STATE OF CALIFORNIA **STANDARD AGREEMENT** STD 213_DHCS (Rev. 03/18)

REGISTRATION NUMBER

AGREEMENT NUMBER

\$

1.	This Agreement is entered into between the State Agency and the Contractor named below:			
	STATE AGENCY'S NAME	(Also known as DHCS, CDHS, DHS or the State)		
	Department of Health Care Services			
	CONTRACTOR'S NAME	(Also referred to as Contractor)		
	Humboldt County Health and Human Services			
2.	The term of this Agreement is: July 1, 2017			
	through June 30, 2022			
3.	The maximum amount of this Agreement is: \$0			
	Zero dollars			
4.	The parties agree to comply with the terms and conditions of the following expart of this Agreement.	hibits, which are by this reference made a		
	Exhibit A – Scope Of Work	2 pages		
	Attachment 1 Organization And Administration	6 pages		
	Attachment 2 Scope Of Services	9 pages		
	Attachment 3 Financial Requirements	6 pages		
	Attachment 4 Management Information Systems	2 pages		
	Attachment 5 Quality Improvement System	6 pages		
	Attachment 6 Utilization Management Program	3 pages		
	Attachment 7 Access And Availability Of Services	4 pages		
	Attachment 8 Provider Network	11 pages		

See Exhibit E, Provision 1 for additional incorporated exhibits.

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <u>http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx</u>.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	California Department of General Services Use Only	
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, part		
Humboldt County Health and Human Services		
BY (Authorized Signature) DATE SIGNED (Do not type)		
R		
PRINTED NAME AND TITLE OF PERSON SIGNING		
Emi Botzler-Rodgers, MFT, Mental Health Director		
ADDRESS		
720 Wood Street		
Eureka, CA 95501		
STATE OF CALIFORNIA		
AGENCY NAME		
Department of Health Care Services		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
R		
PRINTED NAME AND TITLE OF PERSON SIGNING		X Exempt per: W&I Code §14703
ADDRESS		
1501 Capitol Avenue, Suite 71.2048, MS 1400, P.O. Box 99 Sacramento, CA 95899-7413		