

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

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**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
December 20, 2005

**SUBJECT:** State Standard Agreement Contract Number: ICHC05007.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the State Standard Agreement Contract Number ICHC05007, with the State of California Department of Corrections and Rehabilitation, effective July 1, 2005 through June 30, 2008 for medical services provided to State inmates at Riverside County Regional Medical Center; and
- 2) Authorize the Chairperson to execute four (4) copies of the Agreement; and
- 3) Direct the Clerk of the Board to return all four (4) copies of the signed originals to Riverside County Regional Medical Center Administration. Upon final approval, a fully executed Agreement will be returned to the Clerk of the Board; and
- 4) Direct the Clerk of the Board to hold these contracts as confidential documents, not subject to release under the Public Records Act, and Health and Safety Code Section 1457, (C) (1).

**BACKGROUND:** The State Department of Corrections and Rehabilitation (CDCR) and Riverside County Regional Medical Center have negotiated a new three (3) year Agreement for inpatient, outpatient and emergency room medical services provided to inmates housed at five (5) of the State's correctional institutions. The term of the Agreement is July 1, 2005 through June 30, 2008.

Agreements are submitted late due to extended contract negotiations with the State.

This Agreement has been approved as to form by Riverside County Counsel.

*Douglas D. Bagley*  
Douglas D. Bagley, Hospital Director

FORM APPROVED  
COUNTY COUNSEL

DEC 27 2005

BY *John*

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	FY 05/06

<b>SOURCE OF FUNDS:</b> Enterprise Revenue provided by the California Department of Corrections and Rehabilitation	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

**County Executive Office Signature** *Dan Martinez*

Dep't Recomm.:  Consent  Policy   
Per Exec. Ofc.:  Consent  Policy

**Prev. Agn. Ref.:** **District:** **Agenda Number:**

**ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD**

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