of Shasta County to provide these services by contracting for such services and facilities, and Parts of Title 9 of the California Administrative Code (as particularly set forth in Sections 500-594) and Section 5600 et seq. of the California Welfare and Institutions Code (WIC) contain definitions, standards, procedures, and regulations by and pursuant to which SHASTA and BUTTE may lawfully contract for the provision of mental health services as hereinafter set forth in this Agreement. This Agreement initiates and is part of SHASTA's obligation to provide psychiatric inpatient services under the Managed Care Plan as promulgated by the State of California's Department of Health Care Services (DHCS).

AGREEMENT

Now, therefore, in consideration of the mutual covenants and conditions hereinafter set forth, BUTTE and SHASTA agree as follows.

A. SERVICES:

1. Applicable Laws:

BUTTE shall provide the services prescribed in this Agreement in accordance with the California Mental Health Act, as identified in Sections 14712 of the Welfare and Institutions Code (WIC), et seq., and all related laws, regulations and policies governing managed inpatient psychiatric care as promulgated by the State of California, DHCS, which from time to time will be amended. However, any amendments to such statutes or regulations shall not retroactively affect the obligation of the Parties under this Agreement.

2. Direction and Supervision:

The services provided by BUTTE pursuant to this Agreement shall be furnished under the general supervision of the Director of BUTTE. The Director of BUTTE or his/her designee shall represent BUTTE in all matters pertaining to services rendered and shall administer this Agreement, including authorization for admission, care, and discharge of all SHASTA clients for whom reimbursement is required under the terms of this Agreement, on behalf of BUTTE's Psychiatric Health Facility (PHF).

3. Admission Procedures:

In cases of emergency, BUTTE is authorized to admit psychiatric clients who are residents of SHASTA, without prior authorization from SHASTA. Authorization from SHASTA must be obtained within twenty-four hours (24-hours) of admission of an emergency client. All other admissions require prior authorization from licensed members of SHASTA staff. All admissions will be for clients of SHASTA who meet the accepted standards of medically necessary treatment.

4. Admission Policy:

BUTTE's admission policy shall be in writing, available to the public, and shall include a provision that clients are accepted for care without discrimination on the basis of race, color, religion, sex, national origin, ancestry, physical or behavioral handicap, or developmental disability.

5. Description of Services:

- a. BUTTE agrees to provide acute psychiatric inpatient care to clients referred by SHASTA. These clients must be referred by SHASTA utilizing the Referral Procedures described in this Agreement. Such services shall include, but are not limited to, 72-hour detention under Section 5150 WIC, 14-day Certification under Section 5250 WIC and voluntary clients that would otherwise be referred by SHASTA. These services shall be provided in the Butte County Psychiatric Health Facility (PHF) in Chico, California, except that SHASTA shall conduct any necessary Court proceedings in regard to Conservatorships in SHASTA County.
- b. BUTTE will prepare and serve all Notices of Certification under Sections 5250 WIC, et seq., or 5260 WIC, et seq. PHF and PHF staff shall give their best efforts in making the evaluations for 14-day certifications as expeditiously as possible and in notifying SHASTA during the second day of the 72-hour detentions if 14-day certifications under Section 5250 WIC are anticipated.
- c. BUTTE shall designate the PHF as the facility for 72-hour detention for treatment and evaluation as well as for 14-day Certifications, as provided for in Sections 5150, et seq.
- d. BUTTE will inform the client of the complaint and grievance policy of the Butte County Mental Health Plan and notify SHASTA, in a timely manner, of any grievance filed by a client of SHASTA.
- e. BUTTE shall provide linguistically competent services with various interpreters (including sign language) by contracting with the AT&T Language Line as well as with other contractors.
- f. BUTTE shall provide SHASTA with a copy of its Cultural Competency Plan, if requested.
- g. BUTTE shall adhere to Title XIX of the Social Security Act, 42 USC and all applicable Federal and State statutes and regulations.

6. Quality of Care:

As expressed conditions precedent to requiring SHASTA's payment obligation under the terms of this Agreement, BUTTE shall:

- a. Assure that any and all eligible beneficiaries receive care as required by regulations adopted pursuant to Sections 14712 WIC, et seq., and 14680 WIC, et seq.
- b. Provide psychiatric inpatient hospital services in the same manner to beneficiaries as it provides to all clients to whom it renders psychiatric inpatient hospital services.
- c. Not discriminate against Medi-Cal or SHASTA's Short-Doyle designated beneficiaries in any manner, including admission practices, placement in special or separate wings or rooms, provision of special or separate meals.

7. Level of Care:

BUTTE will make every effort to determine if the SHASTA clients referred for admission can be serviced at a level of care below that of inpatient psychiatric hospitalization.

8. Referral Procedure:

- a. SHASTA, before transporting and admitting a client into the PHF, will make prior arrangements with BUTTE and obtain permission for admission.

- b. Prior to transport of any client to the PHF, SHASTA shall have a medical screening evaluation made of each client, and no clients shall be transferred to the PHF who would require more than an outpatient level of care for any non-psychological medical problem. Any medical condition arising during treatment shall not be the responsibility of BUTTE and if local treatment is required, it shall be arranged by SHASTA. When a client is to be transferred to the PHF with a medical problem which, in SHASTA's determination is an outpatient level of care, SHASTA shall fully advise BUTTE of the situation by sending a copy of the physical examination and/or analysis by SHASTA along with the client.
- c. SHASTA shall notify the PHF of any cultural competency needs of clients referred to BUTTE, and SHASTA shall be responsible for any interpreter costs incurred by the PHF to serve said cultural competency needs of referred clients requiring such services.
- d. SHASTA shall complete all necessary legal work such as 5150's, conservatorship paperwork, etc. to the extent necessary to legally detain involuntary clients before the transfer to the PHF occurs. Copies of this paperwork and pertinent clinical information shall be transferred with the client. If the PHF is to hold clients not already conserved by SHASTA, the PHF must be designated by SHASTA to be able to write 5150's for SHASTA clients. **The PHF will detain no client beyond the 14-day hold limitation unless said client has been certified for a second 14-day hold period.** SHASTA is responsible for the transportation of all placements of SHASTA to and from Butte County and/or other placement facilities.
- e. SHASTA shall provide such information as shall be required to provide adequate care for the client prior to referral of each client, other than those admitted for services pursuant to Section 5150 WIC, et seq. This information shall include, but not be limited to client's history, diagnosis, reason for referral for inpatient care, the medications, and estimated length of stay, which, within reason, are obtainable.
- f. Third Party Revenue: BUTTE retains contractual responsibility for third party billing to Short-Doyle/Medi-Cal, private insurance, or other third-party sources;
 - 1) SHASTA shall prepare all necessary financial documents for each referred client and deliver them to the PHF at the time the client is transported; however, if SHASTA is unable to complete the documents prior to admission of involuntary clients, including clients referred pursuant to Section WIC 5150, et seq., SHASTA shall mail documents to the PHF by Express Mail (or similar service) within 24 hours of admission.
 - 2) Financial documents to accompany the client shall include the BUTTE Payor Financial Information/Insurance Authorization Form, **Exhibit A**, attached hereto and incorporated by this reference, and if applicable a copy of the client's Medi-Cal Beneficiary Identification Card.
 - 3) BUTTE shall make a best effort attempt to obtain necessary information required for third party billing purposes, from SHASTA's clients; however, if BUTTE is unsuccessful, then it is understood that SHASTA shall be solely liable for all Psychiatric Inpatient charges incurred on behalf of said client.
- g. SHASTA shall provide a liaison and phone number that can be reached 24 hours a day for authorization on any clients referred pursuant to Section 5150 WIC, et seq. SHASTA will respond to the PHF within four (4) hours of initial contact by the PHF.

On-Call Crisis Number: (530) 225-5200

- h. All admissions are contingent upon bed availability with BUTTE residents being given admission priority. (The PHF reserves the right to refuse any referral.)

9. Transportation and Client Preparation:

Transportation from SHASTA to the PHF and, upon discharge from the PHF to SHASTA, will be the responsibility of and at the expense of SHASTA. All after-care arrangements will be the responsibility of SHASTA. The PHF shall advise SHASTA prior to discharge so that appropriate discharge planning can be carried out.

- a. SHASTA will arrange for transportation of all clients back to SHASTA within 6 hours of termination of the 72-hour hold or 14-day Certification period in which the PHF may legally retain those involuntary clients that SHASTA refers to the PHF. In the event SHASTA does not arrange transportation for said clients, the PHF will transport said clients to SHASTA at SHASTA's expense and said expenses will not be included within the expense limitations set forth in Item C. Payments of this Agreement.
- b. In case of client discharge for cause (e.g., court order, certification hearing outcome, SHASTA's counsel recommendation, etc.) SHASTA shall arrange for all transportation back to SHASTA immediately.

