



Contract Number

20-1246 A-2

SAP Number

4400017032

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	California Emergency Medical Services Authority
Contractor Representative	Cory Brown
Telephone Number	(916) 865-8702
Contract Term	12/1/2020 through the end of Governor's emergency declaration declared on 3/4/2020
Original Contract Amount	Aggregate NTE \$3,000,000
Amendment Amount	Aggregate NTE \$2,000,000
Total Contract Amount	Aggregate NTE \$5,000,000
Cost Center	8720

AMENDMENT NO. 2

SAN BERNARDINO COUNTY 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. 2 is executed by the parties:

1. Replace Attachment A to the Agreement with the Attachment A to this Amendment No. 2. Outstanding invoices for services rendered prior to the effective date of this Amendment will be paid at the prior existing rates as set forth in the Agreement.
2. Add the following provision to the Agreement:

The not-to-exceed aggregate contract amount is \$5,000,000.

3. Section 4 is amended as follows:

- a. The Hourly Rate charged to the Facility by the State will not exceed those set forth in the following Rate Sheet. In addition, costs for overtime or holiday hours will be charged as applicable. Overtime rates and provisions may vary by staffing agency but are generally charged at no less than:
 - i. one and one-half times the regular rate of pay for all hours worked in excess of eight hours in a workday or more than 40 hours in a workweek; and
 - ii. double the regular rate of pay for all hours worked in excess of twelve hours in any workday.
- b. Contracted medical staff schedules will be a minimum of 48 to 72 hours per week (e.g., six days per week: 12 hours per day).

4. All references to "County of San Bernardino" in the Agreement shall be amended to read "San Bernardino County."

5. **Full Force and Effect.** This Agreement, as amended, remains in full force and effect.

6. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement.

7. **Counterparts.** This Amendment 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 Contract. 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.

SAN BERNARDINO COUNTY

► 
Leonard X. Hernandez, Chief Executive Officer

Dated: 11/10/2021

Facility Name: Arrowhead Regional Medical Center

STATE OF CALIFORNIA, CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

By ► _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

FOR COUNTY USE ONLY

Approved as to Legal Form

▶ 

Scott Runyan, Supervising Deputy County Counsel

Date 11/9/21

Reviewed for Contract Compliance

▶

Date

Reviewed/Approved by Department

▶

Date

ATTACHMENT A

California Contracted Medical Staff – Rate Sheet

Staff Classification	Amount Paid by Facility
<i>Registered Nurse – Med/Surg</i>	\$150 - \$262
<i>Registered Nurse – ICU</i>	\$185 - \$289
<i>Registered Nurse – Pediatric ICU</i>	\$110 - \$204
<i>Registered Nurse – Pediatrics</i>	\$130 - \$143
<i>Registered Nurse – Tele/Obs</i>	\$170 - \$262
<i>Registered Nurse – ER</i>	\$160 - \$289
<i>Registered Nurse – OR</i>	\$140 - \$154
<i>Registered Nurse – BH</i>	\$140 - \$154
<i>Licensed Vocational Nurse -BH</i>	\$100 - \$110
<i>Licensed Vocational Nurse</i>	\$80 - \$182
<i>Certified Nursing Assistant</i>	\$55 - \$101
<i>Respiratory Therapist</i>	\$175 - \$235
<i>MRI Technician</i>	\$150 - \$165
<i>X-Ray Technician</i>	\$100 - \$130
<i>Pharmacist</i>	\$165 - \$215
<i>Pharmacy Technician</i>	\$110 - \$121
<i>Physical Therapist</i>	\$140 - \$176
<i>Paramedic</i>	\$100 - \$154
<i>Home Care Aide</i>	\$70 - \$88
<i>Environmental Services (EVS)</i>	\$70 - \$77

*Updated 8/11/2021



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Arrowhead Regional Medical Center

Contact Name: Nanette Buenavidez / Jeff Emery

Telephone: (909) 777-0708

Agreement No.: 20-1246 Amendment No.: 2 Date of Board Item: 10/26/21 Board Item No.: 84

Name of Contract Entity/Project Name: California Emergency Medical Services Authority

Explanation of request/Special Instructions:

On 10/26/21 (Item No. 84), the Board of Supervisors (Board) extended the authority of the Chief Executive Officer (CEO) through November 30, 2021, subject to ratification by the Board at the next available Board meeting to execute amendments to previously approved contracts that are in excess of the Purchasing Agent authority, so long as the total contract amount does not exceed \$5 million, and to approve acquisition of personnel to support the emergency response to COVID-19.

Approval of Amendment No. 2, effective upon execution, to the California Contracted Medical Staff Services Agreement with California Emergency Medical Services Authority, replaces the staffing rate sheet in Attachment A (outstanding invoices for services rendered prior to the effective date of this Amendment will be paid at the prior existing rates as set forth in the Agreement), amends Section 4 to specify overtime and holiday pay requirements, and increases the contract amount by \$2 million from \$3 million to \$5 million to cover pending invoices for services provided January 2021 through April 2021, and provides ARMC with access to medical staffing resources, if needed, to continue to help mitigate personnel shortages as a result of the COVID-19 pandemic.

On 12/15/20 (Item No. 36), the Board ratified Agreement No. 20-1246 with California Emergency Medical Services Authority that included three staffing agreements, California Health Corps Staff Services Agreement, California Medical Assistance Team Staff Services Agreement and California Contracted Medical Staff Services Agreement, which was signed by the Chief Executive Office on December 1, 2020 for medical staffing resources to COVID-19, until the Governor declares an end to the State of Emergency declared on March 4, 2020 in an amount not to exceed \$3,000,000.

On 2/9/21 (Item No. 23), the Board ratified Amendment No. 1 to Agreement No. 20-1246 to provide an updated Exhibit A to the Contracted Medical Staff Agreement to include additional classifications and rate increases.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed
to County Counsel

County Counsel Name: Scott Runyan

Date Sent: 11/9/21



County of San Bernardino
DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

Reviewing County Counsel Use Only	Review Date <u>11/9/21</u> <u>[Signature]</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>11/10/2021</u> <u>[Signature]</u> Signature <u>Pamela Williams</u>	Disposition: <input checked="" type="checkbox"/> Route for signature to: <input type="checkbox"/> Chair <input checked="" type="checkbox"/> CEO <input type="checkbox"/> Department <input type="checkbox"/> Return to Department for preparation of agenda item