

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 08/04/2021

Need Date: 08/11/2021

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Darci Prall
Phone: 642-7373
Department: Nita Wracker
Head Signature: MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.08.04 15:58:50
-07'00'
Nita Wracker, Agency CFO

CONTRACTOR:

Name: CA Dept of Health Care Services (DHCS)
Address: Behavior Health - MS 2710
Sacramento, CA 95899
Phone: _____
Org Code: 5420
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA

Service Requested: _____

Description: Behavior Health Quality Improvement Program (BH-QIP) Start-up Funds

Contract Term: 07/01/2021-06/2024 CalAIM Contract Value: \$250,000

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

Approved: Disapproved: Date: 08/05/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.08.05 10:40:53 -07'00'

****Question: Can the Agency CFO sign or does it have to be the County Auditor?**
The form specifically states it must be signed by the County Auditor. You'd need to check with state to see if they would accept CFO as substitute.

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: 08/06/2021 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Michael Andersen
Date: 2021.08.06 09:40:58 -07'00'

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

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