

Page 3 of 3

Contract #: 396-S1311  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health & Human Svcs Agency  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: Maxim Healthcare Services, Inc.  
Address: 7227 Lee DeForest Drive  
Columbia, MD 21046  
Phone: \_\_\_\_\_

Don Ashton, MPA, Interim Director

**CONTRACTING DEPARTMENT:** Health & Human Services Agency – MHD

Service Requested: Personnel to supplement the PHF staff, or provide PES services on an "as requested" basis  
Contract Term: On execution through 4/30/15 Contract/Grant Value: \$380,000  
Compliance with Human Resources requirements? N/A Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: Feasibility Analysis attached

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

Approved: X Disapproved: \_\_\_\_\_ Date: 8/16/13 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
AUG 12 AM 11:08

Resubmitted 8-9-13

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: \_\_\_\_\_

previously approved by ROK on 3/6/13

RECEIVED  
HUMAN RESOURCES DEPT.  
AUG 16 PM 4:11

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

**NOTE:** All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

Departments: \_\_\_\_\_

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

Contracts Supe Review/Date

Prog Mgr Review/Date

CFO Review Review/Date

# CONTRACT ROUTING SHEET

Date Prepared: 4/30/13

Need Date: 5/10/13

**PROCESSING DEPARTMENT:**

Department: HHSA/Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department  
Head Signature: [Signature]  
Daniel Nielsen, M.P.A., Director

**CONTRACTOR:**

Name: Maxim Healthcare Services, Inc.  
Address: 7227 Lee DeForest Drive  
Columbia, MD 21046  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/MHD

Service Requested: Personnel to supplement the PHF staff, or provide PES services on an "as requested basis.  
Contract Term: 5/1/13 - 4/30/15 Contract/Grant Value: \$380,000  
Compliance with Human Resources requirements? Yes X No \_\_\_\_\_  
Compliance verified by: Feasibility Analysis attached

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

Approved: \_\_\_\_\_ Disapproved: X Date: 5/2/13 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: X Date: 7/17/13 By: [Signature]

Resubmit to Counsel ~~4/1/13~~ 4/30/13 Please see requested change in red font on page 4 of 14. Shanley m.

Counsel does NOT recommend the prop. chg re hiring emp'ees - City cannot deny empmt to otherwise qualified indiv. b/c of LTRM. w/o pot'lly running afloat of empmt but not impairing emp'ees RT to make a living.

Resubmit 7/15/13

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: \_\_\_\_\_

Preciously approved by Risk on 3/6/13  
Please see Risk's prior comment Re: updating COI

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

**NOTE:** All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

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

[Signature] 4/3/13  
PM Review/Date

[Signature] 4/29/13  
CEO Review/Date

[Signature] 4/17/13  
Contracts Supe Review/Date

[Signature] 4/15/13  
HUMAN RESOURCES DEPT. Contracts Mgr. Review/Date

EL DORADO COUNTY COUNSEL  
2013 MAY 15 AM 10:15  
EL DORADO COUNTY COUNSEL  
2013 MAY 15 AM 12:55

Contract #: 396-S1311  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: 2/2/13

Need Date: 2/26/13

### PROCESSING DEPARTMENT:

Department: HHS/Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department Head Signature: Daniel Nielson  
Daniel Nielson, M.P.A., Director

### CONTRACTOR:

Name: Maxim Healthcare Services, Inc.  
Address: 7227 Lee DeForest Drive  
Columbia, MD 21046  
Phone:

### CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD

Service Requested: Personnel to supplement PHF staff, or provide PES services on an as requested basis.

Contract Term: 5/1/13 - 4/30/15 Contract/Grant Value: \$380,000

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

Compliance verified by: Approval 1/22/13 J. Copeland

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

Approved:  Disapproved:  Date: 2/25/13 By: Vivian Kan  
Approved:  Disapproved:  Date:  By:

~~One may jeopardize creation of independent contractor relationship if eees hired are supervised by Co eees. especially when contracting out bargaining unit work. GO 31000 provides authority to contract out "special services" that includes medical services by contractors specially trained etc. It is not clear whether work performed by LVN's, Psych Techs, RNs or Mental Health workers are special services if performed by special service eees. Darley Ward 136 CA 31 6041627 etc. and James V Brockton 193 Cal 2d~~

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved:  Disapproved:  Date: 3/4/2013 By: Jadon  
Approved:  Disapproved:  Date: 3/6/13 By: Klem

\* Need the Additional Insured Endorsement

Resubmit 3/6/13 (P)  
Please have certificate holder be County of El Dorado, not County of El Dorado-Health & Human Services.

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

Approved:  Disapproved:  Date:  By:   
Approved:  Disapproved:  Date:  By:

PM Review Date: 1/23/13 CFO Review Date: 2/4/13 Contracts Supe Review Date: 1/30/13 Contracts Mgr. Review Date: 2/11/13