

**3<sup>rd</sup> ADDENDUM TO CONTRACT FOR SERVICES  
BY INDEPENDENT CONTRACTOR**

THIS 3<sup>rd</sup> ADDENDUM is to that Contract for Services entered into on October 15, 2013 by and between the County of Siskiyou ("County") and BHC Sierra Vista Hospital ("Contractor") and is entered into this 11<sup>th</sup> day of Aug, 2015.

WHEREAS, the parties desire to amend the rates of compensation payable under the contract in Exhibit A, Paragraph 4. COMPENSATION AND BILLING;

NOW, THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Exhibit A, Paragraph 4: COMPENSATION AND BILLING:

a. REIMBURSEMENT:

- 1) FY15-16 Rate: County shall pay Contractor 100 percent of the following rates per day for admissions:

**Medi Cal Rates**

Hospital Inpatient	Mode 05	SFC 10-18	\$770.00/Day	Child
Hospital Administrative Day*	Mode 05	SFC 19	\$519.94/Day	Child
Inpatient Psychiatric Support Services (when services are provided)	Mode 15	SFC 01-79	\$90.00/Day	Child

**Short-Doyle Rates**

Hospital Inpatient <u>without</u> Psychiatric Support Services			\$770.00/Day	Child
Hospital Inpatient <u>with</u> Psychiatric Support Services			\$860.00/Day	Child

**Adult Services (Ages 22-64)**

Hospital Inpatient (all inclusive)	Mode 05	SFC 10-18	\$950.00/Day	Adult
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\*Administrative Day Rates (Children Only) reflect state established rate per DHCS Notice 14-015 Issued 5/13/2014.

All other terms and conditions of the Contract for Services shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum to Contract for Services on the date hereinabove set forth.

Executed in Yreka, California, on the date and year first above written.

CONTRACTOR: BHC Sierra Vista Hospital

By:   
Mike Zauner CEO

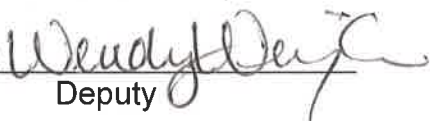
7/22/15  
(Date)

TAXPAYER I.D. On File

COUNTY OF SISKIYOU

By   
Ed Valenzuela, Chair

ATTEST:  
COLLEEN SETZER  
Clerk, Board of Supervisors

By   
Deputy

ACCOUNTING:

Fund	Organization	Account	Activity Code (if applicable)
2122	401030	740300	

\_\_\_\_\_

Encumbrance number (if applicable) \_\_\_\_\_

If not to exceed, include amount not to exceed: \_\_\_\_\_

*For multi-year contracts, please include separate sheet with financial information for each fiscal year.*