

AMENDMENT #1

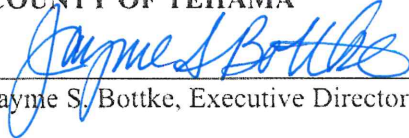
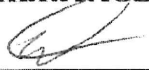
TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA
AND BHC HERITAGE OAKS HOSPITAL, INC.

This Amendment #1 to Agreement Number 2023-305, dated September 8, 2023, by and between the County of Tehama, through its Health Services Agency (County) and BHC Heritage Oaks 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 2023-305 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: <u>4-29-26</u>	COUNTY OF TEHAMA  Jayme S. Bottke, Executive Director
Date: <u>4/15/26</u>	BHC HERITAGE OAKS HOSPITAL, INC.  Robinson Chyou, Chief Financial Officer

102806
Vendor Number

EXHIBIT A – Rates
Per Patient / Per Day

Per Patient / Per Day

Fiscal Year 2025/2026

	BHC Heritage Oaks 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 Heritage Oaks Hospital, Inc. County rates per adult per day
Medi-cal inpatient bed	\$1,191.35
Medi-Cal Administrative day rate*	\$817.65
Electroconvulsive Therapy (ECT)	\$1,800

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 provision 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 within fifteen (15) days of receiving notice of such adjustment from Sacramento County. Commencing thirty (30) days after COUNTY's receipt of notice from Hospital, COUNTY shall compensate Hospital at rates equal to the adjusted rates charged to Sacramento County.

End of Exhibit A