



County of Solano Contract Review Worksheet

Contract Number: 03170-18
(Dept., Division, FY, #)

Authority:

- ☐ Dept Head Execute
☐ CAO Execute
☒ BOS Approval Required

NOTE: Please review all instructions on the back of this worksheet before you begin processing.

1. Department/Division: Health and Social Services/Mental Health		2. Date: 2/25/2019	
3. Contract Administrator: Lora Hayes		4. Phone Ext: 784-2214	
5. Contract Attributes: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> MOU <input type="checkbox"/> Intergovernmental <input checked="" type="checkbox"/> Personal/Professional Svcs <input type="checkbox"/> Purchase of Goods <input type="checkbox"/> Lease <input type="checkbox"/> Construction <input type="checkbox"/> Other </div> <div style="width: 45%;"> Bid/RFP Required? Sole Source Contract? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Bid/RFP No: Date: / / Please attach copy of Bid/RFP or justification. </div> </div>		<input checked="" type="checkbox"/> Amendment/Change Order Amendment/Change Order Number: 1 Contract No: 03170-18 Date: 7/1/2017 Please attach copies of original/amendments.	
6. Description of Contract: To provide sub-acute psychiatric residential treatment for severely and persistently mentally ill adults with neurobehavioral impairments whose condition requires a lower level of care than an acute setting.			
7. Name of Contractor: Medical Hill Rehabilitation Center, LLC		8. EIN 20 - 4454548 SSN - -	
9. Is Contractor a California Public Pension Plan Retiree? If yes: Name of Public Pension Plan:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date of Retirement:	
10. Has County contracted with Contractor previously during this fiscal year? Please list County department if other than the department listed on number 1 above.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. Effective Date: 7 / 1 / 2017		12. Termination Date: 06 / 30 / 2019	
13. Contract Budget: Original Contract Amount: \$ 126,000 Total of Previous Amendments: \$ Current Amendment: \$ 34,400 Total Amount of Contract \$ 160,400		14. Payment Terms: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Arrears <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimate </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Progress <input type="checkbox"/> Other </div> </div>	
15. Source of Funds: <input checked="" type="checkbox"/> Fed/State Grant <input type="checkbox"/> State Allocation <input type="checkbox"/> County Fed Catalog No: . State Legislation: AB			
16. Fund: Budget Unit: 7744 Sub-object: 3134		17. Current Appropriation Sufficient? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
18. Proposed Board of Supervisors Agenda Date, if required. Please attach agenda summary and ATR request.			
19. Remarks: Board Date: 7/25/17, Board Item #: 17-525			
20. Signature Route:			
_____ Department Contract Administrator		_____ County Counsel	
_____ Risk Manager		_____ CAO Analyst	
Dated		Dated	
Dated		Dated	

FISCAL INFORMATION - To Be Completed by PFA Team	
Federal Amount	
Source(s)	
State Amount	
Source(s)	
County General Fund Amount and Percentage	\$39,478 (24.61%)
County Realignment Amount	\$119,667 (74.61%) 1991 Realignment
Other Amount	\$1,255 (0.78%)
Source(s)	Other private pay
Budget Unit(s)	7744
Account Code(s)	3134
Amendment Amount:	\$34,400
New Contract Total:	\$160,400 (2 year contract max)

PLEASE PROVIDE THIS INFORMATION FOR INPUT INTO THE DATABASE.

THIS INFORMATION IS REQUIRED BEFORE CONTRACT CAN BE EXECUTED.

**FIRST AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO AND MEDICAL HILL REHABILITATION CENTER, LLC**

This First Amendment is made on February 25, 2019, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and Medical Hill Rehabilitation Center, LLC ("Contractor").

1. Recitals

- A. The parties entered into a contract dated July 1, 2017 (the "Contract"), in which Contractor agreed to provide sub-acute psychiatric residential treatment for severely and persistently mentally ill adults with neurobehavioral impairments, whose condition requires a lower level of care than an acute setting.
- B. The County now needs to modify the Budget of the Contract.
- C. This First Amendment represents an increase of \$34,400 of the Contract.
- D. The parties agree to amend the Contract as set forth below.

2. Agreement

A. Amount of Contract

Section 3 is deleted in its entirety and replaced with: "The maximum amount of this Contract is \$160,400."

3. Effectiveness of Contract

Except as set forth in this First Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political
Subdivision of the State of California

CONTRACTOR

By _____
Birgitta E. Corsello
County Administrator

By _____
Andrew Snider, Administrator

APPROVED AS TO FORM

APPROVED AS TO CONTENT

By _____
County Counsel

By _____
Gerald R. Huber, Director
Health and Social Services Department