

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

22-20119

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

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

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Exhibits	Title	Pages	
☐ Exhibit A - ☐ Attachment 12	Beneficiary Problem Resolution	23	
☐ Exhibit A - ☐ Attachment 13	Program Integrity	7	
☐ Exhibit A - ☐ Attachment 14	Reporting Requirements	3	
☐ Exhibit B	Budget Detail and Payment Provisions	6	
☐ Exhibit C *	General Terms and Conditions (04/2017)		
☐ 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	
☐ Exhibit E	Additional Provisions	17	
☐ Exhibit E ☐ Attachment 1	Definitions	6	
☐ Exhibit E ☐ Attachment 2	Service Definitions	6	
☐ Exhibit F	Privacy and Security Provisions	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.)

Napa County Health and Human Services Agency

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
2751 Napa Valley Corporate Dr	Napa	CA	94558
PRINTED NAME OF PERSON SIGNING	TITLE		
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

Approved as to form:

Napa County Counsel

Dated: 12/22/2022

/S/ RACHEL L. ROSS

Rachel L. Ross, Deputy County Counsel