

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/08/2022

Need Date: 07/22/2022

PROCESSING DEPARTMENT:

Department: HHSA - Contracts
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.07.08 13:39:41 -07'00'
Kimberly McAdams
Acting Agency Chief Fiscal Officer

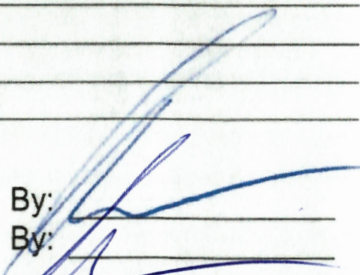

CONTRACTOR:

Name: CalMHSA
Address: 1610 Arden Way Ste. 175
Sacramento, CA 95815
Phone: 888-210-2515
Org Code: 5310100
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Participation Agreement
Description: Psychiatric Inpatient Concurrent Review
Contract Term: Execution - 12/31/24 Contract Value: \$ 99,025.92

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

Approved: Disapproved: Date: 7/19/22 By: 
Approved: Disapproved: Date: 7/20/22 By: 

Disapproved because on Page 2, paragraph 11 and on page 3, paragraph 11.A, the term of the agreement is 36 months. There are not 36 months between start and termination date of 12/31/24. But the fees being charged are for the entire 36 months.

Resubmitted 07-20-22. Need by: 07-22-22.

Please note, per Exhibit C, costs are an estimate based on the average hospitalization of year 2018-2019 and 2020-2021 (2019-2020 was excluded due to Covid. Total cost is subject to variance based on actual hospitalization costs incurred.

It still says it is a 36 mo. contract Per follow up chat with Abby, the term was corrected in the resubmission using track changes and reflects a term effective upon final execution through 12-31-24.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW