



**Contract Number**

**SAP Number**  
4400003897

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	Heidi Whitten, Case Management Coordinator
<b>Telephone Number</b>	(909) 580-1041
<b>Contractor</b>	Reliant Home Healthcare Services, Inc.
<b>Contractor Representative</b>	Yinka Latinwo
<b>Telephone Number</b>	(909) 931-5100
<b>Contract Term</b>	December 14, 2017 through December 13, 2022
<b>Original Contract Amount</b>	In the aggregate of \$100,000
<b>Amendment Amount</b>	In the aggregate of \$400,000
<b>Total Contract Amount</b>	In the aggregate of \$500,000
<b>Cost Center</b>	9187504200

### AMENDMENT NO. 1

**WHEREAS**, the County of San Bernardino ("County") and Reliant Home Healthcare Services, Inc. ("Contractor") entered into a Contract, fully executed by the parties on December 12, 2017, for the Contractor's provision of home health services for certain patients of Arrowhead Regional Medical Center ("ARMC");

**WHEREAS**, the parties seek to amend the terms of the Contract to clarify Contractor's duties relating to documentation for billing for services provided by Contractor under this Contract; and

**NOW, THEREFORE**, effective as of the last date this Amendment No. 1 is executed by the parties, the Contract is amended as follows:

1. Add Section F.9 to the Contract as follows:

**F.9** In the event that Contractor seeks payment from County for services provided to ARMC patients for which Medi-Cal or any third-party insurer (collectively "Insurer") has denied payment to Contractor, Contractor must provide to County, upon County's request, all documents evidencing the denial and basis of denial by the Insurer, as well as any documents submitted by Contractor to the Insurer. Payment will be made by the County for such claims only upon satisfactory

documentary evidence that the denial of payment by the Insurer is based on the patient's ineligibility for coverage of the services by the Insurer.

2. Delete Section F.2 to the Contract in its entirety and replace with the following:

**F.2** The maximum amount of payment under this Contract shall not exceed an aggregate total of \$500,000, and shall be subject to availability of other funds to the County. The aggregate total in the foregoing represents the not-to-exceed total expenditure of the County with contracted home health agencies for home health services for the term of this Contract. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

3. All references to "County of San Bernardino" in the Contract are amended to read "San Bernardino County".
4. All other terms and conditions of the Contract shall remain in full force and effect.
5. This Amendment 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 Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment 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

Reliant Home Healthcare Services, Inc.

(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

►  
Charles Phan, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

Date \_\_\_\_\_

Reviewed/Approved by Department

►

Date \_\_\_\_\_