AMENDMENT

TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND BHC FREMONT HOSPITAL, INC.

This Amendment #1 to Agreement Number 2023-224 dated June 22, 2023, by and between the County of Tehama, through its Health Services Agency (County) and BHC Fremont Hospital, Inc., a California Corporation dba Fremont Hospital (Contractor) for the provision of Psychiatric Inpatient Services, shall be amended as follows:

Exhibit B shall be replaced in its entirety.

It is mutually agreed that all other terms and conditions of Agreement Number 2023-224 shall remain in full force and effect.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

> 127641 Vendor Number

Standard Form of Amendment – Services adopted 4-27-10

Exhibit B

Rates - Per Patient / Per Day

Fiscal Years 2023/2024 (July 01, 2023 through June 30, 2024):

Medi Cal Beneficiaries

	BHC Fremont Hospital Inc. dba Fremont Hospital
Inpatient Day Rate (Code 124) (Adult)	\$1,994.00
Inpatient Day Rate (Youth – under 18)	\$2,032.00
Short Doyle – Inpatient Day Rate (Adult)	\$1,994.00
Short Doyle – Inpatient Day Rate (Youth – under 18)	\$2,032.00
Administrative Day Rate (Code 169) – (Adult)	\$TBD
Administrative Day Rate – Youth – (under 18)	\$TBD
Professional Day Rate	\$165.00
Geriatric Program Unit (G) - Redwoods daily rate	\$1,994.00

Fiscal Year 2024/2025 (July 1, 2024 through June 30, 2025)

Medi Cal Beneficiaries

	BHC Fremont Hospital Inc. dba
	Fremont Hospital
Inpatient Day Rate (Code 124) (Adult)	\$2,177.00
Inpatient Day Rate (Youth – under 18)	\$2,219.00
Short Doyle - Inpatient Day Rate (Adult)	\$2,177.00
Short Doyle - Inpatient Day Rate (Youth - under 18)	\$2,219.00
Administrative Day Rate (Code 169) – (Adult)	\$TBD
Administrative Day Rate – Youth – (under 18)	\$TBD
Professional Day Rate	\$165.00
Geriatric Program Unit (G) - Redwoods daily rate	\$2,177.00

Rates include the Professional fee.

The all-inclusive rates, as described above, are to be the only payments made by Tehama County Health Services Agency for inpatient services provided to beneficiaries hereunder.

Host County Rate Parity

Notwithstanding any other provision of this Exhibit "B", in the event that the rates charged by BHC Fremont Hospital, Inc. dba Fremont Hospital to Santa Clara County are adjusted during the term of this agreement (whether increased or decreased), Contractor shall notify County within fifteen (15) days of receiving notice of such adjustment from Santa Clara County. Commencing thirty (30) days after County's receipt of notice from BHC Fremont Hospital, Inc. dba Fremont Hospital, County shall compensate BHC Fremont Hospital, Inc. dba Fremont Hospital at rates equal to the adjusted rates charged to Santa Clara County.