

Agreement # 7567

Legistar # \_\_\_\_\_

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/13/2023

Need Date: 03/28/2023

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: CA Dept of Health Card Services (DHCS)

Dept. Contact: Darci Prall

Address: 1501 Capitol Ave, MS 4603

Phone: x7373

Sacramento, CA 95899

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola  
Date: 2023.03.22 11:49:11 -07'00'

Phone: \_\_\_\_\_

Kristen Gurrola  
Program Manager

Org Code: 5210120

Project #  
(if applicable): \_\_\_\_\_

Funding Source: Medi-Cal

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review State provided Program Participation Agreement

Description: MAA participation agreement

Contract Term: 07/01/2020 - Perpetual Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 05/30/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley  
Date: 2023.05.30 13:50:52 -07'00'

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

\* include state explanation re: retroactivity.  
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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

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