

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



SUBMITTAL DATE:
April 30, 2013

FROM: Riverside County Regional Medical Center (RCRMC)

SUBJECT: Amendment to the Professional Services Agreement for Riverside County Regional Medical Center's Detention Health Physicians – Alfonso Navarro, M.D.

RECOMMENDED MOTION: Move that the Board of Supervisors:

1. Ratify and authorize the Chairman to sign the attached Amendment with Alfonso Navarro, M.D., in an aggregate amount not to exceed \$90,000 annually, effective March 1, 2013,
2. Authorize the Purchasing Agent to move dollars between the Detention Health Physician agreements as needs dictate, and;
3. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to exercise renewal options, based on the availability of fiscal funding, and to sign amendments that do not change the substantive terms of the agreement, including amendments to the compensation not to exceed ten percent above the annual aggregate amount of the contract.

(cont'd on page 2)


Douglas D. Bagley, Hospital Director

**FINANCIAL
DATA**

Current F.Y. Total Cost: \$90,000
Current F.Y. Net County Cost: \$ 0
Annual Net County Cost: \$ 0

In Current Year Budget: Yes
Budget Adjustment: No
For Fiscal Year: 2012/2013

SOURCE OF FUNDS: 100% Detention Health Services

Positions To Be Deleted Per A-30 ☐
Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION:

APPROVE

BY: 
Debra Cournoyer

County Executive Office Signature

Consent ☐ Policy ☒
Consent ☐ Policy ☒

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

Prev. Agn. Ref.: 11/20/12; 3.44

District: All

Agenda Number:

3-50

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

BOARD OF SUPERVISORS

Form 11

Page 2

BACKGROUND (Continued):

On November 20, 2012, the Board approved the professional medical services for Alfonso Navarro, M.D. in accordance with Board Policy A-18 and in accordance with Ordinance 459.4; without securing competitive bids for an aggregate amount of \$68,000 to provide physical exams and medical evaluations to all patients housed in detention health. RCRMC Detention Health requires that professional medical services be provided for sick call, medical evaluations and routine medical screenings to all patients held in the detention health centers throughout Riverside County. With limited full time physicians within the department covering sick call services, there is a critical need to request contracted physicians to assist in the provision of sick call services. Dr. Alfonso Navarro has agreed to provide coverage at the Larry D. Smith Correctional Facility, as requested until additional recruitment and hiring of physicians could be completed by the hospital.

The hospital continues to process hiring full time physicians for the detention health unit, however; detention health services continue to face challenges in its recruitment efforts. Once RCRMC establishes permanent physicians, it will alleviate the need for contracted physicians to provide this needed service.

Therefore, the Hospital Director requests that the Board approve the abovementioned motions.

FINANCIAL IMPACT:

100% Detention Health Services

REVIEW/APPROVAL:

County Purchasing

County Counsel

DB:ns

SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT

WITH

ALFONSO NAVARRO, M.D.

(Physician Services)

That certain Agreement between Riverside County Regional Medical Center ("COUNTY") and **Alfonso Navarro, M.D.**, ("CONTRACTOR"), initially approved on January 3, 2012 and first amendment approved on November 20, 2012, Agenda Item 3.44, is hereby amended as follows:

1. Amend the language of **Section 4.2**, to state the following:

"Maximum payments by COUNTY to CONTRACTOR shall not exceed ninety thousand dollars (\$90,000) annually."

2. All other terms and conditions of this Agreement are to remain unchanged.

IN WITNESS WHEREOF, the parties have executed this Amendment.

CONTRACTOR

Alfonso Navarro, M.D.

By: _____



Alfonso Navarro, MD

Type or Print Name

PHYSICIAN

Type or Print Title

Date: _____

4/2/2013

COUNTY OF RIVERSIDE

By: _____

Type or Print Name

Type or Print Title

Date: _____

FORM APPROVED COUNTY COUNSEL

BY: _____

NEAL R. KIPNIS

DATE