



Michelle Baass
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

May 17, 2023

County of Siskiyou
Attn: Michael N. Kobseff
2060 Campus Drive
Yreka, CA 96097

Agreement # 20-10200 A01

Dear Michael N. Kobseff,

Enclosed is the fully executed agreement for your records. You are now authorized to provide the agreed upon services. Include DHCS' agreement number on all invoices and future correspondence related to this agreement.

1. Enclosed is the Voluntary Statistical Data Sheet (DGS PD 802)*. Pursuant to Public Contracting Code section 10111, State agencies are required to capture voluntary information on ethnicity, race and gender of business owners on all awarded contracts and procurements.

Complete and return to:

DHCS Contracts Division
ATTN: SB/DVBE Advocate
PO Box 997143, MS 4200
Sacramento, CA 95899-7413 **OR** Email: CSB@dhcs.ca.gov

**Note the completion of this form is completely voluntary.*

2. For matters such as invoice/payment issues or scope of work, please contact the Contract Manager identified in Exhibit A of the executed agreement.

For any other questions concerning this agreement, please contact the Contracts Division at (916) 552-8006.

Sincerely,

DHCS Contracts Division

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

AGREEMENT NUMBER 20-10200	AMENDMENT NUMBER A01	Purchasing Authority Number
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CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED **2** PAGES

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 Siskiyou

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 after this Amendment is:
\$3,598,200.00 (Three Million, Five Hundred Ninety-Eight Thousand Two Hundred Dollars)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. The effective date of this amendment is the date approved by DHCS.

All other terms and conditions shall remain the same.

ATTEST:
LAURA BYNUM
County Clerk & Ex-Officio
Clerk of the Board

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

CONTRACTOR

By: Wendy Wig
Deputy

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

CONTRACTOR BUSINESS ADDRESS 2060 Campus Drive	CITY Yreka	STATE CA	ZIP 96097
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PRINTED NAME OF PERSON SIGNING Ed Valenzuela	TITLE Chair, Board of Supervisors
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CONTRACTOR AUTHORIZED SIGNATURE <u>Ed Valenzuela</u>	DATE SIGNED 5/2/2023
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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
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PRINTED NAME OF PERSON SIGNING Robert M. Strom	TITLE Staff Services Manager II
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CONTRACTING AGENCY AUTHORIZED SIGNATURE <u>Robert M. Strom</u>	DATE SIGNED MAY 16 2023
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CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)
W&I Code 14087.4

STD 213A Continuation Page

- II. Purposed of amendment: This amendment increases budget year two and budget year three by \$1,060,800.00 per year.
- III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
- IV. Paragraph 3 (maximum amount payable) on the face of the original STD 213 is increased by \$2,121,600.00 and is amended to read: ~~\$1,476,600.00 (One Million, Four Hundred Seventy-Six Thousand Six Hundred Dollars)~~ **\$3,598,200.00 (Three Million, Five Hundred Ninety-Eight Thousand Two Hundred Dollars)**
- V. Paragraph 4 (incorporated exhibits) on the face of the original STD 213 is amended to add the following revised exhibit:

Exhibit B, Attachment I A1 - Funding Amounts (1 Page)

All references to Exhibit B, Attachment I - Funding Amounts, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, Attachment I A1 - Funding Amounts. Exhibit B, Attachment I - Funding Amounts is hereby replaced in its entirety by the attached revised exhibit.
- VI. All other terms and conditions shall remain the same.

**Exhibit B, Attachment I A1
Funding Amounts**

Fiscal Year 2020-21	Funding Amount
	Original
State General Funds (7/1/20 to 6/30/21)	
Non Perinatal ODS Waiver SGF** (08)	56,000
Perinatal ODS Waiver SGF** (09)	9,000
Administration Costs & QA/UR SGF** (603)	7,200
TOTAL	72,200
Drug Medi-Cal Federal Share (7/1/20 to 6/30/21)	
Non Perinatal Federal Share (01)	360,000
Perinatal Federal Share (03)	40,000
Administration Costs & QA/UR (603)	20,000
TOTAL	420,000
GRAND TOTAL	492,200

Fiscal Year 2021-22	Funding Amount	
	Original	A01
State General Funds (7/1/21 to 6/30/22)		
Non Perinatal ODS Waiver SGF** (08)	56,000	200,000
Perinatal ODS Waiver SGF** (09)	9,000	65,000
Administration Costs & QA/UR SGF** (603)	7,200	40,000
TOTAL	72,200	305,000
Drug Medi-Cal Federal Share (7/1/21 to 6/30/22)		
Non Perinatal Federal Share (01)	360,000	1,000,000
Perinatal Federal Share (03)	40,000	85,000
Administration Costs & QA/UR (603)	20,000	163,000
TOTAL	420,000	1,248,000
GRAND TOTAL	492,200	1,553,000

Fiscal Year 2022-23	Funding Amount	
	Original	A01
State General Funds (7/1/22 to 6/30/23)		
Non Perinatal ODS Waiver SGF** (08)	56,000	200,000
Perinatal ODS Waiver SGF** (09)	9,000	65,000
Administration Costs & QA/UR SGF** (603)	7,200	40,000
TOTAL	72,200	305,000
Drug Medi-Cal Federal Share (7/1/22 to 6/30/23)		
Non Perinatal Federal Share (01)	360,000	1,000,000
Perinatal Federal Share (03)	40,000	85,000
Administration Costs & QA/UR (603)	20,000	163,000
TOTAL	420,000	1,248,000
GRAND TOTAL	492,200	1,553,000

Original THREE-YEAR TOTAL	1,476,600
A01 THREE-YEAR TOTAL	3,598,200

** State General Fund amounts are based on biannual DMC estimates approved by the Department of Finance. DHCS will revise the amounts through the contract amendment process for each new allocation.