Legistar # 23-1370

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05/08/2023	Need Date:	05/22/2023		
PROCESSING D	EPARTMENT:	CONTRACT	OR:		
Department: Dept. Contact: Phone: Department Head Signature:	HHSA	Name:	n/a		
	Alisha Bryden	Address:			
	X 7317				
	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.08 12:18:15-0700	Phone:			
3	Kristen Gurrola	Org Code:			
	Program Manager	Project #			
		(if applicable	e):		
		Funding Sou	ırce:		
CONTRACTING					
Service Requeste	Legal review of State provided template				
•	ew Drug Medi-Cal Organized Delivery Services	Boilerplate Contract Ten	nplate		
Contract Term: n	/a	_ Contract Value	\$ 0.00		
COUNTY COUNS	SEL: (Must approve all contract	s and MOU's)			
Approved:	✓ Disapproved:	Date: 05/31/20	23	By: Daniel Vandekoolwyk	Digitally signed by Daniel Vandelkoolwyk Date: 2023.05.31.16:58:30 -07'00'
Approved:	Disapproved:	 Date:		By:	
· · · <u></u>					
Counsel approved the DM	C-ODS boilerplate contract on 5/31 for reference a	and verified the legal langu	age in this contra	ct.	
Template approved for all ag	greements that utilize this template with modification	s only of vendor and price.	Any changes to ten	nplate require further	CoCo approval.
- Addition of Exhibit Certific	cation of Non-Exclusion to Boilerplate 7.21.23 which	ch was approved by Conse	el 7/21/23		
*Please re-submit if used b	peyond 2024 to ensure that we encompass any ch	anges in law.			

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	07/20/2023	Need Date:	07/21/2023
PROCESSING D	EPARTMENT:	CONTRACT	TOR:
Department: Dept. Contact: Phone: Department Head Signature:	HHSA	Name:	Health and Human Services Agency
	Max Hudock	Address:	3057 Briw Road
	X6921		Placerville, CA 95667
	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.07.20 16:11:54 -07'00'	Phone:	
Ŭ	Alisha Bryden	Org Code:	5330
	Administrative Analyst Supervisor	Project #	
		(if applicable	e):
		Funding So	urce:
CONTRACTING			
Service Requeste	ed: Legal Review		
Description: Pleas	se review the Exhibit Certification of Non-Exclus	ion or Suspension from	Participation in a Federal Health Care Program
Contract Term: 7	/1/2023-6/30/2026	_ Contract Value	\$ 1,965,000.00
	SEL: (Must approve all contracts		Daniel Digitally signed by Daniel
Approved:	Disapproved:		
Approved:	Disapproved:	_ Date:	By:
Approved use of exhibit with the	ne counsel approved DMC-ODS Bollerplate (CAL AIM) tr	nrough end of calendar year	2024. Individual agreements do not need to be resubmitted.
			
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreement #			
Legistar #			

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	06/01/2023	Need Date:	06/16/2023		
PROCESSING DEPARTMENT:		CONTRACT	ΓOR:		
Department: Dept. Contact: Phone: Department Head Signature:	HHSA	Name:	n/a		
	Alisha Bryden	Address:			
	X 7317				
	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.05.08 12:18:15 -07'00'	Phone:			
	Kristen Gurrola	Org Code:	5310		
	Program Manager	Project #			
		(if applicable	e):		
		Funding Sou	urce:		
CONTRACTING	DEPARTMENT: HHSA				
Service Requeste	ed: Legal review of Service Exhibits				
Description: Revi	ew Substance Use Disorder Scope Exhibits (to	Accompany the DMC-O	DS Boilerplate C	ontract Template)	
Contract Term: n	la	Contract Value	\$ 0.00		
	SEL: (Must approve all contract	s and MOU's) Date: 06/07/20	,no	D.,. Daniel	Digitally signed by Daniel
Approved:	Disapproved: Disapproved:	_ Date: Date:	123	By: Vandekoolwyk By:	Vandekoolwyk Date: 2023.06.07 16:48:34 -07'00'
· · · <u> </u>	its for any Agreement that utilizes the previously app		te Contract Templ	-	andar year 2024
	the language of exhibits should be resubmitted to		te Contract Tempi	ate up until end of care	
7 my cabotamero onango to	the language of exhibite effects be recallinated to				

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # 7909	
Legistar # 23-1370	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	07/10/2023	Need Date:	07/17/2023
PROCESSING D	EPARTMENT:	CONTRACT	TOR:
Department:	HHSA	Name:	Recovery in Action
Dept. Contact: Phone: Department Head Signature:	Alisha Bryden	Address:	484 Pleasant Valley Rd Sute 4
	X 7317		Diamond Springs 65619
	Alisha Bryden Digitally signed by Alisha Bryden Date: 2023.07.11 08:47:02 -07'00'	Phone:	
	Alisha Bryden	Org Code:	5330
	Administrative Analyst Supervisor	Project #	
		(if applicable	e):
	DEPARTMENT: HHSA ed: Review Services Agreement for Drug Meratient and Intensive Outpatient Substance Use I	dical Organized Deliver	System DMC-ODS Services
Description. <u>Ծաթ</u> Contract Term: 7	<u>``</u>	Contract Value	\$ 1,500,090.00
_	SEL: (Must approve all contracts Disapproved: Disapproved:	-	By: By:
Counsel approved the DM	C-ODS boilerplate contract on 5/31 for reference a	nd verified the legal langu	uage in this contract (Daniel V)

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW