

# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 02/23/2022

Need Date: 03/09/2022

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Darci Prall  
Phone: x7373  
Department Head Signature: Nita Wracker, CPA  
Digitally signed by Nita Wracker, CPA  
Date: 2022.02.23 09:30:25 -08'00'  
Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: CA Dept of Health Care Services (DHCS)  
Address: Behavioral Health MS 2710  
Sacramento, CA 95899  
Phone: \_\_\_\_\_  
Org Code: 5310100  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA

Service Requested: \_\_\_\_\_

Description: Behavior Health Quality Improvement Program (BH-QIP) Implementation Plan

Contract Term: 07/01/2021-06/30/2024 CalAIM Contract Value: 104718

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

Approved:  Disapproved:  Date: 03/04/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.03.04 13:53:07 -11'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

FY 21/22 - Implementation Plan \$104,718 due by 3/31/2022 (if any claim is submitted late DHCS may not reimburse county) FY 22/23 Incentives 1 (\$153,037) & 2 (\$51,012) FY 23/24 Final Incentive (\$136,055)

**\*\*BHIN 21-044 Start up funds approved 08/05/21 (PDF attached to email)**

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
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: \_\_\_\_\_

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**

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Approved:  Disapproved:  Date: 03/01/2022 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2022.03.01 12:26:22 -08'00'  
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: \_\_\_\_\_

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