

**THREE-PARTY AGREEMENT AMONG ALACHUA COUNTY
AND
THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES
AND
WILLIAM F. HAMILTON, M.D.
FOR DISTRICT MEDICAL EXAMINER SERVICES,
UNIVERSITY PHYSICIAN SUPPORT SERVICES,
UNIVERSITY NON-PHYSICIAN SUPPORT
SERVICES AND FACILITY USE**

THIS THREE-PARTY AGREEMENT ("Agreement"), made and entered into the 1st day of October, 2017 ("Effective Date"), by and among **ALACHUA COUNTY**, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the "County", and **THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES**, hereinafter referred to as "University", **FOR THE BENEFIT OF THE DEPARTMENT OF PATHOLOGY, IMMUNOLOGY AND LABORATORY MEDICINE, COLLEGE OF MEDICINE, UNIVERSITY OF FLORIDA**, and **WILLIAM F. HAMILTON, M.D.**, hereinafter referred to as the "District Medical Examiner",

WITNESSETH:

WHEREAS, pursuant to Chapter 406, Florida Statutes, the Governor of the State of Florida is charged with appointing district medical examiners for each of Florida's medical examiner districts and, for District 8, the Governor has appointed William F. Hamilton, M.D., a practicing physician in pathology, as the District Medical Examiner; and

WHEREAS, as District Medical Examiner, Dr. Hamilton is charged with performing certain pathology services for the County and is in need of certain support services in order to fulfill his statutory obligations; and

WHEREAS, UNIVERSITY has on its faculty a board-certified pathologist who is qualified to support the District Medical Examiner in his performance of certain pathology services and University wishes to provide support services to the District Medical Examiner and to County; and

WHEREAS, UNIVERSITY also has available non-physician support personnel and a laboratory and office facility to support the District Medical Examiner in performing his statutory obligations and University wishes to make such resources available to the District Medical Examiner and to County, and the District Medical Examiner and the County desire to utilize such University resources; and,

WHEREAS, the educational programs of University will be enhanced because of opportunities for faculty to participate in educational, research, and administrative responsibilities through the cooperative efforts of University, County, and the District Medical Examiner; and

WHEREAS, University has agreed to receive and properly disburse all payments from County for services provided by the District Medical Examiner and University; and

WHEREAS, University, pursuant to Regulation 9.017, State University System of Florida Board of Governors, and in furtherance of its education, training, and service responsibilities, authorizes its professional faculty and staff, as an integral part of their academic activities and their employment as faculty and staff, to provide health, medical, and dental care and treatment to patients, including patients at independent hospitals, other institutions, and various other clinical sites; the College of Medicine is authorized, pursuant to said Regulation 9.017, to develop and maintain a faculty practice plan for the orderly collection and distribution of fees and income generated from such faculty practice activities; the College of Medicine has established and maintains such a faculty practice plan, known as the "College of Medicine Faculty Practice Plan";

NOW, THEREFORE, in consideration of the mutual benefits to flow to each other, the parties hereby agree as follows:

1. Scope and Purpose. As stated above, district medical examiners are appointed by the Governor and charged with the responsibility of providing certain pathology services. District medical examiners, in the performance of such pathology services, sometimes require the assistance of other pathologists, non-physician support personnel, and appropriate facilities to properly perform their statutory obligations. University has available an appropriately qualified faculty physician ("Faculty Pathologist") to provide support services to the District Medical Examiner and agrees to make its Faculty Pathologist available to the District Medical Examiner and the County for the provision of such support services pursuant to the terms of this Agreement. Such Faculty Pathologist shall not be considered an "Associate Medical Examiner" as that term is defined in 11G-1.002, Florida Administrative Code. University also has available non-physician support personnel and an appropriate facility to further support the District Medical Examiner and the County in the performance of certain pathology services, as may be required. As such, the parties wish to enter into this Agreement to set forth each party's respective duties, obligations, and responsibilities to ensure the orderly administration of this Agreement.

