



Contract Number

20-1241 A-3

SAP Number

4400016179

Department of Behavioral Health

Department Contract Representative	<u>Diana Barajas</u>
Telephone Number	<u>(909) 388-0862</u>
Contractor	<u>Community Hospital of San Bernardino</u>
Contractor Representative	<u>Corrina Sanchez</u>
Telephone Number	<u>(909) 475-4630</u>
Contract Term	<u>December 15, 2020 – June 30, 2025</u>
Original Contract Amount	<u>\$27,613,575</u>
Amendment Amount	<u>\$9,464,346</u>
Total Contract Amount	<u>\$37,077,921</u>
Cost Center	<u>9209191000</u>
Grant Number (if applicable)	<u></u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Community Hospital of San Bernardino referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 20-1241 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:

Community Hospital of San Bernardino

Hospital Classification:

<input checked="" 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 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:

In-County General Acute Care			
<i>Payor</i>	<i>Age Group</i>	<i>Day Type</i>	<i>Daily Rate</i>
DBH	Indigent Adult (18+)	Acute	County negotiated rate per 9 CCR 1820.110
Medi-Cal	Medi-Cal Adult (18+)	Acute	County negotiated rate per 9 CCR 1820.110
		Administrative	Per DHCS

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: Community Hospital of San Bernardino
1805 Medical Center Dr.
San Bernardino, CA 92411

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

Community Hospital of San Bernardino

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

Dawn Rowe, Chair, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

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

Name Anita Chou
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title CFO
(Print or Type)

By _____
Deputy

Dated: _____

Address 1805 Medical Center Dr.
San Bernardino, CA 92411

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
Dawn Martin, Deputy County Counsel	Ellayna Hoatson, Contracts Supervisor	Georgina Yoshioka, Director
Date _____	Date _____	Date _____