

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER

25-50157

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

Tehama County Health Services Agency, Mental Health Division

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 (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} Organization and Administration	9
Exhibit A, Attachment 2A	{SHMS only} Scope of Services	7
+ Exhibit A, Attachment 2B	{SMHS only} Peer Support Services	1
+ Exhibit A, Attachment 2C	[Reserved]	1
+ Exhibit A, Attachment 2D	[Reserved]	1
+ 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	4

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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, Contract 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	15
+ 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)	Online
+ 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 (HIPAA)	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>

SCO ID: 4260-2550157

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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.)

Tehama County Health Services Agency, Mental Health Division

CONTRACTOR BUSINESS ADDRESS

P.O. Box 400 Red Bluff, CA 96080

CITY

Red Bluff

STATE

CA

ZIP

96080


PRINTED NAME OF PERSON SIGNING

Jayne S. Bottke

TITLE

Executive Director

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

8-19-25

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Health Care Services

CONTRACTING AGENCY ADDRESS

1501 Capitol Avenue MS4200

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 § 14184.102(e); WIC § 14703.