2. Responsibility for Bodies and Specimens. **NOTWITHSTANDING UNIVERSITY'S PROVISION OF VARIOUS SUPPORT SERVICES TO THE DISTRICT MEDICAL EXAMINER AND TO COUNTY, THE PARTIES UNDERSTAND AND AGREE THAT THE DISTRICT MEDICAL EXAMINER AND/OR COUNTY ARE RESPONSIBLE AT ALL TIMES FOR THE PROPER TRANSPORTATION, POSSESSION, AND DISPOSITION OF BODIES AND SPECIMENS IN ACCORDANCE WITH CHAPTER 406, FLORIDA STATUTES, AND CHAPTER 11G, FLORIDA ADMINISTRATIVE CODE, AND UNIVERSITY SHALL, UNDER NO CIRCUMSTANCES, BEAR ANY RESPONSIBILITY FOR THE TRANSPORTATION, POSSESSION, AND/OR DISPOSITION OF BODIES AND/OR SPECIMENS. UNIVERSITY SHALL NOT BE DEEMED TO ASSUME ANY LIABILITY FOR THE ACTS, OMISSIONS TO ACT OR NEGLIGENCE OF THE DISTRICT MEDICAL EXAMINER, HIS AGENTS, SERVANTS AND/OR EMPLOYEES AND /OR COUNTY AND ITS AGENTS, SERVANTS AND/OR EMPLOYEES.**

3. Term of Agreement. This Agreement shall take effect on the Effective Date first set forth above and shall remain in effect until September 30th, 2018, unless otherwise terminated by the parties as provided herein.

4. District Medical Examiner Services. The District Medical Examiner shall serve the County in accordance with the provisions of Chapter 406, Florida Statutes, and the provisions of Chapter 11G, Florida Administrative Code. Such services include, but are not limited to, the following:

(a) Autopsies, examinations, and investigations as required by applicable Florida statutes and rules;

(b) Community education and training of law enforcement officers and public safety personnel within County;

(c) Assistance to the County in preparation of the annual expenditure report by completing the District 8 Medical Examiner's Expenditure Report, and submitting same to the County on or before August 31, 2018.

(d) Quarterly reporting of the following information, as well as an annual aggregate summary:

Cause of death
Manner of death
How injury occurred

5. Compensation for DME Services. The parties understand and agree that the District Medical Examiner shall be paid with that portion of the total funds University receives from County that the District Medical Examiner earns based on the District Medical Examiner services provided pursuant to the terms of this Agreement. Such amount shall represent the fair market value of the District Medical Examiner's services. University is not responsible to the District Medical Examiner for any other amounts.

6. University Services.

(a) Faculty Pathologist Support Services. University's Faculty Pathologist shall support the District Medical Examiner in his performance of pathology services. University's Faculty Pathologist shall provide such support services pursuant to a schedule mutually agreed to by the District Medical Examiner and University. However, all the parties to this Agreement understand and agree that University's Faculty Pathologist shall, at all times, remain under the exclusive supervision and control of University and the District Medical Examiner shall exercise no control over University's Faculty Pathologist's professional judgment.

(b) Non-Physician Support Personnel. University also shall make available various non-physician support personnel to enable the District Medical Examiner to properly perform his duties. Such non-physician support personnel shall, at all times, remain under the direct supervision and control of University.

(c) Laboratory Facilities and Equipment. University shall make available an appropriate office space and laboratory facility ("Facility") located at 606 SW 3rd Avenue, Gainesville, Florida 32601, to the District Medical Examiner and to County. University shall fully equip and furnish the Facility and maintain whatever reasonable supplies are needed by the District Medical Examiner. University shall provide security and janitorial services to the Facility. University shall be responsible for maintenance of the Facility and shall maintain all furnishings, equipment and supplies in good condition. Access to the Facility will be available to authorized County, District Medical Examiner and University personnel on a 24-hour basis for the purpose of picking up and delivering bodies.

7. Independent Contractors. The parties expressly intend that with regard to the provisions of this Agreement, said parties are independent contractors and no party hereto shall receive any other benefits besides those expressly provided for herein. Further, it is the express intent of the parties hereto that no agent, servant, contractor, or employee assigned by University to fulfill its obligations described herein shall be deemed an agent, servant, contractor, or employee of any other party. Regardless of anything else contained in or implied from this Agreement, any employee of University who may be performing the services herein described shall remain an employee of University subject at all times to University's policies and procedures, and in no way shall such employee be deemed an employee of any other party. University assumes complete administrative and professional responsibility for University's employees, including the provision of workers' compensation and other employment related insurance as may be required from time to time by state or other law or regulation. While rendering services pursuant to this Agreement, all employees of University shall wear picture identification badges that shall clearly denote their employee status with University, and will further identify themselves whenever appropriate as University employees.

