

**AMENDMENT NO. 1 TO THE CONTRACT WITH
WILLOW GLEN CARE CENTER (RES. 24-269)**

THIS AMENDMENT is executed this October 28, 2025 by and between WILLOW GLEN CARE CENTER, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County.” Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on June 11, 2024 per Resolution 24-269; and

WHEREAS, the Contractor operates long term mental health and residential care to adult clients with mental health conditions; and

WHEREAS, the parties desire to amend their Agreement to increase the contract price from \$100,000 to \$200,000 (an increase of \$100,000) and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of October 14, 2025.
2. That Maximum Contract Price, shall be amended to the following:
\$200,000
3. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
4. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

By: _____
Chair of the Board of Supervisors

ATTEST:

By: _____
Clerk of the Board

CONTRACTOR:

By: _____
Willow Glen Care Center
1547 Plumas Court
Yuba City, California 95991

EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
WILLOW GLEN CARE CENTER

The maximum amount of this contract shall not exceed \$200,000 for the entire contract term of July 1, 2024 through June 30, 2026. The contract amount shall not exceed \$50,000 for Fiscal Year 2024/25 and \$150,000 for Fiscal Year 2025/26.

Contractor shall submit to County, no later than the tenth day of each month following the month in which services are provided, a monthly patient billing invoice for each client receiving services during that month. If more than one county client received services then Contractor shall also submit a summary statement of the total amount due. The Monthly Patient Billing Statement is attached hereto and by this reference incorporated herein.

Payment for services shall be made by County Auditor’s Office according to County Auditor’s payment schedule, provided there is an Admission Agreement signed by County’s Director of Behavioral Health or the Director’s designee and the contract amount has not been exceeded.

The rate of reimbursement for Day Rehabilitation Services shall be:

Fiscal Year 25/26

Sequoia Psychiatric Treatment Center – MHRC

Rate Schedule:	
Daily Contract Rate:	\$435.00

Cedar Grove – MHRC

Rate Schedule:	
Daily Contract Rate:	
1-30 clients:	\$470.00
31-35 clients:	\$430.00
36-44 clients:	\$410.00

Willow Glen Care Center - B&C

Rate Schedule:	
Daily Contract Rate:	
1-69 clients:	\$257.00
70-84 clients:	\$247.00
85-100 clients:	\$222.00

Fiscal Year 24/25

Sequoia Psychiatric Treatment Center – MHRC

Rate Schedule:	
Daily Contract Rate:	\$410.00

Cedar Grove – MHRC

Rate Schedule:	
Daily Contract Rate:	
1-30 clients:	\$435.00
31-35 clients:	\$405.00
36-44 clients:	\$385.00

Willow Glen Care Center - B&C

Rate Schedule:	
Daily Contract Rate:	
1-69 clients:	\$250.00
70-84 clients:	\$240.00
85-100 clients:	\$215.00

Should the County be notified in writing that an adjustment to the rates has been made and the effective date of such adjustment, then County shall pay Contractor the adjusted rate.

County shall bill clients according to their liability as established by County and/or any third party payors (e.g. Medi-Cal, Medicare, private insurance) identified by County.

Contractor shall remit invoices to:

Nevada County Behavioral Health Department
Attn: Fiscal Staff
500 Crown Point Circle, Suite 120
Grass Valley, CA 95945