



Contract Number

20-1240 A-3

SAP Number

4400016176

Department of Behavioral Health

Department Contract Representative	<u>Diana Barajas</u>
Telephone Number	<u>(909) 388-0862</u>
Contractor	<u>Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital</u>
Contractor Representative	<u>Stephanie Berner</u>
Telephone Number	<u>909-590-4030</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 Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 20-1240 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:

Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital

Hospital Classification:

<input type="checkbox"/> In-County General Acute Care	<input checked="" 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 type="checkbox"/> Children (12 and under)

Payment/Reimbursement Rate:

In-County Acute Psychiatric Hospital (IMD)			
<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 Adult (21-64)		
	Medi-Cal Adult (21-64) <i>only</i>	Administrative	County negotiated rate
Medi-Cal	Medi-Cal Child or Adolescent (0-17)	Acute	County negotiated rate per 9 CCR 1820.110
	Medi-Cal Adult (18-20 and 65+)	Administrative	

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: Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital
 5353 G Street
 Chino, CA 91710

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

Canyon Ridge Hospital, Inc. dba Canyon Ridge Hospital

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

Dawn Rowe, Chair, 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 Stephanie Berner
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title CEO
(Print or Type)

By _____
Deputy

Dated: _____

Address 5353 G Street
Chino, CA 91710

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 _____