

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**

<b>Department Contract Representative</b>	Diana Barajas
<b>Telephone Number</b>	(909) 388-0862
<b>Contractor</b>	Loma Linda University Medical Center
<b>Contractor Representative</b>	Judy Peterson
<b>Telephone Number</b>	(909) 558-9208
<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 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:**

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

Loma Linda University Medical Center  
*(Print or type name of person signing contract)*

By \_\_\_\_\_

*(Authorized signature - sign in blue ink)*

Name Anthony Hilliard, MD  
*(Print or type name of person signing contract)*

Title CEO  
*(Print or Type)*

Dated: \_\_\_\_\_

By \_\_\_\_\_

*(Authorized signature - sign in blue ink)*

Name Angela Lalas  
*(Print or type name of person signing contract)*

Title CFO  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 11165 Mountain View Avenue, Suite 121  
Loma Linda, CA 92354

SAN BERNARDINO COUNTY

\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

Dated: \_\_\_\_\_

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 \_\_\_\_\_  
*Deputy*

**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 _____