8. Annual Budget. No later than July 31, 2018, the District Medical Examiner, with the assistance of University, shall submit to the Board of County Commissioners of County an annual budget for the next ensuing fiscal year October 1 through September 30. The District Medical Examiner's budget for Fiscal Year 2017/2018 as submitted to County is attached to this Agreement as **Attachment A** and is incorporated herein by this reference.

9. Insurance. The District Medical Examiner shall procure and maintain insurance throughout the entire term of this Agreement of the types and in the minimum amounts detailed in **Attachment B**. The District Medical Examiner shall provide to University a certificate of insurance evidencing the aforesaid coverage.

10. Compensation by County. **THE DISTRICT MEDICAL EXAMINER EXPRESSLY RECOGNIZES THAT ALL FEES AND COMPENSATION PAID TO UNIVERSITY PURSUANT TO THIS SECTION CONSTITUTE THE ENTIRE OBLIGATION OF THE COUNTY, AND FURTHER, NEITHER THE DISTRICT MEDICAL EXAMINER, NOR ANY MEMBER OF HIS STAFF, WILL RECEIVE COMPENSATION DIRECTLY FROM THE COUNTY FOR SERVICES PURSUANT TO THIS AGREEMENT.** As compensation for the District Medical Examiner's services and UNIVERSITY's Faculty Physician support services, non-physician support personnel services and for facility usage, the County shall pay UNIVERSITY an annual amount equal to Four Hundred Thirty Thousand, Three Hundred Ninety-Eight Dollars and Thirty-Six Cents (\$430,398.36). Payment shall be made to UNIVERSITY in twelve (12) equal monthly installments of the sum of Thirty-Five Thousand Eight Hundred Sixty-Six Dollars and Fifty-Three Cents (\$35,866.53), the first of which shall be paid forty-five (45) days after the commencement of the term of this Agreement. In addition, the County shall separately pay UNIVERSITY for autopsy and related services in accordance with the fee schedule attached hereto as Attachment C. UNIVERSITY shall provide County with a detailed monthly invoice indicating all autopsies performed up to the date of the invoice. A copy of the death certificate or EDRS produced Family Review Sheet for each autopsy will be provided with the invoice. After review, and if found acceptable, County shall pay invoiced fees within forty-five (45) days of receipt of the invoice. All invoices shall be sent directly to:

**Community Support Services Director
Alachua County Department of Community Support Services
218 SE 24th Street
Gainesville, Florida 32641**

11. Miscellaneous.

11.01 Default and Termination. The failure of any party to comply with any provision of this Agreement will place that party in default. Prior to terminating the Agreement, the non-defaulting parties will notify the defaulting party in writing. This notification will make specific reference to the provision that gave rise to the default. The non-defaulting parties will give the defaulting party seven (7) days to cure the default. If the default situation is not corrected within the allotted time, the non-defaulting parties are authorized to provide final termination notice to the defaulting party. Any party to this Agreement may terminate the Agreement without cause by first providing at least thirty (30) days written notice to the other parties. If funds to finance this Agreement become unavailable, the County may terminate the Agreement with no less than twenty-four (24) hours notice in writing to the District Medical Examiner and University. The County will be the final authority as to the availability of funds. The County will pay the District Medical Examiner and University for all work completed prior to any notice of termination.

11.02 Assignment. Any rights or obligations under this Agreement shall not be assigned without the prior written consent of the non-assigning parties.

11.03 Modifications. Any modification of this Agreement or renewal hereof shall be reduced to writing and submitted to the parties for their written approval.

11.04 Notices. Except as otherwise provided herein, any notice, request, or approval from any party to any other party shall be in writing, certified mail, return receipt requested, and shall be deemed to have been received when either deposited in a United States Postal Service mailbox, or personally delivered with signed proof of delivery. The names and addresses of the County's representative, University's representative and the District Medical Examiner and representative are:

County: County Manager
12 SE 1st Street
Gainesville, Florida 32601

Copy to: Jesse. K. Irby II
Clerk of the Court
12 SE 1st Street
Gainesville, FL 32602
ATTN: Finance and Accounting

And to

Procurement Division
12 SE 1st Street
Gainesville, Florida 32601
Attn: Contracts

University: Michael J. Clare-Salzler, M.D.
Chair, Department of Pathology, Immunology and
Laboratory Medicine
P. O. Box 100275
Gainesville, Florida 32610-0275

District Medical Examiner: William F. Hamilton, M.D.
Office of Medical Examiner
606 SW 3rd Avenue
Gainesville, FL 32601

Ricardo Camacho
Office of Medical Examiner
606 SW 3rd Avenue
Gainesville, FL 32601

11.05 Non-Waiver. The failure of any party to exercise any right shall not be considered a waiver of such right in the event of any further default or non-compliance.

