4th ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS 4th ADDENDUM is to that Contract for Services entered into on September 12, 2022, and as amended on January 3, 2023, April 3, 2024, and May 21, 2025, by and between the County of Siskiyou ("County") and Sacramento Behavioral Healthcare Hospital, LLC. ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Contract expires on June 30, 2026, and services continue to be required after that date; and

WHEREAS the parties desire to extend the term of the Contract;

WHEREAS the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the Scope of Service, Exhibit "A", needs to be revised to reflect additional duties.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the Contract through June 30, 2027.

Paragraph 3.01 of the Contract, Scope of Services, shall be amended to delete the existing Exhibit "A", Scope of Services, and replacing it in its entirety with the new Exhibit "A", Scope of Services, which includes a new rate sheet, attached hereto and entirely incorporated by reference.

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

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, County and Contractor have executed this 4th Addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date:_____

_____
RAY A. HAUPT, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Sacramento Behavioral Healthcare Hospital, LLC.

Date: 8/18/2026

DocuSigned by:
_____
Wade Sturgeon, System Chief Financial Officer

Date: 8/20/2026

Signed by:
_____
Nathan Jensen, Chief Executive Officer

License No.: 550007457
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D.: On File

ACCOUNTING:

Fund	Organization	Account	
2122	401030	723015	FY22/23 $0.01 (Rate)
2122	401030	740300	FY23/24 $0.01 (Rate)
			FY24/25 $0.01 (Rate)
			FY25/26 $0.01 (Rate)
			FY26/27 $0.01 (Rate)

Encumbrance number (if applicable): E2600331

If not to exceed, include amount not to exceed: ($0.01) Rate

Exhibit "A"

I. Scope of Services

A. During the term of this agreement, Contractor shall:

1) Provide acute psychiatric inpatient medical services to patients referred by County. In the event of a medical emergency, either psychiatric or non-psychiatric, Contractor shall stabilize and treat or transfer patients in accordance with the Emergency Medical Treatment and Active Labor Act, 42 U.S.C., Section 1395dd ("EMTALA"). County agrees that all screenings and stabilizing services provided by a Contractor in a medical emergency are Covered Services.

2) Comply with all provisions of Title IX of the California Code of Regulations.

3) Contractor's admission policies are to be in writing and available to the public and such policies include a provision that patients are accepted for care without discrimination on the basis of race, color, religion, national origin, ancestry, or sex.

4) Contractor shall provide County with copies of each patient's admission and discharge plans within fourteen (14) days of patient's discharge and shall follow the current Department of Health Care Services requirements.

5) Contractor's financial reports shall be retained for at least five (5) years and made available for audit on request of State. Contractor shall comply with State Department of Health Care Services cost reporting requirements.

6) Contractor shall provide to County's clients the information pertaining to the grievance procedures established by the County. Contractor understands and agrees to comply with County's managed care requirements to include authorization of services, notification, and ensuring that private Contractors are given appropriate information regarding treatment authorization and comply with requirements.

7) Contractor shall, if deemed necessary by the State of California, comply with County managed care provider certification process.

B. Prior Authorization: County shall provide to Contractor written prior authorization for each patient admitted. A patient may be admitted without a completed authorization form on the basis of verbal authorization from the county contract liaison by mutual consent of the County and Contractor, provided County supplies a completed authorization within three (3) days from the date of admission.

C. If a sudden, marked change in client's health or condition, illness, death, serious personal injury or substantial property damage occurs in connection with the performance of this Agreement, Contractor shall immediately notify the Director, Siskiyou County Health and Human Agency, Behavioral Health Division, by telephone. Contractor

shall promptly submit to County a written report in such form as may be required by it of all accidents which occur in connection with the performance of this Agreement. This report must include the following information:

1) Name and address of the injured or deceased person;

2) Name and address of Contractor's subcontractor, if any;

3) Name and address of Contractor's liability insurance carrier believed to be involved;

4) A detailed description of the incident and whether any of County's equipment, tools, material or employees was involved.

II. Compensation and Billing

Reimbursement

Rate: County shall pay Contractor 100 percent of the following rates per day for admissions:

Provided that there shall first have been a submission of claims in accordance with Paragraph 4.3 of this Contract, the Provider shall be paid at the following all-inclusive rate per patient day for acute psychiatric inpatient hospital services, based on the following accommodation codes (complete any of the following that apply and indicate the accommodation codes that are not applicable to this contract):

Sacramento Behavioral Healthcare Hospital

Kindness, Service, Healing

RATE STRUCTURE FOR FY 2026-27

Rate Structure:

Contract rates are all inclusive of the professional fee ($110.00/day) and hospital stay. When billing the County for authorized services provided to County beneficiaries or those individuals where no other payor source is available.

