



**Contract Number**

17-429 A-1

**SAP Number**

XXXXXXXXX

**Department of Behavioral Health**

<b>Department Contract Representative</b>	<u>Bishoy Bestawros</u>
<b>Telephone Number</b>	<u>(909) 388-0856</u>
<b>Contractor</b>	<u>Vista Behavioral Hospital, LLC dba Pacific Grove Hospital</u>
<b>Contractor Representative</b>	<u>Saad Niazi</u>
<b>Telephone Number</b>	<u>(951) 275-8400</u>
<b>Contract Term</b>	<u>July 1, 2017 – December 31, 2020</u>
<b>Original Aggregate Contract Amount</b>	<u>\$12,000,000</u>
<b>Amendment Amount</b>	<u>\$2,000,000</u>
<b>Total Aggregate Contract Amount</b>	<u>\$14,000,000</u>
<b>Cost Center</b>	<u>9209191000</u>

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Vista Behavioral Hospital, LLC dba Pacific Grove Hospital referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. 17-429** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor 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 \$743 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: Pacific Grove Hospital  
5900 Brockton Ave.  
Riverside, CA 92506

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

Vista Behavioral Hospital, LLC dba Pacific  
Grove Hospital

\_\_\_\_\_  
(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 \_\_\_\_\_