

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/03/2021

Need Date: 02/18/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Nita Wracker
MBA CPA
Nita Wracker, CFO

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.02.03 13:34:58 -08'00'

Name: Crestwood Behavioral Health
Address: 520 Capitol Mall, Suite 800
Sacramento, CA 95814

Phone: _____

Org Code: 5320
Project # _____
(if applicable): _____

Funding Source: Medi-Cal, Realignment

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review of renewal agreement with Crestwood BH

Description: Adult Inpatient Residential Treatment Svcs

Contract Term: 07/01/21 - 06/30/24

Contract Value: \$ 3,600,000.00

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

Approved:

Disapproved:

Date: 02/05/2021

By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.02.05 11:40:41 -08'00'

Approved:

Disapproved:

Date: 02/24/2021

By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.02.24 17:15:50 -08'00'

Resubmitted on 2/19/21 regarding Contractors request for Mutual Indemnity

Indemnity change not recommended, but legal. PFF

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!