

FIRST AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "First Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 10-028**, by and between the **County of Santa Barbara** (County) and **Aegis Medical Systems** (Contractor), for the continued provision of **DMC Narcotic Treatment Program**.

Whereas, this First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in July 2009, except as modified by this First Amended Contract.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, County and Contractor agree as follows:

- I. Delete Section II. MAXIMUM CONTRACT AMOUNT from Exhibit B, Payment Arrangements, and replace with the following:**

II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed \$1675000. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

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II. Delete Exhibit B-1, Schedule of Rates and Contract Maximum, and replace with the following:

EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Aegis Medical Systems FISCAL YEAR: 2009-10

		PROGRAM		TOTAL
	Unit	Narcotic Treatment Program		
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):		
41 - OMD Dosing	day	120,285		120,285
48- NRT GRP Group Counseling	10 min session	146,759		146,759
48-NRT Ind Individual Counseling	10 min session	1,386		1,386
COST PER UNIT/PROVISIONAL RATE:				
41 - OMD Dosing		\$11.34		
48- NRT GRP Group Counseling		\$3.14		
48-NRT Ind Individual Counseling		\$13.30		
MAXIMUM (NET) CONTRACT AMOUNT*:		\$ 1,675,000		\$ 1,675,000
DM/C Administrative Fee		\$ 168,293		
DM/C Gross Claim Maximum		\$ 1,843,293		

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
A	Medi-Cal Treatment Services (6241)	\$ 1,675,000		\$ 1,675,000
B	Medi-Cal Perinatal Services (6242)			\$ -
C	SACPA Treatment Services (6240)			\$ -
D	ADP Treatment Services - SAPT (6243)			\$ -
E	Drug Testing (6243 DT)			\$ -
F	PERINATAL NON DRUG MEDI-CAL (6244)			\$ -
G	CalWORKS (6249)			\$ -
H	Drug Court Services (6246)			\$ -
I	Prevention Services (6351)			\$ -
J	Youth Services (6250)			\$ -
K	CARES (6558)			\$ -
	TOTAL (SOURCES OF FUNDING)	\$ 1,675,000	\$ -	\$ 1,675,000

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

* Maximum (Net) Contract Amount is Less Administrative Fee of 9.13% (Drug Medi-Cal only). The 9.13% Administrative Fee is deducted from the Drug Medi-Cal Gross Claim Maximum.

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Aegis Medical Systems.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

By: _____
JANET WOLF
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By: _____
Tax Id No 95-4580047.
Date: _____

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By _____
Deputy County Counsel
Date: _____

By _____
Deputy
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
ANN DETRICK, PH.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By _____
Director
Date: _____

By: _____
Date: _____

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CONTRACT SUMMARY PAGE

BC 10-028

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year..... 09-10
D2. Budget Unit Number 043
D3. Requisition Number N/A
D4. Department Name Alcohol, Drug, & Mental Health Services
D5. Contact Person Erin Jeffery
D6. Telephone..... (805) 681-5168

K1. Contract Type (check one): ☐ Personal Service ☐ Capital
K2. Brief Summary of Contract Description/Purpose DMC Narcotic Treatment
K3. Contract Amount..... \$1675000
K4. Contract Begin Date 7/1/2009
K5. Original Contract End Date 6/30/2010
K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09	575000	575000	1675000	6/30/10	Increase funds

B1. Is this a Board Contract? (Yes/No)..... True
B2. Number of Workers Displaced (if any) N/A
B3. Number of Competitive Bids (if any)..... N/A
B4. Lowest Bid Amount (if bid) N/A
B5. If Board waived bids, show Agenda Date..... N/A
and Agenda Item Number
B6. Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)... Yes

F1. Encumbrance Transaction Code..... 1701
F2. Current Year Encumbrance Amount \$1675000
F3. Fund Number..... 0049
F4. Department Number 043
F5. Division Number (if applicable)..... N/A
F6. Account Number 7461
F7. Cost Center number (if applicable)..... 6241
F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A=710170
V2. Payee/Contractor Name Aegis Medical Systems
V3. Mailing Address PO Box 1980.
V4. City, State (two-letter) Zip (include +4 if known) Agoura Hills, CA 91376
V5. Telephone Number..... 8182060360
V6. Contractor's Federal Tax ID Number (EIN or SSN) 95-4580047
V7. Contact Person Ehud Barkai CEO
V8. Workers Comp Insurance Expiration Date 12/1/2010
V9. Liability Insurance Expiration Date[s] G-5/12/2010; P-5/12/2010
V10. Professional License Number multiple
V11. Verified by (name of county staff)..... Erin Jeffery
V12. Company Type (Check one): Individual ☐ Sole Proprietorship ☐ Partnership ☒ Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____