

Contract #: 477-F1711
Index Code: 531441

CONTRACT ROUTING SHEET

Date Prepared: 03-16-2017 03-28-2017

Need Date: 04-07-2017

PROCESSING DEPARTMENT:

Department: HHSA/SS
Dept. Contact: Zhana Mc Cullough
Phone #: 7154
Department
Head Signature: Patricia Charles-Heathers
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:

Name: CA Dept. of Health Care Services
Address: Suite 71.3024, MS 4603
Sacramento, CA 95899
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Social Services

Service Requested: Medi-Cal Targeted Case Management Provider Participation Agreement and Medi-Cal Provider Agreement

Contract Term: Upon final signature / Perpetual Contract/Grant Value: Approx. \$125,000/year

Compliance with Human Resources requirements? N/A X Yes _____ No: _____

Compliance verified by: N/A - Incoming Funding

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

Approved: X Disapproved: _____ Date: 3/29/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: 3-30-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

NOTHING FOR RISK
PM3:20 HR/RM MAR 29 '17

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: Information Technologies (under separate cover)

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

[Signature] 3/26/17
CFO Review Date

[Signature] 3/27/17
Deputy Director, Administration and Contracts Date

3/17/17
mk 3/24/17

Contract #: 477-F1711
Index Code: 531441

CONTRACT ROUTING SHEET

2 of 2

Date Prepared: 03-15-2017

Need Date: 03-30-2017

PROCESSING DEPARTMENT:

Department: HHSA/SS
Dept. Contact: Zhana Mc Cullough
Phone #: 7154
Department
Head Signature:

Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:

Name: CA Dept. of Health Care Services
Address: Suite 71.3024, MS 4603
Sacramento, CA 95899
Phone:

CONTRACTING DEPARTMENT: HHSA/Social Services

Service Requested: Medi-Cal Targeted Case Management Provider Participation Agreement
Contract Term: Upon final signature / Perpetual Contract/Grant Value: Approx. \$125,000/year
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: N/A - Incoming Funding

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

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

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: Information Technologies

Approved: Disapproved: _____ Date: 3/23/17 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

CFO Review

Date

Deputy Director, Administration and Contracts

Date



County of El Dorado Information Technologies

Jon Henry
Deputy Director

Address: 360 Fair Lane
Placerville, CA 95667
Voice (530) 621-5452

MEMORANDUM

Date: March 23, 2017

To: Zhana McCullough, HHSА Contracts

Subject: Contract Review, HHSА Contract #477-F1711 Medi-Cal Targeted Case Management Provider Participation Agreement

Information Technologies reviewed the subject contract, and the following items are noted:

Exhibit A

This exhibit is the standard HIPAA Business Associate Agreement. Current IT Department procedures and policies must be followed to be in compliance with the BAA. Security breach notification and reporting requirements will be provided to Risk Management.

"The commitment of the Information Technologies staff is to deliver creative, practical solutions and services in support of the current and future technological needs of El Dorado County."