

**ADMISSION AGREEMENT FOR RESIDENTIAL TREATMENTS AND PLACEMENTS
COUNTY OF SOLANO DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

THIS ADMISSION AGREEMENT is made _____ [Admission Date] by and between Solano County’s Health and Social Services Department ("County") and _____ (“Contractor”). This Admission Agreement is subject to the terms and conditions of the Master Agreement to be executed between the parties on or before **MM/DD/YY** and will govern Contractor’s services under this Admission Agreement.

- A. This Agreement will terminate on the date of the client’s discharge.
- B. This Agreement specifically covers services for:

<u>Client Name</u>	<u>Client #</u>	<u>Admit Date</u>	<u>Discharge Date</u>

C. The compensation from the date of this Admission Agreement to the date of the Master Agreement shall be in accordance **with the either the negotiated rates with a county Mental Health Plan (“MHP”) that the Contractor has a contract with OR Solano County MHP’s current rates with an existing Short-Term Residential Treatment Program contract.** The final compensation shall be in accordance with the rates prescribed on the Master Agreement.

Upon submission of an invoice by Contractor, **in accordance with the final rates agreed upon in the Master Agreement,** and approval by the County’s authorized representative, County shall pay Contractor monthly in arrears for work performed the prior month. Each invoice must specify services rendered, to whom, date of service and the charges in accordance with the agreed-upon method.

- D. This Agreement may be void and unenforceable if all or parts of federal or state funds applicable to this Agreement are not available to County. If applicable funding is reduced, County may require the renegotiation of compensation terms with Contractor to conform to reduced funding levels.
- E. Contractor certifies that all Certificates of Insurance, Contractor's Signing Authority Form, Business and Professional Licenses/ Certificates, federal IRS ID number, or other applicable required licenses/certificates are filed with the Contract Administrator.
- F. This Agreement is for the duration of client’s admittance and terminates upon discharge.
- G. **County may request changes in Contractor's scope of services or compensation rates detailed in the Master Agreement. Any mutually agreed upon changes to either this Admission Agreement or the Master Agreement shall be effective only upon the parties’ mutual execution of an amendment in writing.**
- H. Following termination, Contractor shall be reimbursed for all expenditures made in good faith that are unpaid at the time of termination.
- I. The facility accepts all liability and responsibility for placement and treatment of client during admittance to said facility. Contractor will indemnify, hold harmless and assume the defense of the County of Solano, its officers, employees, agents and elective and appointive boards from all claims, losses, damages, including property damages, personal injury, death and liability of every kind, directly or indirectly arising from Contractor's operations or from any persons directly or indirectly employed by, or acting as agent for, Contractor, excepting the sole negligence or willful misconduct of the County of Solano. This indemnification shall extend to incidents occurring after completion of Contractor's services, as well as during the progress of rendering such services.

COUNTY

CONTRACTOR

By _____

By _____

Federal I.D. # _____

Date _____

Date: _____