

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/28/2022

Need Date: 10/13/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 7118
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.09.28 12:07:12 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CA. Dept. of Health Care Services
Address: 1501 Capitol Ave, MS 4200
Sacramento, CA 95814
Phone: _____
Org Code: 5310100
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HNSA

Service Requested: Review of Mental Health Plan (MHP) agreement
Description: Non- Financial MHP
Contract Term: 07/01/2022 - 06/30/2027 Contract Value: 0

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

Approved: Disapproved: Date: 10/16/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.10.16 19:54:34 -07'00'
Approved: Disapproved: Date: _____ By: _____

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: 10/17/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.10.17 18:06:04 -07'00'
Approved: Disapproved: Date: _____ By: _____

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

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