

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 08/04/2021

Need Date: 08/11/2021

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Darci Prall  
Phone: 642-7373  
Department: Nita Wracker  
Head Signature: MBA CPA  
Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.08.04 15:58:50  
-07'00'  
Nita Wracker, Agency CFO

**CONTRACTOR:**

Name: CA Dept of Health Care Services (DHCS)  
Address: Behavior Health - MS 2710  
Sacramento, CA 95899  
Phone: \_\_\_\_\_  
Org Code: 5420  
Project String  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA

Service Requested: \_\_\_\_\_  
Description: Behavior Health Quality Improvement Program (BH-QIP) Start-up Funds  
Contract Term: 07/01/2021-06/2024 CalAIM Contract Value: \$250,000

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

Approved:  Disapproved:  Date: 08/05/2021 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2021.08.05 10:40:53 -07'00'

**\*\*Question: Can the Agency CFO sign or does it have to be the County Auditor?**  
The form specifically states it must be signed by the County Auditor. You'd need to check with state to see if they would accept CFO as substitute.

**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: 08/06/2021 By: Michael Andersen  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Michael Andersen  
Date: 2021.08.06 09:40:58 -07'00'

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

Departments:  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_