

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

718



FORM APPROVED COUNTY COUNSEL
BY: Lucy Furuta 9/22/08
DATE: _____
Departmental Concurrence

FROM: Human Resources Department

SUBMITTAL DATE:
September 22, 2008

SUBJECT: Exclusive Care - EPO Behavioral Health Contractor Agreement with Eileen Shaughnessy, Licensed Clinical Social Worker (LCSW)

RECOMMENDED MOTION: 1) Approve the attached Behavioral Health Contractor Agreement from October 1, 2008 until September 30, 2013 with Eileen Shaughnessy LCSW, located in Palm Desert; 2) authorize the Chairperson to sign four (4) copies of the attached Agreement and; 3) retain one (1) copy of the signed Agreement and return three (3) copies to Human Resources for distribution.

BACKGROUND: In 1999, the Board of Supervisors established the County's self-funded Exclusive Provider Option (EPO) health plan, Exclusive Care, to provide a value health plan option to the employees of Riverside County and their families. To provide services to its enrolled members, Exclusive Care has contracted with a variety of healthcare providers. The California Board of Behavioral Sciences has been checked and no adverse actions were found. This provider has completed the Exclusive Care credentialing process. This agreement adds participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

Barbara A. Olivier

Barbara A. Olivier, Assistant HR Director for
Ronald W. Komers, Asst. CEO/Human Resources Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	None
	Annual Net County Cost:	\$ to be determined by claims	For Fiscal Year:	2008/09

SOURCE OF FUNDS: Premiums paid by members	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Elizabeth J. Olson*

Elizabeth J. Olson
County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dept't Recomm.:
Per Exec. Ofc.:

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

3.22