

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

**Contract Number**20-369 A-1**SAP Number**4400013010**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Luis Castillo</u>
<b>Telephone Number</b>	<u>909-388-0861</u>
<b>Contractor</b>	<u>Vista Pacifica Enterprises, dba</u> <u>Vista Pacifica Convalescent</u>
<b>Contractor Representative</b>	<u>Cheryl Jumonville</u>
<b>Telephone Number</b>	<u>951-682-4833</u>
<b>Contract Term</b>	<u>June 9, 2020 through June 30,</u> <u>2025</u>
<b>Original Contract Amount</b>	<u>\$1,551,250 Aggregate Total</u>
<b>Amendment Amount</b>	<u>\$1,054,485 Aggregate Total</u>
<b>Total Contract Amount</b>	<u>\$2,605,735 Aggregate Total</u>
<b>Cost Center</b>	<u>4100001753</u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Vista Pacifica Enterprises, dba Vista Pacifica Convalescent referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:****WITNESSETH:**

IN THAT CERTAIN **Contract No. 20-369** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Skilled Nursing Facility specializing in dementia-related care secondary to behavioral health and medical conditions, which Contract first became effective start varies by contract, the following changes are hereby made and agreed to, effective date of execution:

- I. REFERENCED AGGREGATE FISCAL PROVISIONS are amended to read as follows:

Aggregate Fiscal Provisions

**Term:** June 9, 2020 through June 30, 2025, inclusive.

**Aggregate Maximum Obligation:**

FUNDING ALLOCATED FOR 2020-2021	\$310,250
FUNDING ALLOCATED FOR 2021-2022	\$310,250
FUNDING ALLOCATED FOR 2022-2023	\$661,745
FUNDING ALLOCATED FOR 2023-2024	\$661,745
FUNDING ALLOCATED FOR 2024-2025	\$661,745

**Basis for Reimbursement:**

Fee – For – Service

**Current Payment/Reimbursement Rate:**

County Authorized Patch Rate Level A	\$72.45 per day
County Authorized Patch Rate Level B	\$144.90 per day
County Authorized Patch Rate Level C	\$186.30 per day

Bed-hold First seven days of a bed hold will be covered by the State. DBH Program Manager II or designee will evaluate the need of a bed hold on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for bed hold. If approved, DBH Program Manager II or designee will provide approval via email, which will cover the bed at the current DHCS rate.

Room Reserve DBH Program Manager II or designee will evaluate the need of a room reserve on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for room reserve. If approved, DBH Program Manager II or designee will provide approval via email, at the current County negotiated Room Reserve rate.

*\*Addendum I describes the differences between the designated levels.*

**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: Vista Pacifica Enterprises DBA Vista Pacifica Convalescent  
3674 Pacific Avenue  
Riverside, CA 92509  
951-682-4833

PROGRAM SITE: Vista Pacifica Convalescent  
3662 Pacific Avenue  
Riverside, CA 92509  
951-682-4833

II. ARTICLE IV Funding and Budgetary Restrictions, paragraph K is here amended to read as follows:

K. The contract amendment amount of \$1,054,485 shall increase the total contract amount from \$1,551,250 to \$2,605,735 for the contract term.

III. ARTICLE V Provisional Payment, paragraph B is hereby amended to read as follows:

- B. The Contractor agrees to collect the mandated base SNF bed rate from the Medi-Cal/ Medi-Care system as set forth by the State/Federal regulations, and the County will pay to Contractor a patch rate for equipment and transportation services as specified for consumers who have behavioral problems that require more specialized services and whose functioning level is too low to be maintained in a lower level of care. The SNF care levels will divide the available bed days under this Agreement for fiscal years (FY) 2019/20 through (FY) 2024/25 according to the "Aggregate Fiscal Provisions" of this Agreement.

Care Levels A, B, C, Bed-hold and Room Reserve are further defined in Addendum I. Contract to be an aggregate across the entirety of the contract term, not an annual allocation.


IV. Addendum I, Section III., paragraph D, D.4, and D.5, are hereby amended to read as follows:

- D. Provide up to (10) beds for the appropriate Level of Care for the term of this agreement. Levels of Care is defined as:
4. **Bed Holds**: First seven days of a bed hold will be covered by the State. DBH Program Manager II or designee will evaluate the need of a bed hold on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for bed hold. If approved, DBH Program Manager II or designee will provide approval via email, which will cover the bed rate indicated in the Aggregate Fiscal Provisions. Bed holds must be approved by the DBH Program Manager II or designee prior to bed reservation and billing.
  5. **Room Reserve Rates**: Room reserve need will be evaluated by the DBH Program Manager II or designee on a case by case basis. Contractor will be responsible to email DBH Program Manager with request for room reserve. If approved, DBH Program Manager II or designee will provide approval via email, covering the bed rate as indicated in the Aggregate Fiscal Provisions. Room reserve must be approved by the DBH Program Manager II or designee prior to bed reservation and billing.

- V. 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

  
Curt Hagman, Chairman, Board of Supervisors

Dated: **NOV 15 2022**

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  
of San Bernardino County

By  Deputy



Vista Pacifica Enterprises, dba Vista Pacifica  
Convalescent

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

By 

7BB435A1B5A0415

(Authorized signature - sign in blue ink)

**Cheryl Jumonville**

Name (Print or type name of person signing contract)

**President**

Title (Print or Type)

**10/28/2022**

Dated:

**3662 Pacific Ave**

Address

**Jurupa Valley, CA 92509**

**FOR COUNTY USE ONLY**

Approved as to Legal Form



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Dawn Martin, Deputy County Counsel

Date **10/27/2022**

Reviewed for Contract Compliance

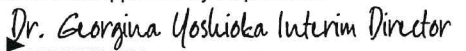


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Natalie Kessee, Contracts Manager

Date **10/28/2022**

Reviewed and Approved by Department



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Georgina Yoshioka, Interim Director

Date **10/28/2022**