



Contract Number

21-284 A-1

SAP Number

4400016669

Department of Behavioral Health

Department Contract Representative	<u>Luis Castillo</u>
Telephone Number	<u>909-388-0861</u>
Contractor	<u>Community Care on Palm, LLC</u>
Contractor Representative	<u>Ezequiel Bercovich</u>
Telephone Number	<u>951-686-9001</u>
Contract Term	<u>January 1, 2021 through June 30, 2025</u>
Original Contract Amount	<u>\$1,551,250 Aggregate Total</u>
Amendment Amount	<u>\$1,054,485 Aggregate Total</u>
Total Contract Amount	<u>\$2,605,735 Aggregate Total</u>
Cost Center	<u>4100001753</u>

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 21-284** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Skilled Nursing Facility specializing in dementia-related care secondary to behavioral health and medical conditions, which Contract first became effective start varies by contract, the following changes are hereby made and agreed to, effective date of execution:

- I. REFERENCED AGGREGATE FISCAL PROVISIONS are amended to read as follows:

Aggregate Fiscal Provisions

Term: January 1, 2021 through June 30, 2025, inclusive.

Aggregate Maximum Obligation:

FUNDING ALLOCATED FOR 2020-2021	\$310,250
FUNDING ALLOCATED FOR 2021-2022	\$310,250
FUNDING ALLOCATED FOR 2022-2023	\$661,745
FUNDING ALLOCATED FOR 2023-2024	\$661,745
FUNDING ALLOCATED FOR 2024-2025	\$661,745

Basis for Reimbursement:

Fee – For – Service

Current Payment/Reimbursement Rate:

County Authorized Patch Rate Level A	\$72.45 per day
County Authorized Patch Rate Level B	\$144.90 per day
County Authorized Patch Rate Level C	\$186.30 per day

Bed-hold First seven days of a bed hold will be covered by the State. DBH Program Manager II or designee will evaluate the need of a bed hold on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for bed hold. If approved, DBH Program Manager II or designee will provide approval via email, which will cover the bed at the current DHCS rate.

Room Reserve DBH Program Manager II or designee will evaluate the need of a room reserve on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for room reserve. If approved, DBH Program Manager II or designee will provide approval via email, at the current County negotiated Room Reserve rate.

**Addendum I describes the differences between the designated levels.*

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 Care on Palm, LLC
4768 Palm Avenue
Riverside, CA 92501
951-686-9001

PROGRAM SITE: Community Care on Palm, LLC
4768 Palm Avenue
Riverside, CA 92501
951-686-9001

- II. ARTICLE IV Funding and Budgetary Restrictions, paragraph I is here amended to read as follows:
- I. The contract amendment amount of \$1,054,485 shall increase the total contract amount from \$1,551,250 to \$2,605,735 for the contract term.
- III. ARTICLE V Provisional Payment, paragraph B is hereby amended to read as follows:
- B. The Contractor agrees to collect the mandated base SNF bed rate from the Medi-Cal/ Medi-Care system as set forth by the State/Federal regulations, and the County will pay to Contractor a patch rate for equipment and transportation services as specified for consumers who have behavioral problems that require more specialized services and whose functioning level is too low to be maintained in a lower level of care. The SNF care levels will divide the available bed days under this Agreement for fiscal years (FY) 2020/21 through (FY) 2024/25 according to the “Aggregate Fiscal Provisions” of this Agreement.
- Care Levels A, B, C, Bed-hold and Room Reserve are further defined in Addendum I. Contract to be an aggregate across the entirety of the contract term, not an annual allocation.
- IV. Addendum I, Section III., paragraph D, D.4, and D.5, are hereby amended to read as follows:
- D. Provide up to (10) beds for the appropriate Level of Care for the term of this agreement. Levels of Care is defined as:
4. **Bed Holds**: First seven days of a bed hold will be covered by the State. DBH Program Manager II or designee will evaluate the need of a bed hold on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for bed hold. If approved, DBH Program Manager II or designee will provide approval via email, which will cover the bed rate indicated in the Aggregate Fiscal Provisions. Bed holds must be approved by the DBH Program Manager II or designee prior to bed reservation and billing.
5. **Room Reserve Rates**: Room reserve need will be evaluated by the DBH Program Manager II or designee on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for room reserve. If approved, DBH Program Manager II or designee will provide approval via email, covering the bed rate as indicated in the Aggregate Fiscal Provisions. Room reserve must be approved by the DBH Program Manager II or designee prior to bed reservation and billing.

V. 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 Care on Palm, LLC

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

Curt Hagman, Chairman, 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 _____
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of San Bernardino County

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance

Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department

Georgina Yoshioka, Interim Director
Date _____