

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

22-20136

PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTOR NAME

Shasta County Health and Human Services Agency

2. The term of this Agreement is:

START DATE

July 1, 2022

THROUGH END DATE

June 30, 2027

3. The maximum amount of this Agreement is:

\$0.00 (Zero Dollars and Zero Cents)

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibits	Title	Pages
Exhibit A	Scope of Work	2 Pages
Exhibit A - Attachment 1	Organization and Administration	6 Pages
Exhibit A - Attachment 2	Scope of Services	10 Pages
+ Exhibit A - Attachment 3	Financial Requirements	5 Pages
+ Exhibit A - Attachment 4	Management Information Systems	3 Pages
+ Exhibit A - Attachment 5	Quality Improvement System	6 Pages
+ Exhibit A - Attachment 6	Utilization Management Program	3 Pages
+ Exhibit A - Attachment 7	Access and Availability of Resources	4 Pages
+ Exhibit A - Attachment 8	Provider Network	12 Pages
+ Exhibit A - Attachment 9	Documentation Requirements	1 Page
+ Exhibit A - Attachment 10	Coordination and Continuity of Care	3 Pages
+ Exhibit A - Attachment 11	Information Requirements	12 Pages

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Exhibits	Title	Pages
<input type="checkbox"/> Exhibit A - <input type="checkbox"/> Attachment 12	Beneficiary Problem Resolution	23 Pages
<input type="checkbox"/> Exhibit A - <input type="checkbox"/> Attachment 13	Program Integrity	7 Pages
<input type="checkbox"/> Exhibit A - <input type="checkbox"/> Attachment 14	Reporting Requirements	3 Pages
<input type="checkbox"/> Exhibit A - <input type="checkbox"/> Attachment 15	Peer Support Services	2 Pages
<input type="checkbox"/> Exhibit B	Budget Detail and Payment Provisions	6 Pages
<input type="checkbox"/> Exhibit C *	General Terms and Conditions (04/2017)	
<input type="checkbox"/> Exhibit D(F)	Special Terms and Conditions (Notwithstanding Provisions 2, 3, 4, 6, 8, 13, 15, 23, 26, 30, and 31 which do not apply to this agreement.)	39 Pages
<input type="checkbox"/> Exhibit E	Additional Provisions	17 Pages
<input type="checkbox"/> Exhibit E <input type="checkbox"/> Attachment 1	Definitions	6 Pages
<input type="checkbox"/> Exhibit E <input type="checkbox"/> Attachment 2	Service Definitions	6 Pages
<input type="checkbox"/> Exhibit F	Privacy and Security Provisions	6 Pages

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Shasta County Health and Human Services Agency

CONTRACTOR BUSINESS ADDRESS

P.O. Box 496005

CITY

Redding

STATE

CA

ZIP

96049

PRINTED NAME OF PERSON SIGNING

Laura Burch

TITLE

Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Ave, MS 4200

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 14703