



Contract Number

17-427 A-1

SAP Number

XXXXXXXX

Department of Behavioral Health

Department Contract Representative	Bishoy Bestawros
Telephone Number	(909) 388-0856
Contractor	Community Hospital of San Bernardino
Contractor Representative	Bob Merritt
Telephone Number	(909) 806-1721
Contract Term	July 1, 2017 – December 31, 2020
Original Aggregate Contract Amount	\$12,000,000
Amendment Amount	\$2,000,000
Total Aggregate Contract Amount	\$14,000,000
Cost Center	9209191000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 17-427** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for residential recovery services for inpatient psychiatric services, which Contract first became effective July 1, 2017 the following changes are hereby made and agreed to, effective July 1, 2020:

- I. REFERENCED CONTRACT PROVISIONS, is hereby amended to read as follows:

REFERENCED CONTRACT PROVISIONS

Term: July 1, 2017 through December 31, 2020, inclusive.

Aggregate Maximum Obligation:

TOTAL AGGREGATE MAXIMUM OBLIGATION: \$14,000,000

Basis for Reimbursement:

Fee For Service

Payment Method:

Fee For Service

Payment/Reimbursement Rate:

Medi-Cal and Indigent Adult Acute Psychiatric Inpatient Day \$825 per bed day

Medi-Cal Administrative Day Rate established by state DHCS

Indigent Administrative Day Will not be reimbursed

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: Community Hospital of San Bernardino
1805 Medical Center Drive
San Bernardino, CA 92411

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.

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

Community Hospital of San Bernardino

(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 _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►
Natalie Kessee, Contracts Manager

Date _____

Reviewed/Approved by Department

►
Veronica Kelley, Director

Date _____