

**SECOND AMENDMENT TO THE AGREEMENT BETWEEN  
THE COUNTY OF SHASTA AND  
AURORA BEHAVIORAL HEALTHCARE-SANTA ROSA LLC.**

This Second Amendment is entered into between the County of Shasta, a political subdivision of the State of California, through its Health and Human Services Agency ("County"), and Aurora Behavioral Healthcare-Santa Rosa, LLC., a California Limited Liability Company ("Provider").

**RECITALS**

WHEREAS, County and Provider have previously entered into an agreement on July 28, 2015, effective July 1, 2015, for the provision of healthcare services ("Agreement"); and

WHEREAS, County and Provider amended the Agreement on June 29, 2016 to replace EXHIBIT NO. 1 REIMBURSEMENT ADDENDUM, with EXHIBIT NO. 1.1 REIMBURSEMENT ADDENDUM; and

WHEREAS, County and Provider desire to amend this Agreement to replace EXHIBIT NO. 1.1 REIMBURSEMENT ADDENDUM, with EXHIBIT NO. 1.2 REIMBURSEMENT ADDENDUM, attached and incorporated herein, for the purpose of increasing compensation. All references in the original Agreement to EXHIBIT NO. 1 shall be construed as references to EXHIBIT NO. 1.2 from the effective date of the Second Amendment.

NOW, THEREFORE, the Agreement is amended as follows:

- I. EXHIBIT NO. 1.1 REIMBURSEMENT ADDENDUM, attached to the Agreement, is replaced with EXHIBIT No. 1.2 REIMBURSEMENT ADDENDUM, and is deemed incorporated in the Agreement as of the effective date of this Second Amendment. EXHIBIT 1.1 REIMBURSEMENT ADDENDUM to the Agreement is deemed superseded by EXHIBIT 1.2 REIMBURSEMENT ADDENDUM as of the effective date of this Second Amendment.

**II. REAFFIRMATION**

In all other respects, the Agreement, as amended, remains in full force and effect.

**III. ENTIRE AGREEMENT**

The Agreement, as amended, and any attachments, constitute the entire understanding between County and Provider.

**IV. EFFECTIVE DATE**

Unless otherwise provided, this Second Amendment shall be deemed effective July 1, 2016.

IN WITNESS WHEREOF, the Parties hereto have executed this Second Amendment to the Agreement. By their signatures below, each signatory represents that he/she has the authority to execute this Second Amendment and to bind the Party on whose behalf his/her execution is made.

**COUNTY OF SHASTA**

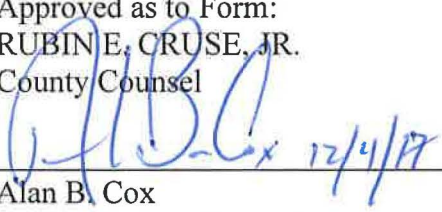
Date \_\_\_\_\_

\_\_\_\_\_  
DAVID A. KEHOE, CHAIRMAN  
Board of Supervisors  
County of Shasta  
State of California

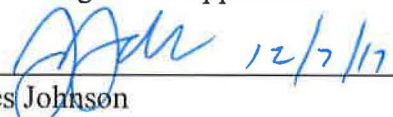
ATTEST:  
Lawrence G. Lees  
Clerk of the Board

By: \_\_\_\_\_  
Deputy

Approved as to Form:  
RUBIN E. CRUSE, JR.  
County Counsel

  
\_\_\_\_\_  
Alan B. Cox  
Deputy County Counsel

Risk Management Approved:

