

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

SAP Number

### Arrowhead Regional Medical Center

Department Contract Representative William L. Gilbert  
Telephone Number (909) 580-6150

Contractor \_\_\_\_\_  
Contractor Representative \_\_\_\_\_  
Telephone Number (669) 224-6513  
Contract Term July 1, 2020 continuing indefinitely  
Original Contract Amount \_\_\_\_\_  
Amendment Amount \_\_\_\_\_  
Total Contract Amount \_\_\_\_\_  
Cost Center \_\_\_\_\_

**Briefly describe the general nature of the contract:** Approve participation Agreement between the Department of Health Care Services and the County of San Bernardino to permit the County to voluntarily participate in the Medi-Cal County Inmate Program effective July 1, 2020 with an indefinite duration, as an exception to the Standard County contract term of five years per County Policy 11-06 SP1.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Mike Markel  
Mike Markel, County Counsel

Date 5-6-20

Reviewed for Contract Compliance

\_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department

William L. Gilbert  
William L. Gilbert, Director

Date 5/6/2020