

**BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA
RESOLUTION**

**RESOLUTION AUTHORIZING THE STANDARD AGREEMENT BETWEEN THE
COUNTY OF LAKE AND THE DEPARTMENT OF HEALTH CARE SERVICES FOR THE
PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2021 AND AUTHORIZING THE
BEHAVIORAL HEALTH DIRECTOR TO SIGN THE STANDARD AGREEMENT.**

**RESOLVED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF LAKE,
STATE OF CALIFORNIA, THAT IT FINDS, DETERMINES AND HEREBY DECLARES**, that the Standard AGREEMENT between the County of Lake (hereinafter referred to as “Contractor”) and the Department of Health Care Services (hereinafter referred to as “DHCS”) for the period July 1, 2018 and June 30, 2021 is hereby agreed upon by both the Contractor and DHCS.

RECITALS

WHEREAS, the Standard Agreement between the County of Lake and the Department of Health Care Services for the period of July 1, 2018 through June 30, 2021 includes the following outline items; and

WHEREAS, Program Specifications (including special terms and conditions), is outlined, see **Exhibit A**, attached hereto and made part of this Agreement by reference; and

WHEREAS, Attachment 1 – Request for Waiver, is outlined, see **Exhibit A**, attached hereto and made part of this Agreement by reference; and

WHEREAS, Funds Provision, is outlined, see **Exhibit B**, attached hereto and made part of this Agreement by reference; and

WHEREAS, General Terms and Conditions (GTC 04/2017), is outlined, see **Exhibit C**, attached hereto and made part of this Agreement by reference; and

WHEREAS, Information Confidentiality and Security Requirements, is outlined, see **Exhibit D**, attached hereto and made part of the Agreement by reference; and

WHEREAS, Privacy and Information Security Provisions (including Attachment A), is outlined, see **Exhibit E**, attached hereto and made part of the Agreement by reference; and

THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Lake hereby authorizes the Behavioral Health Director to sign said Standard Agreement on behalf of the County of Lake. A certified copy of this resolution shall be delivered to the Lake County Auditor/Controller and Lake County Behavioral Health Department.

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THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on the _____ day of _____ 2020, by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST:

CAROL J. HUCINGSON

Clerk of the Board of Supervisors

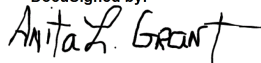
COUNTY OF LAKE

Chair, Board of Supervisors

By: _____
Deputy

APPROVED AS TO FORM:

ANITA L. GRANT, County Counsel

DocuSigned by:

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6/10/2020