

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



Contract Number

19-384 A1

SAP Number

4400011698

Department of Behavioral Health

Department Contract Representative	Francisco Ramos
Telephone Number	909-388-0887
Contractor	Generations Healthcare of Lakeside, LLC
Contractor Representative	Jamie Boehs
Telephone Number	619-561-1222
Contract Term	July 1, 2019 – March 31, 2024
Original Contract Amount	\$1,590,306
Amendment Amount	(\$330,000)
Total Contract Amount	\$1,260,306
Cost Center	9209181000

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Generations Healthcare of Lakeside, LLC referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 19-384** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for skilled nursing facility neurobehavioral services, which Contract first became effective July 1, 2019, the following changes are hereby made and agreed to, effective October 5, 2021:

- I. ARTICLE IV Funding and Budgetary Restrictions, paragraph J is hereby amended to read as follows:
 - J. The contract amendment amount of \$330,000 shall decrease the total contract amount from \$1,590,306 to \$1,260,306 for the contract term.

II. ARTICLE V Provisional Payment, paragraph A is hereby amended to read as follows:

A. County agrees to pay Contractor a provisional rate (based bed rate) noted below to cover the cost for Skilled Nursing Facilities (SNF) services provided. However, bed days allocated between levels needed may change, but the total of all payments to Contractor shall not exceed the total contract amount.

1. Level A: \$150 per day

2. Level B: \$325 per day

3. Level C: \$75 per day

4. Level D: \$50 per day

Care Levels A, B, C, and D are further defined in Addendum I.

III. 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: _____
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
San Bernardino County

By _____
Deputy

(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 _____