

AMENDMENT #1

**TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA
AND BHC SIERRA VISTA HOSPITAL, INC.**

This Amendment #1 to Agreement Number 2023-306, dated September 8, 2023, by and between the County of Tehama, through its Health Services Agency (County) and BHC Sierra Vista Hospital, Inc. (Contractor) for the provision of psychiatric inpatient services, shall be amended as follows:

Exhibit A shall be replaced in its entirety to include updated rates for Fiscal Year 2025/2026 as set forth on page 2 of this amendment.

It is mutually agreed that all other terms and conditions of Agreement Number 2023-306 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.

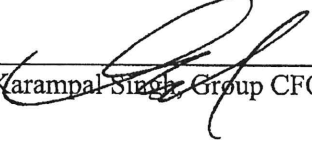
Date: 4-29-26

COUNTY OF TEHAMA


Jayme S. Bottke, Executive Director

Date: 4/14/26

BHC SIERRA VISTA HOSPITAL, INC.


Karampal Singh, Group CFO

109635
Vendor Number

EXHIBIT A – Rates

Per Patient / Per Day

Fiscal Year 2025/2026

	BHC Sierra Vista Hospital Inc. County rates per child per day
Medi-Cal inpatient bed	\$1,191.35
Medi-Cal inpatient psychiatric support services	\$108.21
Medi-Cal Administrative day rate*	\$817.64
Short Doyle inpatient w/o psychiatric support services	\$1,191.35
Short Doyle inpatient, with psychiatric support services	\$1,299.56
Short Doyle administrative day rate w/o psychiatric support services*	\$817.64
Short Doyle administrative day rate with psychiatric support services*	\$922.64
	BHC Sierra Vista Hospital Inc. County rates per adult per day
Medi-cal inpatient bed w/o Psychiatric Support Services	\$1,191.35
Medi-cal Inpatient Psychiatric Support Services	\$108.21
Medi-Cal Administrative day rate *	\$817.64

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.

*Administrative day rate subject to change in accordance with DHCS published rate.

Host County Rate Parity

Notwithstanding any other provisions of this Exhibit “A”, in the event that the rates charged by Hospital to Sacramento County are adjusted during the term of this agreement (whether increased or decreased), Contractor shall notify County, in writing, within fifteen (15) days of receiving notice of such adjustment from Sacramento County. Upon County’s receipt of written notice, County shall compensate Hospital at rates equal to the adjusted rates charged to Sacramento County.

End of Exhibit A