

5/5/2020

**SUBJECT:** DHCS Contract for continuation of the County Based Medi-Cal Administrative Activities

At the Board of Supervisor's meeting on April 28, 2020, the Board Agenda Item# 20-309 was approved for a 3 year revenue contract for up to \$600,000 for the continuation of the County Based Medi-Cal Administrative Activities reimbursement program from July 1, 2020 through June 30, 2023.

The contract document was signed by the County Administrator on 4/28/2020.

**REQUEST:** The County Administrator is requested to sign the revised STD 213 contract page. The revised STD 213 contract page is attached and removes the Medi-Cal Disclosure Statement from the Exhibit.

After signature, please return to:

Esala Nakalevu  
Contracts Unit  
MS 5-200  
275 Beck Ave.  
Fairfield

Thank you.

**From:** Yang, Julia (LGFD)@DHCS <Julia.Yang@dhcs.ca.gov>  
**Sent:** Tuesday, May 5, 2020 9:12 AM  
**To:** Nakalevu, Esala B. <EBNakalevu@SolanoCounty.com>  
**Cc:** Fabie, Marie A. <MAFabie@SolanoCounty.com>; Hawkins, Damitra (LGFD)@DHCS <Damitra.Hawkins@dhcs.ca.gov>  
**Subject:** RE: CTMAA Program Update: Contracts and Form 6207

Good Morning Esala,

Happy Tuesday. I felt so bad because I didn't get to say happy retirement to Sally yesterday. I wanted to thank her for working so hard to finish these contract documents before she leaves.

I know a lot is going on and as we know Marie is taking some leave and she is out of the month of May. I am reaching out to you because I saw the previous STD 213 was signed and we will need the revised version (see attached) and be submitted to me via mail (four hard copies) and email. Please respond to this request as soon as possible and let me know if you have any questions or concerns.

Many thanks,  
Julia Yang

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

20-10021

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

County of Solano

2. The term of this Agreement is:

START DATE

July 1, 2020

THROUGH END DATE

June 30, 2023

3. The maximum amount of this Agreement is:

\$600,000.00 (Six Hundred Thousand Dollars)

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	8
Exhibit B	Budget Detail and Payment Provisions	8
Exhibit C *	General Terms and Conditions (GTC 04/2017)	
+ - Exhibit D (F)	Special Terms and Conditions (Attached hereto as part of this agreement)	27
+ - Exhibit E	Additional Provisions	6
+ - Exhibit F	Contractor's Release	1
+ - Exhibit G	HIPAA Business Associate Addendum	6

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.)

County of Solano

CONTRACTOR BUSINESS ADDRESS

275 Beck Avenue, MS5-220

CITY

Fairfield

STATE

CA

ZIP

94533

PRINTED NAME OF PERSON SIGNING

Birgitta E. Corsello

TITLE

County Administrator

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

5/6/2020

**STANDARD AGREEMENT**

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

20-10021

PURCHASING AUTHORITY NUMBER (If Applicable)

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1000 G Street, 4th Floor, MS 4200, P.O. Box 997413

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Brian Quacchia

TITLE

Unit Chief, Procurement Section, Contract Services

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)