FIRST ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR

FIRST ADDENDUM is to that Contract for Services entered into on June 4, 2024, by and between the County of Siskiyou ("County") and BHC Alhambra Hospital, d/b/a Reasons Eating Disorder Center, a corporation. ("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 parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit "B", needs to be revised to reflect the provided rates effective July 1, 2026, and

WHEREAS, the Workers' Compensation Insurance in Contract section 19.b.3 shall be amended to establish a minimum limit of coverage.

WHEREAS, the Liability minimum coverage has increased in the Contract in Section 19.b.3.

WHEREAS, the General Liability minimum coverage has increased in the contract in section 19.b.1.

WHEREAS, the Professional Liability minimum coverage has increased in the Contract in section 19.b.5.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 19.b.3 shall be amended to establish a minimum limit of $1,000,000.00 for Workers' Compensation Insurance.

Paragraph 19.b.3 shall be amended to increase the required limit for Liability Insurance from $1,000,000.00 to $2,000,000.00.

Paragraph 19.b.1 shall be amended to increase the required limit for General Liability Insurance from $1,000,000.00 to $2,000,000.00.

Paragraph 19.b.5 shall be amended to increase the required limit for Professional Liability Insurance from $1,000,000.00 to $2,000,000.00.

Exhibit "C" of the Contract for Duration and Effective Date shall be amended to extend the term of the Contract through June 30, 2029.

Exhibit "B" of the Contract, Compensation, shall be deleted and replaced in its entirety with the new Exhibit "B", Compensation, attached hereto and hereby 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 1st 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: BHC Alhambra Hospital, d/b/a Reasons Eating Disorder Center, a corporation

Date: 10/8/26

_____
Craig Corley, Chief Financial Officer

Date: 10/8/26

_____
Peggy Minnick, Chief Executive Officer

License No.: 930000006
(Licensed in accordance with an act providing for the registration of contractors)

TAXPAYER I.D.: On File

ACCOUNTING:

Fund	Org	Account	Activity Code (if applicable)
2122	401030	740300	
2184	401044	740300	2233

FY24/25 $0.01 (Rate)
FY25/26 $0.01 (Rate)
FY26/27 $0.01 (Rate)
FY27/28 $0.01 (Rate)
FY28/29 $0.01 (Rate)

Encumbrance number (if applicable): E2500023

If not to exceed, include amount not to exceed: $0.01

EXHIBIT "B"
CONTRACT FOR BEHAVIORAL HEALTH SERVICES
COMPENSATION

1. **Compensation**. Prior to commencement of services, Contractor shall provide a valid, current taxpayer ID number to the Siskiyou County Auditor/Controller at: 311 4th St, Ste. 101, Yreka, California 96097. County shall pay to Contractor, as compensation in full for all services performed by Contractor pursuant to this Contract, the following sums in the following manner:

   a. Contractor shall be reimbursed at the following rates for services. Rates are all inclusive, include initial assessment and services described in Exhibit A:

Level of Care	Old pricing	**2026 pricing**
Inpatient	*$1625*	***$1700***
Residential	*$1525*	***$1600***
Virtual PHP	*$825*	***$900***
Virtual IOP	*$540*	***$600***

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 010	H2015	02 - Psychiatric Hospital	Hospital Inpatient	Hospital Inpatient	$1,700.00	11/7/2023	

2. **Billing.** Contractor shall bill County for services provided under this Contract as follows: For all services in a calendar month, Contractor shall submit an invoice to County by the 30th day of the following calendar month. The invoice shall be itemized, showing the number of client days, the client day and or/service minute rate and any offsetting revenues (e.g., SSI payment).

3. **Documentation.** A part of the monthly invoicing process, Contractor shall provide, with each monthly invoice, documentation pertaining to client services provided during the invoiced month, according to any special requirements needed by third party payors or federal or state funding agencies. While rates are all inclusive, Contractor shall include case notes and documentation of individual services provided during treatment with their invoices. This requirement shall apply to all Contractors billing services on a per-unit basis, or as described in section 1 of this Exhibit, "Compensation". Contractor shall provide documentation as set forth in County guidelines, which can be found at:

https://www.co.siskiyou.ca.us/sites/default/files/fileattachments/behavioral_health/page/1381/dhcs_contract_2022_-_2027.pdf

4. **Payments.**

a. County shall, within thirty (30) days following receipt of a correct monthly invoice meeting all criteria in this Contract, pay the undisputed charges on the invoice. If there are any disputed charges on the invoice, County shall include an explanation of the nature of the dispute with the payment for the undisputed charges and shall provide Contractor with a Notice of Adverse Beneficiary Determination, if applicable. The Parties shall exchange any information needed to resolve the dispute within a reasonable time.

b. Overpayment: Pursuant to 42 C.F.R. section 438.608(d) and MHSUD Information Notice 19-034, in the event that County issues an overpayment to the provider or Contractor, the provider or Contractor must report the overpayment in writing to the Behavioral Health Administrator or designee within three (3) business days of the discovery of overpayment. The notification must include information indicating the reason Contractor believes they were overpaid. The overpayment must be returned to the Plan within sixty (60) calendar days after the date on which the overpayment was identified. The overpayment may also be deducted from Contractor's future payments from County. The provider will provide all requested information necessary for County to investigate and return the overpayment as needed. Records of the discovery and recovery of overpayment will be retained by County and provider in the same manner and timeframe as all other claiming or financial records. The requirements above do not apply to any amount of a recovery to be retained under False Claims Act cases or through other investigations.

5. **Withholding Payment.**

a. In addition to withholding payment due to disputed charges on an invoice, County shall have the right to withhold payment to Contractor under any of the following conditions:

1) Contractor has not documented or has not sufficiently documented Contractor's services according to client records standards of the industry and any special requirements needed by third party payors or federal or state funding agencies.
2) Contractor has failed or refused to furnish information or cooperate with any inspection, review or audit of Contractor's program or County's use of Contractor's program. This includes interviews and/or reviews of records in any form of information storage.
3) Contractor has failed to sufficiently itemize or document an itemized invoice.
4) When, in the opinion of County and expressed by County to Contractor in writing, Contractor's performance, in whole or in part, has not been sufficiently documented.