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**Contract Number**

**20-1241 A-3**

**SAP Number**

**4400016179**

## Department of Behavioral Health

<b>Department Contract Representative</b>	Diana Barajas
<b>Telephone Number</b>	(909) 388-0862
<b>Contractor</b>	Community Hospital of San Bernardino
<b>Contractor Representative</b>	Corrina Sanchez
<b>Telephone Number</b>	(909) 475-4630
<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 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:**

<b>In-County General Acute Care</b>			
<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

*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

Lynba Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By *[Signature]* Deputy



Community Hospital of San Bernardino

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

Signed by: *[Signature]*  
By *[Signature]*  
14F34... Authorized signature - sign in blue ink

Name Anita Chou

(Print or type name of person signing contract)

Title CFO

(Print or Type)

Dated: **12/10/2024**

Address 1805 Medical Center Dr.

San Bernardino, CA 92411

FOR COUNTY USE ONLY

Signed by: Approved as to Legal Form

*Dawn Martin*

8FD744A7697047B...

Dawn Martin, Deputy County Counsel

**12/10/2024**

Date

Signed by:

Reviewed for Contract Compliance

*Lisa Rivas-Ordaz for Ellayna Hoatson*

394ECEF00203491...

Ellayna Hoatson, Contracts Supervisor

**12/10/2024**

Date

Lisa Rivas-Ordaz for Ellayna Hoatson

Signed by:

Reviewed and Approved by Department

*Georgina Yoshioka*

7DF8077EEA674B2

Georgina Yoshioka, Director

**12/10/2024**

Date