B. TERM:

1. Term of Agreement:

Unless sooner terminated, as hereinafter provided, the term of this Agreement shall be from July 1, 2017 through June 30, 2018. Notwithstanding the foregoing, this Agreement may be terminated by either PARTY upon sixty (60) days written notice. In the event of such termination, this Agreement shall become null and void and of no further force or effect.

C. PAYMENTS

1. Rate of Pay:

- a. SHASTA shall pay BUTTE the difference between BUTTE's current rate of \$727.00 per client per day (the daily rate), less all revenue, interest, and return resulting from third party billing, for inpatient care under the "Psychiatric Health Facility" license (exceeding 24 hours). This shall represent payment in full for services with the exception of legal, transportation, and interpreter services that may be charged in accordance with the terms of this Agreement.

Rate Subject to Change: The fiscal year 2017-18 daily rate shall be determined after BUTTE's annual cost report has been completed. This Agreement shall not require an amendment to charge the new daily rate, provided the types of services rendered, terms of this Agreement, or the maximum amount of this Agreement are not affected. SHASTA shall be advised in writing of the new daily rate and the effective date of the rate change. (For the purposes of this Agreement, the fiscal year commences on July 1 and ends of June 30 of the following calendar year.)

- b. The rate structure utilized to negotiate this Agreement is inclusive of all services defined as psychiatric inpatient services, and that rate structure does not include non-hospital based physician or psychological services.

2. Payment Limitation:

- a. The provisions hereinabove to the contrary notwithstanding, the maximum obligation of SHASTA for inpatient and crisis psychiatric hospitalization services shall not exceed THIRTY SEVEN THOUSAND DOLLARS (\$37,000.00) during the term of this Agreement, which does not include legal, transportation, or interpreter costs incurred by BUTTE which will be billed to SHASTA in accordance with this Agreement.
- b. BUTTE will invoice SHASTA in arrears, for inpatient days, at the established daily rate specified in Section C, Item 1.a. SHASTA will remit payment to BUTTE within 30 days of invoice date.

- c. If any amounts are found to be due by either PARTY as a result of an audit by appropriate Federal, State, or BUTTE or SHASTA auditors, then both PARTIES agree to reimburse each other upon final audit settlement for any amounts owing.

3. Disapproval of Claims:

The validity of monthly payments to BUTTE, is subject to review by the State of California, DHCS to ensure compliance with applicable laws and regulations. In the event any claim is disapproved by the State, BUTTE shall take all reasonable actions in an effort to obtain such approval. It is expressly understood between BUTTE and SHASTA that, with the exception of emergency admissions, SHASTA will be authorizing reimbursement to BUTTE for both initial evaluation and ongoing care. Thus, BUTTE should be particularly aware of reimbursement disallowances based on the client not meeting standards for necessary medical care. Other areas of financial disallowance which BUTTE agrees to take into account are: (1) Compliance with state and federal law; (2) regulations governing operation of Managed Care; and (3) general psychiatric inpatient services.

D. REQUIREMENT PROVISIONS:

1. Nondiscrimination In Service, Benefits, and Facilities:

BUTTE shall not discriminate, and shall take affirmative action to assure the absence of discrimination, in the provision of service under this Agreement because of race, color, religion, creed, national origin or ancestry, sex, sexual orientation, age, or physical or mental disability, disability by reason of AIDS or ARC, or impairment as defined in applicable local, state or federal laws and regulations. For the purpose of this Agreement, discrimination includes, but is not limited to the following;

- a. Denying persons any service or benefit;
- b. Providing to persons any service or benefit which is different, or is provided in a different manner, place or time from that provided to other persons;
- c. Subjecting persons to segregation or separate treatment in any manner related to their receipt of any service;
- d. Restricting persons in any manner in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or
- e. Treating persons differently from others in determining whether they satisfy any admission criteria, enrollment quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit as provided by this Agreement.

