

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

25-50108

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 Napa

2. The term of this Agreement is:

START DATE

July 1, 2025

THROUGH END DATE

December 31, 2026

3. The maximum amount of this Agreement is:

\$0.00 (Zero 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	7
Exhibit A, Attachment 1	{SMHS and DMC-ODS only} Plan Organization and Administration	9
Exhibit A, Attachment 2A	[Reserved]	1
+ Exhibit A, - Attachment 2B	[Reserved]	1
+ Exhibit A, - Attachment 2C	{DMS-ODS only} Scope of Services	28
+ Exhibit A, - Attachment 2D	{DMC-ODS only} Contractor Specific Requirements	7
+ Exhibit A, - Attachment 2E	[Reserved]	1
+ Exhibit A, - Attachment 2F	[Reserved]	1
+ Exhibit A, - Attachment 3	Financial Requirements	4
+ Exhibit A, - Attachment 4	Management Information Systems	5
+ Exhibit A, - Attachment 5	{SMHS and DMC-ODS only} Quality Improvement System	7
+ Exhibit A, - Attachment 6	Utilization Management and Parity	5

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Exhibits	Title	Pages
+ Exhibit A, - Attachment 7	{SMHS and DMC-ODS only} Access and Availability of Services	7
+ Exhibit A, - Attachment 8	Provider Network, Contracted Providers, and Timely Access	17
+ Exhibit A, - Attachment 9	[Reserved]	1
+ Exhibit A, - Attachment 10	Coordination and Continuity of Care	5
+ Exhibit A, - Attachment 11	Information Requirements	16
+ Exhibit A, - Attachment 12	Member Problem Resolution	17
+ Exhibit A, - Attachment 13	Program Integrity	15
+ Exhibit A, - Attachment 14	Reporting Requirements	6
+ Exhibit B -	Budget Detail and Payment Provisions	6
+ Exhibit C * -	General Terms and Conditions	GTC (02/2025)
+ Exhibit D -	Special Terms and Conditions	40
+ Exhibit E -	Additional Provisions	18
+ Exhibit E, - Attachment 1	General Definitions	12
+ Exhibit E, - Attachment 2	SMHS: Service Definitions	9
+ Exhibit E, - Attachment 3	DMC and DMC-ODS: Service Definitions	5
+ Exhibit F -	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>

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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 Napa

CONTRACTOR BUSINESS ADDRESS

2751 Napa Valley Corporate Drive

CITY

Napa

STATE

CA

ZIP

94558

PRINTED NAME OF PERSON SIGNING

TITLE

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Avenue, 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 14184.401(a), 14184.102(e)

APPROVED AS TO FORM

Office of County Counsel

By: Rachel RaoDate: 8/11/2025