

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

**STANDARD AGREEMENT**

STD 213 (Rev. 04/2020)

AGREEMENT NUMBER <b>24-40138</b>	PURCHASING AUTHORITY NUMBER (If Applicable)
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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 Nevada

2. The term of this Agreement is:

START DATE  
January 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	6
Exhibit A, Attachment 1	Organization and Administration	8
Exhibit A, Attachment 2A	SMHS: Scope of Services	7
+ Exhibit A, Attachment 2B	SMHS: Peer Support Services	2
- Exhibit A, Attachment 2C	DMC-ODS: SCOPE OF SERVICES	28
+ Exhibit A, Attachment 2D	DMC-ODS: CONTRACTOR-SPECIFIC REQUIREMENTS	6
- 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	Quality Improvement System	6
+ Exhibit A, Attachment 6	Utilization Management Program	4

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Exhibits	Title	Pages
+ Exhibit A, - Attachment 7	Access and Availability of Services	6
+ Exhibit A, - Attachment 8	Provider Network, Contracted Providers, and Timely Access	15
+ Exhibit A, - Attachment 9	[Reserved]	1
+ Exhibit A, - Attachment 10	Coordination and Continuity of Care	5
+ Exhibit A, - Attachment 11	Information Requirements	17
+ Exhibit A, - Attachment 12	Member Problem Resolution	17
+ Exhibit A, - Attachment 13	Program Integrity	11
+ Exhibit A, - Attachment 14	Reporting Requirements	6
+ Exhibit B, - Attachment	Budget Detail and Payment Provisions	6
+ Exhibit C * - Attachment	General Terms and Conditions	04/2017
+ Exhibit D, - Attachment	Special Terms and Conditions	40
+ Exhibit E, - Attachment	Additional Provisions	17
+ 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	4
+ Exhibit F, - Attachment	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 Nevada

CONTRACTOR BUSINESS ADDRESS 500 Crown Point Circle	CITY Grass Valley	STATE CA	ZIP 95945
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PRINTED NAME OF PERSON SIGNING	TITLE
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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 Avenue, MS 4200	CITY Sacramento	STATE CA	ZIP 95814
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PRINTED NAME OF PERSON SIGNING	TITLE
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CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED
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CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable) WIC 14184.102(e) & 14703
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