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

SAN BERNARDINO COUNTY

Contract Number
20-283 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	Department of Health Care Services
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: The Provider Participation Agreement between the Department of Health Care Services and San Bernardino County allows the County to voluntarily participate in the Medi-Cal County Inmate Program. Amendment No. 1 adds an addendum that requires the County to comply with the American with Disabilities Act and to ensure that qualifying inmates with speech, hearing and/or vision disabilities receive material information in the formats that assist them in making informed choices.

FOR COUNTY USE ONLY

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