



Contract Number

16-08 A5

SAP Number

440000567

Sheriff/Coroner/Public Administrator

Department Contract Representative
Telephone Number

John Ades, Captain
(909) 387-0640

Contractor
Contractor Representative
Telephone Number
Contract Term
Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center

Liberty Healthcare Corporation
Kenneth Carabello
(800) 331-7122
01-12-2019 to 01-11-2021
\$41,663,094
\$ 4,506,178
\$46,169,272
4424601000

IT IS HEREBY AGREED AS FOLLOWS:

Amendment No. 5

Contract No. 16-08 is hereby amended effective January 12, 2020 as follows:

1. Amend Section D as follow: 1) To increase the total amount of the Agreement by \$4,506,178 by deleting the first sentence and replace it with: "The maximum amount of payment under this Agreement shall not exceed \$46,169,272 for the Term of the Agreement unless amended by the Board of Supervisors." 2) By adding the following:
 - a. When pre-authorized and scheduled by the County, through the Sheriff's Deputy Director of Administrative Services (DDAS), the Contractor is authorized to bill for non-exempt employees for overtime worked at 150% of the rate derived from the Annual Salary & Benefits as per Schedule A (with employee receiving added compensation for said overtime work), plus administrative expenses and management fees at 34.251%. Also, when pre-authorized and scheduled by the DDAS, the Contractor may bill for exempt employees for extra shifts worked at a flat rate of \$500 per 8-hour shift or \$250 per 4-hour shift (with employee receiving added compensation for said extra shifts), plus administrative expenses and management fees at 34.251%.
 - b. Location Differential: Contractor is authorized to bill the County an additional 20% over the rate derived from the Annual Salary & Benefits as per Schedule A for hours worked by Mental Health Registered Nurses and Master's Level Clinicians at the High Desert Detention Center (with

employee receiving added compensation for said hours) plus administrative expenses and management fees at 34.251%.

- c. Shift Differential 1: Contractor is authorized to bill the County an additional 7% over the rate derived from the Annual Salary & Benefits as per Schedule A for overnight shift hours worked by Mental Health Registered Nurses and Master's Level Clinicians as defined as shifts beginning at or around 19:00 hr and ending at or around 07:30 hr for a 12-hour shift, and beginning at or around 19:00 hr and ending at or around 05:30 hr for 10-hour shift at the High Desert Detention Center and West Valley Detention Center (with employee receiving added compensation for said hours) plus administrative expenses and management fees at 34.251%.
- d. Shift Differential 2: Contractor is authorized to bill the County an additional 7% over the rate derived from the Annual Salary & Benefits as per Schedule A for hours worked by Mental Health Registered Nurses and Master's Level Clinicians during weekend hours as defined as hours between Saturday 0.00 hr and Sunday 11:59 hr, at the High Desert Detention Center and West Valley Detention Center (with employee receiving added compensation for said hours) plus administrative expenses and management fees at 34.251%.
- e. Said differentials per position may apply in more than one category as set forth above.
- f. As part of the monthly invoice, Contractor shall provide the County a report of hours for which a Location Differential, Shift Differential 1, and Shift Differential 2 are applied.

2. Replace the original "Schedule A – Pricing" referred to in Section D with the "Schedule A – Pricing" attached hereto and incorporated herein by reference.

Except as amended all other terms and conditions of this contract remain unchanged.

COUNTY OF SAN BERNARDINO

►

Curt Hagman, Chairman, Board of Supervisors

Dated: _____
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 the County of San Bernardino

By _____
Deputy

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

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

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

Title _____
(Print or Type)

Dated: _____

Address 401 East City Avenue, suite 820
Bala Cynwyd, PA 19004

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Richard D. Luczak, Deputy County Counsel	►	► John Ades, Captain
Date _____	Date _____	Date _____