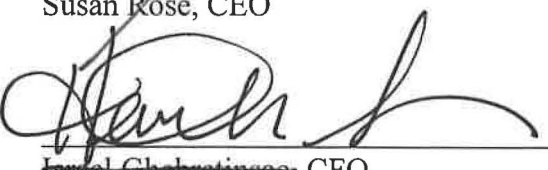
  
\_\_\_\_\_  
James Johnson  
Risk Management Analyst

**AURORA BEHAVIORAL  
HEALTHCARE – SANTA ROSA, LLC.**

Date 1/30/18

  
\_\_\_\_\_  
Susan Rose, CEO

Date 1-30-18

  
\_\_\_\_\_  
Heather Starr

**EXHIBIT NO. 1.2  
REIMBURSEMENT ADDENDUM**

**1. Provider Inpatient Service Reimbursement.**

County shall pay Provider 100 percent of the following all-inclusive rates per day for admissions:

<b>Services</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>
Medi-Cal, Inpatient Acute (Adult)	\$1,149.54	\$1,230.00	\$1,255.00
Medi-Cal Inpatient Acute (Older Adult)	\$1,173.00	\$1,255.00	\$1,280.00
Medi-Cal Inpatient Acute ( Child/Adolescent)	\$1,275.00	\$1,364.00	\$1,391.00
Medi-Cal Inpatient Administrative	\$ 663.00	\$ 663.00	\$ 676.00
Medi-Cal Inpatient Professional Fees- Day 1	\$ 127.50	\$ 127.50	\$ 135.05
Medi-Cal Inpatient Professional Fees- Ongoing	\$ 92.80	\$ 92.80	\$ 94.65
Short Doyle Inpatient Acute ( Adult)	\$1,149.54	\$1,230.00	\$1,255.00
Short Doyle Inpatient Acute ( Older Adult)	\$1,173.00	\$1,255.00	\$1,280.00
Short Doyle Inpatient Acute ( Child/Adolescent)	\$1,275.00	\$1,364.00	\$1,391.00
Short Doyle Inpatient Administrative	\$ 663.00	\$ 663.00	\$ 676.00
Short Doyle Inpatient Professional Fees- Day 1	\$ 127.50	\$ 127.50	\$ 130.05
Short Doyle Inpatient Professional Fees - Ongoing	\$ 92.80	\$ 92.80	\$ 94.65

- The all-inclusive per diem rates, as described above, are to be the only payments made by County for Inpatient Psychiatric Services provided to Medi-Cal Beneficiaries under this Agreement except where otherwise provided hereunder.
- The rate structure under Section 1 of this EXHIBIT shall not include transportation services required in providing Inpatient Psychiatric Services under this agreement. When transportation services are Medi-Cal eligible services, they shall be billed separately from the per diem rate for the Inpatient Psychiatric Services provided under this Agreement.

The compensation payable for County Fiscal Year (FY) 2015-16 shall not exceed \$100,000, and shall not exceed \$300,000 per year for County FYs 2016-17 and 2017-18. The maximum amount payable under this Agreement shall not exceed \$700,000. For purposes of the Agreement, the County FY begins each July 1 and ends each June 30.

**COVERED/NON-COVERED SERVICES**

The services listed under "Covered Services" are included in per diem rates, while services listed under "Non-Covered Services" are excluded from per diem rates:

**COVERED SERVICES**

Clinical Laboratory Services  
Dietary Services and Consultations  
Drug Screening  
Educational Services  
Emergency Services  
Family Therapy  
Group Therapy  
Involuntary Patient Care  
Medical History and Physical Examination  
Pharmacy Services  
Psychiatric Nursing Services  
Recreation Services  
Seclusion Room w/Special Observation  
Social Services  
Urinalysis  
Medical History  
Physical Examination (Tech component)

**NON-COVERED SERVICES**

Ambulance Services  
Arteriogram  
Biofeedback  
Brain Mapping  
CAT Scans  
Chest X-ray  
Electrocardiography  
Electroconvulsive Therapy (ECT)  
Electroencephalography  
Inhalation Therapy  
MRI  
Physician Services  
Psychological Testing  
Speech and Language Services

Both the Short-Doyle/Medi-Cal Maximum Allowance rate and the Federal Financial Participation are adjusted during the year. The rates noted in this Agreement are subject to change, and Provider shall be paid at the adjusted interim rates up to the Agreement's maximum amount, without amendment to this Agreement.