11.06 Severability. If any provisions of this Agreement shall be declared illegal, void or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

11.07 Entire Agreement. This Agreement contains all the terms and conditions agreed upon by the parties.

11.08 Collusion. By signing this agreement, the parties declare that this Agreement is made without any previous understanding, agreement, or connections with any persons, District Medical Examiners or corporations and that this Agreement is fair, and made in good faith without any outside control, collusion, or fraud.

11.09 Conflict of Interest. The parties each warrant that neither it nor any of its employees have any financial or personal interest which conflicts with the execution of this Agreement. Should any conflict of interest arise during the term of this Agreement, the party with the conflict of interest shall immediately notify the other parties of such conflict of interest due to any other clients, contracts, or property interests.

11.10 No Third Party Beneficiaries. This Agreement does not create any relationship with, or any rights in favor of, any third party.

11.11 Governing Law and Venue. This Agreement is governed in accordance with the laws of the State of Florida. Venue is in Alachua County.

11.12 Successors and Assigns. The parties bind each other and their respective successors and assigns in all respects to all of the terms, conditions, covenants, and provisions of this Agreement.

11.13 Laws & Regulations. The District Medical Examiner will comply with all laws, ordinances, regulations, and building code requirements applicable to the work required by this Agreement. The District Medical Examiner is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the work outlined in this Agreement. If the District Medical Examiner is not familiar with state and local laws, ordinances, code rules and regulations, the District Medical Examiner remains liable for any violation and all subsequent damages or fines.

11.14 Project Records. The District Medical Examiner will retain all records relating to this Agreement for three years after the completion of all work is performed. The District Medical Examiner will make available to the County and to University any and all records relating to this Agreement for copying and inspection upon written request of the County or University. Furthermore, the District Medical Examiner will make any records relating to this Agreement available to any state, federal or regulatory authorities who may wish to review, inspect or copy these records.

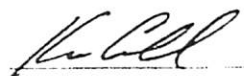
11.15 Construction. This Agreement shall not be construed more strictly against one party than against the others merely by virtue of the fact that it may have been prepared by one of the parties. It is recognized that all parties have substantially contributed to the preparation of this agreement.


11.16 Attachments. All attachments attached to this Agreement are incorporated into and made part of this Agreement by reference.

IN WITNESS WHEREOF, the parties have caused this Agreement for District Medical Examiner Services, Physician Support Services, Non-Physician Support Services and Facility Use to be executed for the uses and purposes therein expressed on the day and year first above-written.

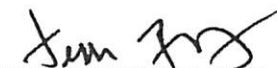
THE UNIVERSITY OF FLORIDA BOARD
OF TRUSTEES, FOR THE BENEFIT
OF THE DEPARTMENT OF PATHOLOGY,
IMMUNOLOGY AND LABORATORY
MEDICINE, COLLEGE OF MEDICINE,
UNIVERSITY OF FLORIDA


ALACHUA COUNTY, FLORIDA

By:  10/26/17
Date
Chair
Board of County Commissioners
Alachua County, Florida

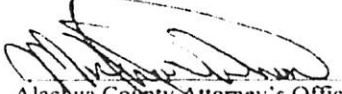
By:  11/16/17
Date
Michael L. Good, M.D.
Dean
College of Medicine
University of Florida

ATTEST:

 10/27/17
Date
Jesse K. Irby II
Alachua County Clerk

 02 Nov 2017
Date
DISTRICT MEDICAL EXAMINER
By: William F. Hamilton, M.D.

APPROVED AS TO FORM:


Date
Alachua County Attorney's Office

Attachment "A"
MEDICAL EXAMINER District 8 Budget
Effective October 1, 2017-September 30, 2018

