


Contract #: 270-M1411
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: Thursday, October 03, 2013

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health & Human Services Agency
Dept. Contact: Kathy Lang
Phone #: X 7147
Department
Head Signature: 
Don Ashton, M.P.A., Interim Director


CONTRACTOR:

Name: CA Health and Wellness Plan
Address: 1215 K Street
Sacramento, CA 95814
Phone: _____

CONTRACTING DEPARTMENT:

Health and Human Services Agency – Mental Health
Service Requested: MOU establishing roles and responsibilities under Medi-Cal Rural Expansion
Contract Term: Perpetual on signature Contract/Grant Value: \$0
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: 12/4/13 Disapproved: _____ Date: 12/4/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: 12/6/13 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Nothing for Risk to approve





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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: _____

 10/3/13  10/14/13  10/14/13 
Contracts Supe Review/Date Program Mgr, Review/Date Contracts Mgr. Review/Date CFO Review/Date