

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



Contract Number

20-1239 A-2

SAP Number

4400016175

Department of Behavioral Health

Department Contract Representative	<u>Diana Barajas</u>
Telephone Number	<u>(909) 388-0862</u>
Contractor	<u>Aurora Charter Oak Hospital</u>
Contractor Representative	<u>John Meier</u>
Telephone Number	<u>626-214-2029</u>
Contract Term	<u>December 15, 2020 – June 30, 2025</u>
Original Contract Amount	<u>\$27,613,575</u>
Amendment Amount	<u>\$9,464,346</u>
Total Contract Amount	<u>\$37,077,921</u>
Cost Center	<u>9209191000</u>
Grant Number (if applicable)	<u></u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Aurora Charter Oak Hospital referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 20-1239 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:

Aurora Charter Oak Hospital

Hospital Classification:

<input 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 checked="" 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:

Out-of-County Acute Psychiatric Hospital (IMD)			
<i>Payor</i>	<i>Age Group</i>	<i>Day Type</i>	<i>Daily Rate</i>
DBH	Indigent Adult (18+)	Acute	Regional rate if no primary contracting MHP OR
	Medi-Cal Adult (21-64)		Per primary contracting MHP*
	Medi-Cal Adult (21-64) <i>only</i>	Administrative	County negotiated rate
	Indigent Child or Adolescent (0-17)	Acute	Regional rate if no primary contracting MHP OR
		Administrative	Per primary contracting MHP* County negotiated rate
Medi-Cal	Medi-Cal Child or Adolescent (0-17) Medi-Cal Adult (18-20 and 65+)	Acute	Regional rate if no primary contracting MHP OR
		Administrative	Per primary contracting MHP* Per DHCS

*Rate shall reflect either the regional rate by accommodation code as provided annually by DHCS or the rate as negotiated between Aurora Charter Oak Hospital and the primary contracting MHP, whichever is current (9 CCR 1820.110, 1820.115).

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: Aurora Charter Oak Hospital
1161 East Covina Boulevard

Covina, CA 91724

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

Deputy

Aurora Charter Oak Hospital

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

By

John Meier

2E6FE945461B4D0

(Authorized signature - sign in blue ink)

Name

John Meier

(Print or type name of person signing contract)

Title CEO

(Print or Type)

Dated:

12/9/2024

Address

1161 East Covina Boulevard

Covina, CA 91724

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

Reviewed/Approved by Department

Georgina Yoshioka

Georgina Yoshioka, Director

Date

12/9/2024

Lisa Rivas-Ordaz for Ellayna Hoatson