Operating Cost Fixed Expenses FY 17-18		Total	
Salaries and Benefits ¹		\$	616,762
Salary offset ² (Pro Fees reimbursed to UF for Salaries)		\$	(268,169)
Contractual Services Facilities		\$	15,460
Repairs and Maintenance (equipment and facilities)		\$	12,340
Data Processing (Internet and back up)		\$	9,552
Operating Supplies (Autopsy and Office)		\$	66,600
Rent (Building plus Records Storage at Iron Mountain)		\$	71,120
Printing & Reproduction		\$	1,500
Insurance, Liability and Auto		\$	11,700
Telephone, Postage, & Freight		\$	8,100
Travel/Meetings (Work Related/CME/CEU Requirements)		\$	21,840
Dues, Subscriptions, Library		\$	500
Miscellaneous (Utilities)		\$	33,600
Administration Fee (5%) ³		\$	76,065
Capital Expenses		\$	55,000
Net Operating Cost Expense		\$	731,970

Entity (Pop Est)	2016 Year Actual	% of Caseload	Annual Assessment	Monthly Assessment
Alachua (256,380)	413	58.8%	\$ 430,398.36	\$ 35,866.53
Baker (27,093)	34	4.8%	\$ 35,134.56	\$ 2,927.88
Bradford (26,722)	30	4.3%	\$ 31,474.68	\$ 2,622.89
Dixie (15,907)	21	3.0%	\$ 21,959.16	\$ 1,829.93
Gilchrist (18,997)	14	2.0%	\$ 14,639.40	\$ 1,219.95
Levy (39,813)	54	7.7%	\$ 56,361.72	\$ 4,696.81
Union (15,190)	11	1.6%	\$ 11,711.52	\$ 975.96
Dept of Corrections*	125	17.8%	\$ 130,290.72	\$ 10,857.56
Total	702	100.00%	\$ 731,970.12	\$ 60,997.51
<i>Rounding Adjustment</i>			\$ (0.12)	
Operating Cost Total Validation Check			\$ 731,970.00	\$ 60,997.50
Non-Corrections case average per month:				48
Avg. Operating Cost Per Case:				\$ 1,042.77
DOC ALL	125	100.00%	\$ 130,290.72	\$ 10,857.56
Total	125	100.00%	\$ 130,290.72	\$ 10,857.56
<i>Rounding Adjustn</i>			\$ -	
DOC Assessment			\$ 130,290.72	
Corrections case average per month:				10
Avg. Operating Cost Per Case:				\$ 1,042.33

Expense Total Budget Estimator		FY 17-18	
District 8 Operating Cost Assessment Total		\$	731,970
Professional Services	Cases Estimate		
(Variable per case)	Fee 5	Total	\$ 865,390
Autopsy	\$ 775	543	\$ 420,825
External Examination	\$ 225	159	\$ 35,775
Investigative Report	\$ 150	-	\$ -
Investigation (All Cases)	\$ 150	702	\$ 105,300
Tech Autopsy Fee	\$ 100	543	\$ 54,300
Toxicology	\$ 155	543	\$ 84,165
Histology	\$ 175	543	\$ 95,025
Cremation Approval	\$ 25	2,800	\$ 70,000
		Total Budget	\$ 1,597,360
		Typical Total Cost per case	\$ 2,275

Note 1 UF approved raises January 2017

Note 2 Autopsy, Exam, Invest, Tech & Cremation fees are reimbursed for cases by UF staff pathologists

Note 3 Administration Fee of 5% includes Human Resources and Financial Services

Note 4 DOC operating expense portion included in fixed fee per case contract

Note 5 Professional fees are itemized in Attachment "C"

MEO Budget Oct 2017 to Sept 2018 Final.xlsx, Att "A"

ATTACHMENT "B"
FY 17-18

INSURANCE REQUIRED

- A. Professional Liability – Coverage must be afforded, under an “occurrence” form policy or “claims made” form, in limits not less than \$1,000,000.00. It is required that Professional Liability Insurance coverage be provided for all acts and omissions that occur during the term of the agreement. If this coverage is written on a claims made form, proof of extended reporting period coverage is required.

- B. The District Medical Examiner shall provide a Certificate of Insurance to the County with a sixty (60) day notice of cancellation.