2. Confidentiality:

BUTTE shall maintain the confidentiality of all records and information, including, but not limited to, claims, County records, patient/client records and information, and I/S records, to the extent required by 42 USC 1320d et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA), and corresponding 45 CFR, Parts 160 and 164, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 (Public Law 111-5, Title XIII); and 42 CFR Part 2, to comply with applicable requirements of law and subsequent amendments relating to protected health information, and in accordance with WIC Sections 5328 through 5330, inclusive; Section 14100.2 of the W&I Code and Title 42 CFR Section 431.300 et seq. regarding the confidentiality of beneficiary information, and all other applicable County, State, and Federal laws, ordinances, rules, regulations, manuals, guidelines, and directives, relating to privacy/security, whichever is most restrictive. BUTTE shall require all its officers, employees, and agents providing services hereunder to acknowledge, in writing, understanding of, and agreement to fully comply with, all such confidentiality provisions. BUTTE shall indemnify and hold harmless SHASTA, its officers, employees, and agents, from and

against any and all loss, damage, liability, and expense arising from any disclosure of such records and information by BUTTE, its officers, employees, or agents. BUTTE agrees not to release any record pertaining to any client of SHASTA without the written approval of the SHASTA County Department of Mental Health Director.

3. Conformance with Federal Regulations:

BUTTE stipulates that this Agreement, in part, implements Title XIX of the Federal Social Security Act and, accordingly, covenants that it will conform to such requirements and regulations as the United States Department of Health and Human Services may issue from time to time, except for those provisions waived by the Secretary of Health and Human Services. BUTTE services shall also meet the requirements provided for in Title 42, Section 434.6., of the Code of Federal Regulations.

4. Client Medical Records:

BUTTE shall maintain adequate client records on each individual client served pursuant to this Agreement. Records shall include intake information and a record of services provided by BUTTE's personnel. Records shall be kept in sufficient detail to permit an evaluation of services provided, and will include a record of physical examinations, medications prescribed, treatment services rendered, rehabilitation activities ordered, and client participation in those activities.

5. Client Financial Records:

All client financial records shall be available for inspection and audit by the designated auditor of SHASTA or the State DHCS at a reasonable time during normal business hours.

6. Records Retention:

All client records relating to this Agreement shall be prepared and maintained in accordance with WIC and all other applicable laws and shall be kept a minimum of seven years (7) from the date of the last discharge of the client from the PHF; and, in the case of minors, for at least one year (1) after the minor client's eighteenth (18th) birthday, but in no case less than seven years (7) from the date of the last discharge of the minor client from the PHF. Service and financial records shall be retained for four years (4) after the expiration or termination of this Agreement or until audit findings are resolved, whichever is later.

7. Right to Inspect:

At reasonable times during normal business hours, the State DHCS, the SHASTA County Director or his/her designee(s), the appropriate audit agency of them and their designee(s), shall have the right to inspect or otherwise evaluate the cost, quality, appropriateness, and the timeliness of services performed pursuant to this Agreement. SHASTA shall also have the right to audit and inspect any books and records of BUTTE, which pertain to services performed and determination of amount payable under this Agreement.

E. GENERAL PROVISIONS:

1. Client Grievance Process:

Each client admitted to the PHF pursuant to this Agreement shall be informed of BUTTE's complaint and grievance policy. At the PHF, BUTTE shall post and make available SHASTA's complaint/grievance resolution forms at a location readily accessible to both beneficiaries and provider staff. Any grievance filed by a client of SHASTA shall be brought to the attention of the SHASTA County Mental Health Director in a timely manner, pursuant to CCR, Title 9, Chapter 11, Sections 1850.205 (c)(1)(B). SHASTA shall be responsible for supplying BUTTE with SHASTA's complaint/grievance forms for display.

2. Client Rights:

BUTTE shall adopt and post in a conspicuous place a written policy on client's rights in accordance with Section 70707 of Title 22 of the California Code of Regulations and Section 5325.1 WIC. Complaints by beneficiaries with regard to substandard conditions may be investigated by SHASTA's Client's Rights Advocate, County, State DHCS, or by the Joint Commission on Accreditation of Healthcare Organization, or such other agency, as required by law or regulation.

3. Legal Requirements:

In compliance with legal requirements of Emily Q. v. Bonta [C.D.Cal., 2001 CV 98-4181 AHM (AIJx)], BUTTE shall provide a copy of the brochure describing the Early and Periodic Screening, Diagnosis, and Treatment program entitled "Medi-Cal Services for Children and Young People: Early and Periodic Screening, Diagnosis, and Treatment Mental Health Services" and a copy of the Therapeutic Behavioral Services notice entitled "Medi-Cal Services for Children and Young People: Therapeutic Behavioral Services" to all full-scope Medi-Cal beneficiaries under 21 years of age admitted to BUTTE's PHF, as well as their representatives. It is the responsibility of BUTTE to ensure that sufficient numbers of these notices are available at the PHF at all times.

