

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08-30-2019

Need Date: 09-13-2019

PROCESSING DEPARTMENT:

Department: Health and Human Services

Dept. Contact: Zhana Mc Cullough

Phone: Ext. 7154

Department: _____

Head Signature: *[Signature]*

Donald Semon, Director

CONTRACTOR:

Name: CA Dept. of Health Care Svc

Address: 1501 Capitol Ave., MS 4504

Sacramento, CA 95899

Phone: _____

Org Code: 5120

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of Medi-Cal County Inmate Program – gap coverage for medical care costs for inmates.

Contract Term: 07/01/2019 – 06/30/2020

Contract Value: \$403,078.43

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

Approved: X Disapproved: _____

Approved: _____ Disapproved: _____

Date: 9/12/19

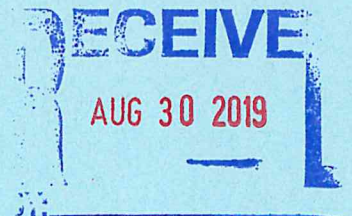
Date: _____

By: *[Signature]*

By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



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