

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



Contract Number

20-1242 A-3

SAP Number

4400016177

Department of Behavioral Health

Department Contract Representative	Diana Barajas
Telephone Number	(909) 388-0862
Contractor	Loma Linda University Medical Center
Contractor Representative	Judy Peterson
Telephone Number	(909) 558-9208
Contract Term	December 15, 2020 – June 30, 2025
Original Contract Amount	\$27,613,575
Amendment Amount	\$9,464,346
Total Contract Amount	\$37,077,921
Cost Center	9209191000
Grant Number (if applicable)	

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Loma Linda University Medical Center referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 20-1242 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:

- 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:

Loma Linda University Medical Center

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 checked="" type="checkbox"/> Adolescents (13-17)
<input checked="" type="checkbox"/> Older Adults/Geriatrics (65 and older)	<input checked="" 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 (All ages)	Acute	County negotiated rate per 9 CCR 1820.110
Medi-Cal	Medi-Cal (All ages)	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: Loma Linda University
 Medical Center
 Attn: Contracting
 11165 Mountain View Avenue
 Suite 121
 Loma Linda, CA 92354

Office of General Counsel
 Loma Linda University
 Medical Center
 Attn: Kent Hansen, Esq
 24890 Tulip Avenue
 Loma Linda, CA 92354

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

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By *[Signature]*
Deputy

FOR COUNTY USE ONLY

Approved as to Legal Form

Dawn Martin
Dawn Martin, Deputy County Counsel

Date 12/10/2024

Reviewed for Contract Compliance

Lisa Rivas-Ordaz for Ellayna Hoatson
Ellayna Hoatson, Contracts Supervisor

Date 12/10/2024

Lisa Rivas-Ordaz for Ellayna Hoatson

Reviewed/Approved by Department

Georgina Yoshioka
Georgina Yoshioka, Director

Date 12/10/2024

Loma Linda University Medical Center

(Print or type name of person signing contract)

By *[Signature]*
Anthony Hilliard (Dec 12, 2024 13:42 PST)

(Authorized signature - sign in blue ink)

Name Anthony Hilliard, MD

(Print or type name of person signing contract)

Title CEO

(Print or Type)

Dated: 12/12/2024

By *[Signature]*
Angela Lalas (Dec 12, 2024 12:29 PST)

(Authorized signature - sign in blue ink)

Name Angela Lalas

(Print or type name of person signing contract)

Title CFO

(Print or Type)

Dated: 12/12/2024

Address 11165 Mountain View Avenue, Suite 121

Loma Linda, CA 92354