

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

**Contract Number****20-1243 A-2****SAP Number****4400016178**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Diana Barajas
<b>Telephone Number</b>	(909) 388-0862
<b>Contractor</b>	Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital
<b>Contractor Representative</b>	Rachel Cox
<b>Telephone Number</b>	(951) 779-7844
<b>Contract Term</b>	December 15, 2020 – June 30, 2025
<b>Original Contract Amount</b>	\$27,613,575
<b>Amendment Amount</b>	\$9,464,346
<b>Total Contract Amount</b>	\$37,077,921
<b>Cost Center</b>	9209191000
<b>Grant Number (if applicable)</b>	

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital referenced above, hereinafter called Contractor.

### IT IS HEREBY AGREED AS FOLLOWS:

#### WITNESSETH:

IN THAT CERTAIN Contract No. 20-1243 by and between San Bernardino County, a political subdivision of the State of California, and Contractor for fee-for-service acute psychiatric inpatient services, which Contract first became effective December 15, 2020, the following changes are hereby made and agreed to, effective upon date of execution:

- I. REFERENCED CONTRACT PROVISIONS are hereby amended to read as follows:

**REFERENCED CONTRACT PROVISIONS**

**Term:** December 15, 2020 through June 30, 2025, inclusive

**Aggregate Maximum Obligation:**

TOTAL AGGREGATE MAXIMUM OBLIGATION: \$37,077,921

**Hospital Name:**

Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital

**Hospital Classification:**

<input type="checkbox"/> In-County General Acute Care	<input type="checkbox"/> In-County Acute Psychiatric Hospital (IMD)
<input type="checkbox"/> Out-of-County General Acute Care	<input checked="" type="checkbox"/> Out-of-County Acute Psychiatric Hospital (IMD)

**Population Served:**

<input checked="" type="checkbox"/> Adults (18-64)	<input type="checkbox"/> Adolescents (13-17)
<input checked="" type="checkbox"/> Older Adults/Geriatrics (65 and older)	<input type="checkbox"/> Children (12 and under)

**Payment/Reimbursement Rate:**

<b>Out of-County Acute Psychiatric Hospital (IMD)</b>			
<i>Payor</i>	<i>Age Group</i>	<i>Day Type</i>	<i>Daily Rate</i>
DBH	Indigent Adult (18+) Medi-Cal Adult (21-64)	Acute	Regional rate if no primary contracting MHP OR Per primary contracting MHP*
	Medi-Cal Adult (21-64) <i>only</i>	Administrative	County negotiated rate
Medi-Cal	Medi-Cal Adult (18-20 and 65+)	Acute	Regional rate if no primary contracting MHP OR Per primary contracting MHP*
		Administrative	Per DHCS

*\*Rate shall reflect either the regional rate by accommodation code as provided annually by DHCS or the rate as negotiated between Vista Behavioral, dba Pacific Grove and the primary contracting MHP, whichever is current (9 CCR 1820.110, 1820.115).*

**Notices to County and Contractor:**

COUNTY: County of San Bernardino  
Department of Behavioral Health  
Contracts Unit  
303 East Vanderbilt Way  
San Bernardino, CA 92415-0026

CONTRACTOR: Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital  
5900 Brockton Avenue  
Attn: Contracting  
Riverside, CA 92506

II. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY

*Dawn Rowe*

Dawn Rowe, Chair, Board of Supervisors

Dated: DEC 17 2024

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

*Lynne Moberg*  
Clerk of the Board of Supervisors  
San Bernardino County

By *[Signature]*  
Deputy



Vista Behavioral Hospital, LLC DBA Pacific Grove Hospital

(Print or type name of corporation, company, contractor, etc.)

By *Rachel Cox*

(Authorized signature - sign in blue ink)

Rachel Cox for Steve Hytry

Name Steve Hytry

(Print or type name of person signing contract)

Title CEO

(Print or Type)

Dated: 12/12/2024

Address 5900 Brockton Ave.

Riverside, CA 92506

FOR COUNTY USE ONLY

Approved as to Legal Form

*Dawn Martin*

8ED744A7697047B

Dawn Martin, Deputy County Counsel

Date 12/10/2024

Reviewed for Contract Compliance

*Lisa Rivas-Ordaz for Ellayna Hoatson*

394E6EF69203481

Ellayna Hoatson, Contracts Supervisor

Date 12/10/2024

Reviewed/Approved by Department

*Georgina Yoshioka*

7DF807EEA07182  
Georgina Yoshioka, Director

Date 12/10/2024

Lisa Rivas-Ordaz for Ellayna Hoatson

