

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 01/26/2022

Need Date: 02/02/2022

PROCESSING DEPARTMENT:

Department: HSA - Contracts
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2022.01.25 16:18:53
-08'00'
MBA CPA
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Kaiser Foundation Health Plan, Inc. (KP Cal, LLC)
Address: 1800 Harrison Street, 25th Floor
Oakland, CA 94612-3404
Phone: _____
Org Code: 5320200
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Roles and Responsibilities MOU

Description: DMC-ODS Coordination of Services

Contract Term: Perpetual

Contract Value: \$0.00

COUNTY COUNSEL: (must approve all contracts and MOU's)

Approved: Disapproved: Date: 02/03/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.02.03 15:38:45 -11'00'
Approved: Disapproved: Date: 03/16/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.03.16 12:49:07
-07'00'

Resubmitted 03-11-22 with additional minor revisions by Kaiser. Need by 03-18-22 or sooner. amw

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: N/A - Administrative/Non-Financial MOU

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 03/18/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.03.18 15:57:03 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____