

AMENDMENT #1

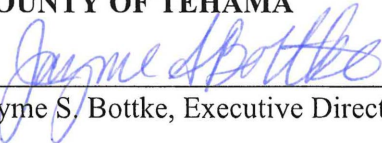

**TO THE AGREEMENT BETWEEN THE COUNTY OF TEHAMA
AND HELIOS HEALTHCARE, LLC dba IDYLWOOD CARE CENTER**

This Amendment #1 to Agreement #2025-151, dated May 15, 2025, by and between the County of Tehama, through its Health Services Agency (County) and Helios Healthcare, LLC dba Idylwood Care Center (Contractor) for the provision of providing community mental health services to certain residents of Tehama County, shall be amended as follows:

Exhibit B shall be replaced in its entirety to include the updated rates for Fiscal Year 2026/2027.

It is mutually agreed that all other terms and conditions of Agreement #2025-15 shall remain in full force and effect.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: <u>4-15-26</u>	COUNTY OF TEHAMA  _____ Jayme S. Bottke, Executive Director
Date: <u>04/03/2026</u>	HELIOS HEALTHCARE, LLC  _____ Elena Mashkevich, Executive Director of Contracts

Vendor Number

Exhibit B

HELIOS HEALTHCARE, LLC

7/1/2025

<u>SNF</u>	<u>Room and Board/Per Diem *</u>	<u>County Supplemental Rate</u>
Idylwood Care Center	Medi-Cal Published Rate	\$144.00
Idylwood SNF - 2733	(For Indigent/Medi-Cal Ineligible)	\$170.00
NPI - 1770501744		\$197.00
		Negotiated
1:1 Supervision Rate		\$32.00 per hour
Private Room		Medi-Cal Published Rate

* The following rates include room and board, nursing care, special treatment program services, activity program, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 22, CCR, section 51511C.

<u>SNF</u>	<u>Room and Board/Per Diem *</u>	<u>County Supplemental Rate</u>
Idylwood Care Center	Medi-Cal Published Rate	\$149.00
Idylwood SNF - 2733	(For Indigent/Medi-Cal Ineligible)	\$176.00
NPI - 1770501744		\$199.00
		Negotiated

Additional Services and Rates:

Private Room Conversion	Medi-Cal Published Rate
1:1 supervision (per hour)	\$33.00

* The following rates include room and board, nursing care, special treatment program services, activity program, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 22, CCR, section 51511C.

End of Exhibit B