ATTACHMENT "C"
FY 17-18

Variable Expense Fee List	
Professional Fees:	
Complete Autopsy	\$ 775.00
External Examination Only	\$ 225.00
Medical Examiner Report of Investigation	\$ 150.00
Expert Witness Fee per Hour (see note 1)	\$ 300.00
Technical Fees (see note 2):	
Autopsy Technical Fee	\$ 100.00
Tissue Preparation for Microscopic exam (routine case)	\$ 175.00
Toxicology Laboratory (routine testing)	\$ 155.00
Cremation Fee	\$ 25.00
Body Transport by ATS	\$ 200.00
Notes:	
(1) No charges will incur for pre-trial consultation on criminal cases in 8th Judicial Circuit	
(2) Costs for transportation of human remains, special lab tests, special toxicology followup testing, radiology, odontology, anthropology, and specialized consultations uncommonly required will be billed per case as charges are received and paid by the Medical Examiner Office.	

CERTIFICATE OF INSURANCE**MAG Mutual Insurance Company****Certificate issued to:**

Shands At The University Of Florida
 Attn: Medical Staff Office
 1600 SW Archer Road Box 100371
 Gainesville FL 32610-0371

Name and mailing address of insured:

William F. Hamilton, M.D.
 606 SW 3rd Ave.
 Gainesville, Florida 32601

This is to certify that MAG Mutual Insurance Company has issued a Medical Professional Liability Policy to the insured listed above, subject to the provisions to the current policy contract and any endorsements.

Policy Number:

PSL 1600471 15

Effective Date:

January 1, 2017

Expiration Date:

January 1, 2018

Limits**Each loss/Aggregate limit**

1,000,000/3,000,000

Retroactive Date:

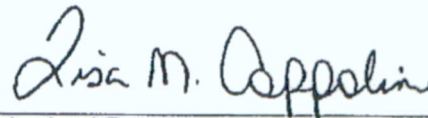
10/01/1987

TOTAL LIMITS

1,000,000/3,000,000

This document is issued as a matter of information only and confers no rights upon the document holder. This document does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.

Please inquire directly with the insured for individual restrictive endorsements that may apply. In the event of cancellation of the described policy, MAG Mutual will make reasonable effort to notify the party at whose request this certificate was issued, but MAG Mutual shall not be liable in any way for failure to give such notice.



 Authorized Representative

MAG Mutual Insurance Company
 PO Box 52979
 Atlanta, GA 30355-0979



Agenda

**ALACHUA COUNTY
BOARD OF COUNTY COMMISSIONERS**

**Jack Durrance Auditorium
Second Floor
12 SE 1st Street**

October 24, 2017 BoCC Regular Meeting 9:00AM

Agenda Item #36.

Agenda Item Name:

Medical Examiners Three Party Agreement between Alachua County, the University of Florida Board of Trustees and William F. Hamilton, M.D

Presenter:

Claudia Tuck, 231-0058

Item Description:

Medical Examiners Three Party Agreement between Alachua County, the University of Florida Board of Trustees and William F. Hamilton, M.D

Recommended Action:

Approve the Medical Examiners Three Party Agreement between Alachua County, the University of Florida Board of Trustees and William F. Hamilton, M.D

Prior Board Motions

N/A

Fiscal Consideration:

Medical Examiner Three Party Agreement

General Fund 001.29.2906.527.34.00

Budgeted \$975,600.

Administrative Cost see Attachment A - \$430,398.36

Attachement C is rate based

Background:

The Medical Examiners Three Party Agreement between Alachua County, the University of Florida Board of Trustees and William F. Hamilton, M.D. for the provision of District Medical Examiner Services, University Physician Support Services, University Non-Physician Support Services and Facility use. Chapter 406 of the Florida Statutes requires the Board of County Commissioners in each Medical Examiner's District to establish and pay reasonable salaries, fees and expenses to the District Medical Examiner and his/her associates.

The Medical Examiner Agreement delineates the responsibilities of each of the three parties previously mentioned in relation to the performance of mandated autopsy services. The Medical Examiner and the

University of Florida College of Medicine submit a budget annually to the County for Administrative costs (see Attachment A) that include salaries and benefits, transportation, facility costs, etc. \$430,398.36 for these expenses. The costs associated with autopsies (see Attachment C) are separate and rate based and also require reimbursement, per the mandate. This Agreement is effective 10/1/17 through 9/30/18.