



**Contract Number**

25-415 A-1

**SAP Number**

## Department of Public Health

<b>Department Contract Representative</b>	Samantha Padilla
<b>Telephone Number</b>	(909) 677-3929
<b>Contractor</b>	Molina Healthcare
<b>Contractor Representative</b>	Molina-Carolina Wroblewski
<b>Telephone Number</b>	(714)309-8567
<b>Contract Term</b>	May 20, 2025 through June 30, 2027
<b>Original Contract Amount</b>	\$150,000
<b>Amendment Amount</b>	\$94,817
<b>Total Contract Amount</b>	\$244,817
<b>Cost Center</b>	9300291000
<b>Grant Number (if applicable)</b>	N/A

**Briefly describe the general nature of the contract:**

Approve Amendment No. 1 to Funding Agreement for the following Medi-Cal Managed Care Plans, for Molina Healthcare, increasing the amount by \$94,817, from \$150,000 to \$244,817 and extending the term an additional year, for a total agreement period of May 20, 2025 through June 30, 2027, with the option to extend the term two successive one-year periods

**FOR COUNTY USE ONLY**

Approved as to Legal Form  Adam Ebright, Deputy County Counsel  Date _____	Reviewed for Contract Compliance  _____  Date _____	Reviewed/Approved by Department  Janki Patel, Acting Director  Date _____
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