Medi-Cal Funded Beneficiaries

Activity	Rate
Inpatient Psychiatric Support Services – Professional Fees (Mode 15, Service Functions (01-79)(when services are provided & billed to County)	$110.00/Day
Administrative Day Services	$817.64/Day
Patient Specific - 1:1 Staffing (per hour)	$30.00/Hour

County Funded Clients - Non-Medi-Cal - No other Payer Source Available

Activity	Rate
Per Diem Acute Facility Day Rate (Adult)	$1,575.00/Day
Per Diem Acute Facility Day Rate (Older Adult)	$1,575.00/Day
Per Diem Acute Facility Day Rate (Child/Adolescent)	$1,575.00/Day
Administrative Day Services	$817.64/Day
Patient Specific - 1:1 Staffing (per hour)	$30.00/Hour

These rates apply to all Medi-Cal or County eligible services rendered to all patients to all Counties and are updated annually by HCS for the Central Region Accommodation Code 124

*County Funded rates are based on the MEDI-CAL PSYCHIATRIC INPATIENT HOSPITAL SERVICES REGIONAL AVERAGE for the CENTRAL REGION (Code 124), as published annually by the State of California Health and Human Services Agency, Department of Health Care Services. Updated rates will be sent to County annually as received.

Mode of Service/Service Function	Procedure Code	Provider Type	Type of Service	Service Description	Max Allowed Rate Per Unit	Effective Start Date	Effective End Date
MS 05 SF 10-018	H2015	Psychiatric Residential Treatment Facility	Hospital Inpatient	Psychiatric Inpatient	$1,155.98 per day Children's Services (Ages 0-21)	7/1/2025	6/30/2026
MS 05 SF 10-018	H2015	Psychiatric Residential Treatment Facility	Hospital Inpatient	Psychiatric Inpatient	$1,155.98 per day Children's Services (Ages 22-64)	7/1/2025	6/30/2028
MS 05 SF 10-018	H2015	Psychiatric Residential Treatment Facility	Hospital Inpatient	Psychiatric Inpatient	$1,155.98 per day Children's Services (Over 64)	7/1/2025	6/30/2028

The per diem rates, as described above, are to be the only payments made by Siskiyou County Health and Human Services, Behavioral Health Division for inpatient services provided to Medi-Cal beneficiaries except where otherwise provided hereunder.

A. Rates are all inclusive of the professional fee and hospital stay: The rate structure under Paragraph IIA (1) of this Contract is intended by both the County and the Provider to be inclusive of all services defined in this Contract as Psychiatric Inpatient Hospital Services except for Accommodation Code #035. The per diem rate is considered to be payment in full, subject to third party liability and patient share of costs, for psychiatric inpatient hospital services to a beneficiary.

B. The rate structure utilized to negotiate the contract is inclusive of all services defined as psychiatric services in Title 9, Chapter 11 and the per diem rate structure does not include non-hospital based physician or psychological services or one on one observation services. *CCR Title 9, Chapter 11, Section 1810.430 (d) (4) & (5).* b) The rate structure under Paragraph IIA(1) of this Contract shall not include physician services or transportation services rendered to beneficiaries covered under this Contract.

C. The rate structure under Paragraph II A (1) of this Contract shall be adjusted, with prior written approval, to the annual rate structure negotiated by Sonoma County Mental Health as the host County. Future rates will be amended, in writing, by mutual consent of both parties.

3) Monthly Payment: Contractor shall provide County with an approved form for use in billing services under this agreement. The approved format for billing is the standard UB 92. Contractor shall bill for services under this agreement on a monthly basis in arrears. Contractor shall provide County with an original bill on the approved form within thirty (30) days of service. A County representative shall evaluate the quality of the service performed, and if found to be satisfactory, shall initiate payment process. County shall endeavor to pay invoices or claims of satisfactory work within thirty (3030) days of presentation.

III. Compliance and Audits

Contractor shall ensure that all services and documentation shall comply with all applicable requirements in the DHCS-MHP Contract No. 17-94617 located at:

https://www.co.siskiyou.ca.us/sites/default/files/fileattachments/behavioral_health

/page/1381/dhcs_contract_2022_-_2027.pdf

A. Contractor shall comply with all applicable Medicaid laws, regulations, and contract provisions, including the terms of the 1915(b) Waiver and any Special Terms and Conditions.

B. Contractor shall be subject to audit, evaluation, and inspection of any books, records, contracts, computer or electronic systems that pertain to any aspect of the services and activities performed, in accordance with 42 CFR §§ 438.3(h) and 438.230(c)(3).

C. Contractor shall make available, for the purposes of an audit, evaluation, or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medi-Cal beneficiaries.

D. Should the State, CMS, or the HHS Inspector General determine that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate, and audit the Contractor at any time.

E. County will monitor performance of Contractor on an ongoing basis for compliance with the terms of the DHCS-MHP Contract. Contractor's performance shall be subject to periodic formal review by County.

F. Contractor and any of its officers, agents, employees, volunteers, contractors, or subcontractors agree to consent to criminal background checks including fingerprinting when required to do so by DHCS or by the level of screening based on risk of fraud, waste, or abuse as determined for that category of provider.

G. Contractor shall allow inspection, evaluation, and audit of its records, documents, and facilities, and those of its subcontractors, for 10 years from the term end date of this Contract or in the event the Contractor has been notified that an audit or investigation of this Contract has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later.

H. Should Contractor create a Federal or State audit exception during the course of the provision of services under this agreement, due to an error or errors of omission or commission, Contractor shall be responsible for the audit exception and any associated recoupment. Should a Contractor-caused audit exception result in financial recoupment, County shall invoice Contractor for the associated amount and Contractor shall reimburse County the full amount within 30 days. The County will not offset future billings for repayment under this agreement.

I. All provisions in this section shall survive the termination, expiration, or cancellation of this agreement.

IV. Contract Amendments

Contractor and County may mutually agree to amend, in writing, the rates and/or services in this

contract during the term.