



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert</u>
Telephone Number	<u>(909) 580-6150</u>
 Contractor	 <u>California Department of Health</u>
	<u>Care Services</u>
 Contractor Representative	
Telephone Number	<u>(669)224-6513</u>
Contract Term	<u>July 1, 2020 through June 30, 2023</u>
Original Contract Amount	<u>\$43,078.00</u>
Amendment Amount	
Total Contract Amount	<u>\$43,078.00</u>
Cost Center	<u></u>

Briefly describe the general nature of the contract: Approve administrative services agreement between the Department of Health Care Services and the County of San Bernardino to permit the County to reimburse the State of California for administrative costs for the Medi-Cal County Inmate Program effective July 1, 2020 through June 30, 2023, for an amount not to exceed \$43,078.

FOR COUNTY USE ONLY

Approved as to Legal Form ► _____ Charles Phan, County Counsel Date _____	Reviewed for Contract Compliance ► _____ Date _____	Reviewed/Approved by Department ► _____ William L. Gilbert, Director Date _____
---	--	---