

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/08/2023

Need Date: 05/22/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Bryden
Phone: X 7317
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.05.08 12:18:15 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: n/a
Address: _____
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal review of State provided template

Description: Review Drug Medi-Cal Organized Delivery Services Boilerplate Contract Template

Contract Term: n/a Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/31/2023 By: Daniel Vandekoolwyk
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Daniel Vandekoolwyk
Date: 2023.05.31 16:58:30 -07'00'

Counsel approved the DMC-ODS boilerplate contract on 5/31 for reference and verified the legal language in this contract.
Template approved for all agreements that utilize this template with modifications only of vendor and price. Any changes to template require further CoCo approval.
- Addition of Exhibit Certification of Non-Exclusion to Boilerplate 7.21.23 which was approved by Consel 7/21/23

*Please re-submit if used beyond 2024 to ensure that we encompass any changes in law.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/01/2023

Need Date: 06/16/2023

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Alisha Bryden

Phone: X 7317

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.05.08 12:18:15 -07'00'

Kristen Gurrola
Program Manager

CONTRACTOR:

Name: n/a

Address: _____

Phone: _____

Org Code: 5310

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal review of Service Exhibits

Description: Review Substance Use Disorder Scope Exhibits (to Accompany the DMC-ODS Boilerplate Contract Template)

Contract Term: n/a

Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 06/07/2023

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2023.06.07 16:48:34 -07'00'

Approved: Disapproved: Date: _____

By: _____

I approve use of these exhibits for any Agreement that utilizes the previously approved DMC ODS Boilerplate Contract Template up until end of calendar year 2024.

Any substantive change to the language of exhibits should be resubmitted to counsel for approval.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/10/2023

Need Date: 07/17/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: Recovery in Action

Dept. Contact: Alisha Bryden

Address: 484 Pleasant Valley Rd Sute 4

Phone: X 7317

Diamond Springs 65619

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.07.11 08:47:02 -07'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5330

Project # _____
(if applicable): _____

Funding Source: DMC-ODS, AB105 and SABG

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review Services Agreement for Drug Medical Organized Deliver System DMC-ODS Services

Description: Outpatient and Intensive Outpatient Substance Use Disorder Services

Contract Term: 7/1/23 to 6/30/26 Contract Value: \$ 1,500,090.00

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

Approved: Disapproved: Date: _____ By: _____

Approved: Disapproved: Date: _____ By: _____

Counsel approved the DMC-ODS boilerplate contract on 5/31 for reference and verified the legal language in this contract (Daniel V)

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW