

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213_DHCS (Rev. 09/14)



REGISTRATION NUMBER	AGREEMENT NUMBER 15-92117
---------------------	------------------------------

1. This Agreement is entered into between the State Agency and the Contractor named below:
- | | |
|--|--|
| STATE AGENCY'S NAME | (Also known as DHCS, CDHS, DHS or the State) |
| Department of Health Care Services | |
| CONTRACTOR'S NAME | (Also referred to as Contractor) |
| San Francisco Community Behavioral Health Services | |
2. The term of this Agreement is: July 1, 2015 through June 30, 2016
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 this Agreement.

Exhibit A – Program Specifications (including Special Terms and Conditions)	13 pages
Exhibit A – Attachment I – Request for Waiver	1 page
Exhibit B – Funds Provision	1 page
Exhibit C * – General Terms and Conditions	<u>GTC 610</u>
Exhibit D – Information Confidentiality and Security Requirements	7 pages
Exhibit E – Privacy and Information Security Provisions (including Attachment A)	32 pages
Exhibit E – Attachment B – Information Security Exchange Agreement between the Social Security Administration (SSA) and the California Department of Health Care Services (DHCS)	70 pages

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) San Francisco Community Behavioral Health Services		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 5-5-15	
PRINTED NAME AND TITLE OF PERSON SIGNING Jo Robinson, Director		
ADDRESS 1380 Howard Street, Fifth Floor San Francisco, CA 94103		
STATE OF CALIFORNIA		<input checked="" type="checkbox"/> Exempt per: W&I Code §14703
AGENCY NAME Department of Health Care Services		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Don Rodriguez, Chief, Contract Management Unit		
ADDRESS 1501 Capitol Avenue, Suite 71.5195, MS 1403, P.O. Box 997413, Sacramento, CA 95899-7413		