

NEW AGREEMENT CONTRACT ROUTING SHEET *Legistar 19-0421*

Date Prepared: 03/18/19

Need Date: 3/28/19

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Darci Prall *DP*

Phone: 642-7373

Department Head Signature: *Don Semon*

Don Semon, Director

CONTRACTOR:

Name: C.O.R.E. Medical Clinic, Inc.

Address: 2100 Capitol Ave.

Sacramento, CA 95816

Phone: _____

Org Code: 5330

Auditor/Controller Notified

CONTRACTING DEPARTMENT: Health & Human Services Agency

Service Requested: Drug Medi-Cal Organized Delivery System (DMC-ODS), Narcotics Treatment Program (NTP) services

***DHCS MHSUD info Notice 17036 requires county of residence to be responsible for payment of services for county's beneficiaries.*

Contract Term: 01/01/19 – 12/31/20 = 2 years Contract Value: \$69,877.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 3/19/19 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 MAR 19 AM 11:26

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL HHS CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!