

Contract #: 491-M1610  
Index Code: 40112

# CONTRACT ROUTING SHEET

Date Prepared: 11/2/16 TO Counsel 11/15/16 Need Date: 11/28/16

### PROCESSING DEPARTMENT:

Department: HHSa/Public Health Division

Dept. Contact: Jennifer Anderson  
Phone #: X6901

Department Head Signature: Patricia Charles-Heathers  
Patricia Charles-Heathers, Ph. D., Director

### CONTRACTOR:

Name: KP Cal, LLC, CA VP for Medi-Cal, CIHP, CHC, Kaiser Foundation Health Plan

Address: 1800 Harrison St, 25<sup>th</sup> Floor  
Oakland, CA 94612

Phone: 916-949-9701

### CONTRACTING DEPARTMENT: HHSa/Public Health Division

Service Requested: Medi-Cal Managed Care for public health services

Contract Term: Upon execution until 6/30/19 Contract/Grant Value: \$0.00

Compliance with Human Resources requirements? N/A x Yes \_\_\_\_\_ No: \_\_\_\_\_

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

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

Approved: X Disapproved: \_\_\_\_\_ Date: 11/21/16 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

COLORADO COUNTY COUNSEL  
16 NOV 15 PM 1:14

### PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

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

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

Please contact Jennifer Anderson (x6901) with questions or for contract packet pick-up. Thank you!

[Signature] 11/10/16  
CFO Review Date

[Signature] 11/14/16  
Deputy Director, Administration and Contracts Date