

FORM APPROVED COUNTY COUNSEL
 BY *Robert M. De*
 DATE 7/19/08

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

185



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
 July 29, 2008

SUBJECT: Department of Corrections and Rehabilitation, Division of Health Care Services
 Interim Rate Agreement

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the hospital interim rate agreement with the Department of Corrections and Rehabilitation effective July 1, 2008;
- 2) Authorize the Chairperson to sign three (3) copies of the agreement;
- 3) Retain one (1) copy and return two (2) copies of the executed agreements to Riverside County Regional Medical Center (RCRMC) for distribution.
- 4) Direct the Clerk of the Board to hold this interim agreement as a confidential document, not subject to release under the Public Records Act, and Health and Safety Code Section 1457, (C) (1).

BACKGROUND: The State of California – Department of Corrections and Rehabilitation (CDCR) and Riverside County Regional Medical Center (RCRMC) have negotiated an interim rate agreement for inpatient, outpatient and emergency room medical services provided to CDCR inmates. The term of the interim agreement is July 1, 2008 – June 30, 2009.

This Amendment has been approved as to form by County Counsel.

Douglas D. Bagley

 Douglas D. Bagley, Hospital Director

DB:cg

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2008/09

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

C.E.O. RECOMMENDATION:

APPROVE
Debra Cournoyer
 BY: *Debra Cournoyer*
 Debra Cournoyer

County Executive Office Signature

Dept Recomm.: Consent Policy
 Per Exec. Ofc.: Consent Policy

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

ATTACHMENTS FILED
 WITH THE CLERK OF THE BOARD

3.109