

**Amendment No. 2 TO THE AGREEMENT BETWEEN THE COUNTY OF LAKE AND  
MANZANITA HOUSE FOR ADULT RESIDENTIAL SUPPORT SERVICES AND  
SPECIALTY MENTAL HEALTH SERVICES FOR FISCAL YEAR 2017-18**

This Amendment No 2 to Agreement is made and entered into this 3rd day of May, 2018 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as "County") and Manzanita House (hereinafter referred to as "Contractor").

**RECITALS**

**WHEREAS**, the parties hereto have entered into an Agreement dated July 1, 2017 under which Contractor will provide adult residential support services and specialty mental health services to Lake County; and

**WHEREAS**, the parties amended the Agreement on or about March 29, 2018 in order to increase the total compensation payable under the Agreement; and

**WHEREAS**, the parties now desire to amend the Agreement a third time in order to update **Exhibit B – Section 4 –Payment Terms** to add an additional patch rate for a higher level of care effective April 1, 2018.

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

**Exhibit B – Section 4 – PAYMENT TERMS** is hereby amended to read:

**"4.1 County shall pay Contractor for clients approved for residential support services at the rate of Sixty Five Dollars (\$65) per day.**

**4.2 Contractor shall indicate on invoice to County the number of prior approved Bed Hold Days by client at the rate of Sixty Five Dollars (\$65) per day.**

**4.3 Contractor shall pay Contractor for clients needing a higher level of care in addition to residential support services at the rate of Seventy Five Dollars (\$75) per day."**

/

/

/

/

/

/

/

/

/

/

/

The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

COUNTY OF LAKE

\_\_\_\_\_  
CHAIR, Board of Supervisors

Date: \_\_\_\_\_

ATTEST:

CAROL J. HUCHINGSON

Clerk to the Board of Supervisors

By: \_\_\_\_\_

Date: \_\_\_\_\_

MANZANITA HOUSE

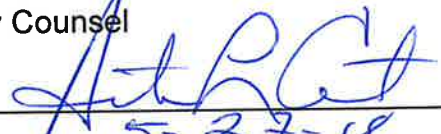
  
\_\_\_\_\_  
Arlene Wing, Owner

Date: \_\_\_\_\_

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By  \_\_\_\_\_

Date: 5-27-18