4. Indemnification:

- a. BUTTE shall indemnify, defend, and hold harmless SHASTA, its elected officials, officers, employees, and agents, against any and all liabilities, claims, demands, damages, and costs (including attorney's fees and litigation costs) that arise in any way from BUTTE's acts or omissions while performing under this Agreement. BUTTE's obligations under this provision cover, but are not limited to, liabilities, claims, demands, damages, and costs arising from injury to or death of any persons (including SHASTA's and BUTTE's elected officials, officers, employees, and agents) and from damage to or destruction of any property (including SHASTA's and BUTTE's real and personal property).
- b. SHASTA shall indemnify and hold harmless BUTTE and its elected officials, officers, employees, and agents against all liabilities, claims, demands, damages, and costs (including attorney's fees and litigation costs) that arise in any way from SHASTA's acts or omissions while performing under this Agreement. SHASTA's obligations under this provision cover, but are not limited to liabilities, claims, demands, damages, and costs arising from injury to or death of any person and from damage to and destruction of any property of BUTTE or persons employed by BUTTE or visiting BUTTE's site.

5. Insurance:

- a. During the entire term of this Agreement, BUTTE shall maintain a program of self-insurance at BUTTE'S own cost. Said insurance to include (a) Medical Malpractice insurance coverage of at least One Million Dollars (\$1,000,000) combined single limit per occurrence, and separately (b) General Liability Insurance coverage of at least One Million Dollars (\$1,000,000) combined single limit per occurrence in accordance with **Attachment 1**, attached hereto and incorporated by this reference. Such general liability policy shall be issued on an occurrence basis. BUTTE shall provide notice of insurability to SHASTA, and provide SHASTA with thirty (30) days advance notice of any material change in the policy. Before beginning work under this Agreement, BUTTE shall provide SHASTA with proof of insurance in the form required by SHASTA
Any of BUTTE's Excess Insurance shall contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of SHASTA.
- b. Each County will be responsible for Workers' Compensation Insurance coverage for its own employees and for coverage of its own employees relative to liability insurance coverage. As required by the State of California with Statutory Limits and Employer's Liability Insurance with limits of no less than \$1,000,000 per accident for bodily injury and disease.

6. Independent Contractor:

The employees of each County in the performance of the Agreement shall act only in the capacity in the County in which they are employed and shall not be the agents or employees of the other County.

7. Assignment:

Neither PARTY shall assign any interest in this Agreement and shall not transfer any interest in the same without the prior written consent of the other PARTY. Any attempt at assignment of rights under this Agreement except for those specifically consented to by both PARTIES shall be void. This does not preclude BUTTE from subcontracting parts of the services to be provided pursuant to this Agreement on a fee-for-service basis for specific medical or other services. Any such subcontractor shall comply with all terms of this Agreement.

8. Successors:

This Agreement shall bind the successors of SHASTA and BUTTE in the same manner as if they were expressly named.

9. Notices:

Notices shall be given to BUTTE and SHASTA at the following addresses;

BUTTE:		
Inpatient:	Butte County Behavioral Health Psychiatric Health Facility (PHF) 592 Rio Lindo Avenue Chico, CA 95926	
	Kelly Marinello, PHF	(530) 891-2775 Phone
Payments/Billing:	Butte County Department of Behavioral Health Administrative Support Division 3217 Cohasset Rd. Chico, CA 95973	(530) 891-2980 Phone (530) 895-6548 Fax
SHASTA:	Shasta County Director of HHSA Adult Services Branch P.O. Box 496005 Redding, CA 96049-6005	(530) 225-5900 Phone (530) 225-5977 Fax

10. Entire Agreement:

This Agreement, including Exhibit A and Attachment 1, contains all the terms and conditions agreed upon by the PARTIES hereto and no other Agreements, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or bind either of the PARTIES hereto. In addition, this Agreement shall supersede in its entirety any and all prior Agreements, oral or otherwise, between the PARTIES regarding the services to be rendered herein.

