

**AMENDMENT #1 TO THE CONTRACT WITH CALIFORNIA
PSYCHIATRIC TRANSITIONS (RES 24-262)**

THIS AMENDMENT is executed this June 3, 2025, by and between CALIFORNIA PSYCHIATRIC TRANSITIONS, 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 RES 24-262; and

WHEREAS, the Contractor operates a fully licensed Mental Health Rehabilitation Center providing psychiatric treatment and rehabilitation services to seriously mentally ill adults over the age of eighteen in a locked, long-term care setting; and

WHEREAS, to address the increased need for placements, the parties desire to amend their Agreement to increase the contract price from \$250,000 to \$350,000 (an increase of \$100,000) and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract amount

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of May 1, 2025.
2. That Maximum Contract Price, shall be amended to the following:
\$350,000.
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: _____
Heidi Hall
Chair of the Board of Supervisors

ATTEST:

By: _____
Clerk of the Board

CONTRACTOR:

By: _____
California Psychiatric Transitions
P.O. Box 339
Delhi, California 95315

EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
CALIFORNIA PSYCHIATRIC TRANSITIONS, INC.

The maximum contract price shall not exceed \$350,000 for the satisfactory performance of all services as described in Exhibit “A”, for the entire contract term.

Billing and Payment

Contractor shall be responsible for billing and collecting from all third-party revenue sources for Nevada County patients receiving services including, but not limited to, private insurance co-payments and Medi-Cal Share-of-Cost. Contractor shall bill primary payer of record prior to submitting a claim to County. Contractor shall first apply any patient revenues collected. The remaining balance may be claimed against this contract funding.

Contractor shall be compensated at the daily rates set forth in Attachment I. The hourly rate per Attachment I for “1:1 Monitoring” (One on One Supervision Services) shall be charged on an “as needed” basis as determined by medical order of the Contractor’s staff psychiatrist and authorized by the County. The purpose of this service is to maintain placement and reduce the probability of injury to self or others. This service is provided until the need no longer exists.

Rates are subject to annual change by Contractor. County shall compensate Contractor based on written notification from Contractor of a change in service rates. Changes in service rates shall not result in payments to Contractor exceeding the specified maximum amounts without a written Amendment to the Agreement.

Overpayment - If County overpays Contractor for any reason, Contractor agrees to return the amount of such overpayment to County or at County's option, permit County to offset the amount of overpayment against future payments owed to Contractor under this Agreement.

CONTRACTOR shall maintain complete financial records that clearly reflect the cost of each type of service for which payment is claimed. Any apportionment of costs shall be made in accordance with generally accepted accounting principles and shall evidence proper audit trails reflecting the true costs of services rendered.

Invoice - Contractor shall submit to County, for services rendered in the prior month, and in accordance with Exhibit “A”, a statement of services rendered to County and daily rate charged for those services claimed by the 20th of each month. Invoices shall be itemized and shall include dates of service provided for each patient, the patient’s name and the name of County staff authorizing the bed hold, description of service, and the daily rate charged for that service. Upon request, Contractor shall attach the Evidence of Benefits (EOB), all progress notes, intake summary, discharge summary, and Treatment Authorization Report (TAR).

The invoice shall include the Contractor’s name and remittance address, a unique invoice number, a detailed list of expenses with dollar amount, and a description to support each expense. Backup documentation shall be provided upon request. County reserves the right to terminate payment, based on eligibility status and County recommendation for transfers and/or discharge.

County shall review each billing for supporting documentation; verification of eligibility of individuals being served; dates of services and costs of services. Should there be a discrepancy on the invoice, COUNTY will notify the Contractor within fifteen (15) working days if an individual item or group of costs

is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct, and approved billing.

To expedite payment, Contractor shall reference on their invoice the Purchase Order Number, which has been assigned to their approved contract.

Contractor shall submit invoices to:

Health & Human Services Administration
Attention: BH Fiscal Staff
950 Maidu Avenue
Nevada City, California 95959

California Psychiatric Transitions

Rate Table FY 2024-2025

MHRC	
LPS	\$502/Day
1:1 Monitoring	\$57.00/Hour
DBU	
LPS, IST, DIV, Murphy	\$994/Day
1:1 Monitoring	\$57.00/Hour
FORENSIC	
IST, DIV, Murphy	\$714/Day
1:1 Monitoring	\$57.00/Hour

Bed hold rate will be the same rate as the corresponding unit that the bed is being held in.