

**AMENDMENT #2 TO THE RENEWAL CONTRACT WITH
WILLOW GLEN CARE CENTER (RESO 17-170; RESO 17-249)**

THIS AMENDMENT is dated this 3rd day of April, 2018 by and between WILLOW GLEN CARE CENTER, hereinafter referred to as "Contractor" and COUNTY OF NEVADA, hereinafter referred to as "County". Said Amendment will renew and amend the prior Agreement between the parties entitled Personal Services Contract, as approved on April 25th, 2017, per Resolution No. 17-170 and which was subsequently amended on June 13, 2017, per Resolution No. 17-249.

WHEREAS, the County has contracted with Contractor to provide long term mental health and residential care to adult clients with mental health conditions, for the contract term of July 1, 2016 through June 30, 2018; and

WHEREAS, the parties desire to amend their agreement to increase the Maximum Contract Price from \$134,500 to \$172,180 (an increase of \$37,680) due to an unanticipated increase in services and revise 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 #2 shall be effective as of February 1, 2018.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$172,180.
3. That Exhibit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
4. That in all other respects the prior Agreement of the parties shall remain in full force and effect.

COUNTY OF NEVADA:

By: _____
Honorable Edward C. Scofield
Chair of the Board of Supervisors

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

CONTRACTOR:

By: _____
Jeff Payne, Executive Director
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 \$172,180 for the entire contract term of July 1, 2016 through June 30, 2018. The contract amount shall not exceed \$109,500 for Fiscal Year 2016/17 and \$62,680 for Fiscal Year 2017/18.

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:

Sequoia Psychiatric Treatment Center

Rate Schedule:	7/1/16 - 12/31/16	1/1/17 - 6/30/17	7/1/17-6/30/2018
Board and Care Monthly Contract Rate:	\$800.00	\$810.00	\$810.00
Daily Contract Rate:	\$300.00	\$300.00	\$300.00

Willow Glen Care Center

Rate Schedule:	7/1/16 - 12/31/16	1/1/17 - 6/30/17	7/1/17-6/30/2018
Board and Care Monthly Contract Rate:	\$1014.00 / \$1034.00*	\$1026.37 / \$1046.37*	\$1026.37 / \$1046.37*
Daily Contract Rate:			
1-59 clients:	\$155.00	\$155.00	\$160.00
60-79 clients:	\$135.00	\$135.00	\$140.00
80-100 clients:	\$115.00	\$115.00	\$120.00
*SSI/SSP recipients who receive one paycheck per month / two paychecks per month			

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:

HHSA Administration
 Attn: BH Fiscal
 950 Maidu Avenue
 Nevada City, CA 95959