



Contract Number

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	<u>William L. Gilbert, Director</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>California Emergency Medical Services Authority</u>
Contractor Representative	<u>Megan Krentsa</u>
Telephone Number	<u>916-719-6142</u>
Contract Term	<u>12/1/2020 through end of Governor's emergency declaration declared on 3/4/2020</u>
Original Contract Amount	<u>NTE \$3,000,000</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>NTE \$3,000,000</u>
Cost Center	<u></u>

AMENDMENT NO. 1

The COUNTY OF SAN BERNARDINO on behalf of its Arrowhead Regional Medical Center and the STATE OF CALIFORNIA, as represented by the California Emergency Medical Services Authority (hereinafter the "State") agree to amend the terms of the California Contracted Medical Staff Services Agreement fully executed between the parties on or about December 1, 2020 ("Agreement"), as follows, effective on the last date this Amendment No. 1 is executed by the parties:

1. Attachment A of the Agreement is replaced with Attachment A of this Amendment No. 1.
2. This Amendment No. 1 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 Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment upon request.

3. All other terms and conditions of the Agreement shall remain in full force and effect.

STATE OF CALIFORNIA, CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY:

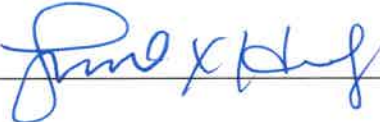
Date: _____ By: _____

Name: _____

Title: _____

COUNTY OF SAN BERNARDINO:

Facility Name: Arrowhead Regional Medical Center

Date: 1/14/2021 By: 

Name: Leonard X. Hernandez

Title: Chief Executive Officer

FOR COUNTY USE ONLY

Approved as to Legal Form


Charles Phan, Deputy County Counsel

Date 1/13/2021

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department


William L. Gilbert, Director

Date _____

EXHIBIT A

California State Contracted Staffing Resource Cost Per Hour by Classification

Staffing Resource	
Staff Classification	Max Rates
<i>Registered Nurse - Med/Surg</i>	\$180.00
<i>Registered Nurse - ICU</i>	\$200.00
<i>Registered Nurse - Pediatrics</i>	\$130.00
<i>Registered Nurse - Tele/Obs</i>	\$180.00
<i>Registered Nurse - ER</i>	\$180.00
<i>Registered Nurse - OR</i>	\$140.00
<i>Licensed Vocational Nurse - BH</i>	\$100.00
<i>Licensed Vocational Nurse</i>	\$95.00
<i>Certified Nursing Assistant</i>	\$70.00
<i>Respiratory Therapist</i>	\$180.00
<i>MRI Technician</i>	\$150.00
<i>X-Ray Technician</i>	\$100.00
<i>Pharmacist</i>	\$165.00
<i>Physical Therapist</i>	\$140 - \$160
<i>Paramedic</i>	\$120 - \$140
<i>Home Care Aide</i>	\$70 - \$80
<i>Environmental Services (EVS)</i>	\$70.00

*Updated 1/8/2021