

**AMENDMENT #1 TO THE RENEWAL CONTRACT WITH  
WILLOW GLEN CARE CENTER (RESO 17-170)**

**THIS AMENDMENT** is dated this 4<sup>th</sup> day of May, 2017 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 25<sup>th</sup>, 2017, per Resolution No. 17-170.

**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, 2017; and

**WHEREAS**, the parties desire to renew and amend their agreement to: 1) increase the Maximum Contract Price from \$63,600 to \$134,500 (an increase of \$70,900) due to an unanticipated increase in services; 2) extend the Contract Termination Date from June 30, 2017 to June 30, 2018; and 3) revise Exhibit "B" Schedule of Charges and Payments to reflect the increase in the maximum contract price.

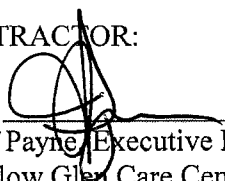
**NOW, THEREFORE**, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of February 1, 2017.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$134,500.
3. That Section (§3) Contract Termination Date, shall be changed to the following: 06/30/2018.
4. That Exhibit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
5. That in all other respects the prior Agreement of the parties shall remain in full force and effect.

COUNTY OF NEVADA:

By: \_\_\_\_\_  
Honorable Hank Weston  
Chair of the Board of Supervisors

CONTRACTOR:

By:  \_\_\_\_\_  
Jeff Payne, Executive Director  
Willow Glen Care Center  
1547 Plumas Court  
Yuba City, California 95991

ATTEST:

By: \_\_\_\_\_  
Julie Patterson-Hunter  
Clerk of the Board of Supervisors

**EXHIBIT "B"**  
**SCHEDULE OF CHARGES AND PAYMENTS**  
**WILLOW GLEN CARE CENTER**

The maximum amount of this contract shall not exceed \$134,500 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 \$25,000 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

