



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	Desiree Alfaro
Telephone Number	(909) 388-0932
Contractor	California Department of Health Care Services
Contractor Representative	
Telephone Number	
Contract Term	Upon execution through a minimum of 30 years
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	N/A
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:

Facility Access Agreement between the San Bernardino County and the State of California, represented by the California Department of Health Care Services, which specifies any behavioral facility operating on the property located at 2626 and 2634 East Pacific Street in the City of San Bernardino (Assessor's Parcel Numbers 1191-141-38-0000 and 1191-141-40-0000) must comply with Welfare and Institutions Code sections 5960 through 5960.45, and accept Medi-Cal beneficiaries for a minimum of 30 years for a minimum of 30 years.

Program Funding Agreement ID: 7690-CA BHCIP-BOND_1066-PacificVillageP-01

FOR COUNTY USE ONLY

Approved as to Legal Form _____ Dawn Martin, County Counsel Date _____	Reviewed for Contract Compliance _____ Michael Shin, Administrative Manager Date _____	Reviewed/Approved by Department _____ Georgina Yoshioka, Director Date _____
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