11. Amendment:

This Agreement may only be modified by a written amendment hereto and executed by both PARTIES. The maximum amount of the obligation and or the number of days to be covered may be increased with the written consent of all signatories.

12. Applicable Law and Forum:

This Agreement shall be construed and interpreted according to California law and any action to enforce the terms of this Agreement for the breach thereof shall be brought and tried in the County of Butte.

COUNTY OF SHASTA

Dorian Kittrell, Director
Butte County Department of Behavioral Health

David A. Kehoe, Chairman
Board of Supervisors
County of Shasta
State of California

ATTEST:

Butte County General Services DATE

Lawrence G. Lees
Clerk of the Board of Supervisors

By:

Approved as to form, Butte County
Counsel by:

Deputy	DATE
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Approved as to form, Rubin E. Cruse, JR
County Counsel.

County Counsel:

Alan B. Cox 8/28/17

Deputy County Counsel DATE

DATE _____

Approved for fiscal control, subject to budget appropriation, Butte County Auditor by:

Risk Management Approval

DATE _____

James Johnson
Risk Management Analyst

Reviewed for Contract Policy Compliance
General Services Contracts Division

By _____ Date _____

REVENUE CONTRACT:
BUDGET CODE:
CONTRACT MONITOR:

SHASTA County
5411000 461212
Kelly Marinello

Insurance Company Name: _____					Pre-Authorization Required: <input type="checkbox"/> Y <input type="checkbox"/> N	
()						
Street # and Name	Apt/Suite#	City	State	Zip	Phone	
Group # _____	Effective Date: ____/____/____		Policy # _____			
Insured Name: _____			Insured SSN: _____			
Clients' Relationship to Insured: _____			Worker's Comp.? <input type="checkbox"/> Y <input type="checkbox"/> N			

Insurance Company Name: _____					Pre-Authorization Required: <input type="checkbox"/> Y <input type="checkbox"/> N	
()						
Street # and Name	Apt/Suite#	City	State	Zip	Phone	
Group # _____	Effective Date: ____/____/____		Policy # _____			
Insured Name: _____			Insured SSN: _____			
Clients' Relationship to Insured: _____			Worker's Comp.? <input type="checkbox"/> Y <input type="checkbox"/> N			

All clients are responsible for the cost of services received at Butte County Department of Behavioral Health (BCDBH). We will bill your insurance company for you. Clients are expected, at minimum, to pay all applicable deductibles, co-payments, and any other non-covered client portions at the time of service. You are responsible for providing information regarding your insurance company. Please bring all insurance cards with you to your first visit. Failure to present the proper insurance information may result in you having full responsibility for payment of all services rendered.

As a new client or if there are changes in your insurance coverage, you will go through our Insurance Verification Process. We will verify what benefits, if any, are available to you through your insurance plan. Please note that verification of benefits does not guarantee payment from and insurance company.

I understand that I am financially responsible for all non-covered services provided by Butte County Department of Behavioral Health. If I become ineligible for services at any time during my treatment, I understand that I will be also responsible for charges during this period of ineligibility. All clients will be informed, in advance, that a service may not be covered by their insurance company, on a separate form.

- Ask us to explain, if you don't understand why you may have to pay for services.
- Ask us how much these items or services will cost you.
- Estimated cost: Clinical Services hourly rate: \$151.20/hour
Medication Support Services hourly rate: \$275.40/hour

I understand and accept that I am financially responsible for all services provided by BCDBH. I authorize Butte County Department of Behavioral Health to release to my insurance company any medical information necessary for the processing of a claim. I permit a copy of this authorization to be used in place of the original.

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Signature of client or person acting on the client's behalf

Date

Butte County Department of Behavioral Health Payor Financial Information/Insurance Authorization Form <small>Revised 10-17-09 Page 2 of 2</small>	Client Name: _____ Client Number: _____
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**Attachment 1
Butte County
Self Insured Statement**

The County of Butte self-insures third party liability claims alleging bodily injury, personal injury, property damage, or public official errors and omissions. The County self insures losses up to \$100,000 per occurrence. Losses exceeding \$100,000 are covered by an excess insurance purchased through the County Supervisors Association of California-Excess Insurance Authority (CSAC-EIA). The excess policy provides coverage for losses up to 25 million dollars, which the County is legally required to pay because of liability imposed by law or assumed by contract. A recent actuarial evaluation performed by Bickmore Risk Services found the County's self-insurance reserves to be adequately funded.