

[FY 19/20 CMA TEMPLATE]

[Number] AMENDMENT

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This [Number] Amendment to the Agreement for Services of Independent Contractor, [BC #], is made by and between the **County of Santa Barbara** (County) and {Contractor Name} (Contractor), for the continued provision of services specified herein (hereafter [Number] Amended Contract).

Whereas, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions referenced herein;

Whereas, due to the COVID-19 pandemic, County and Contractor have determined the need to remove the County Maximum Allowable (CMA) rate for FY 19-20 to more accurately reflect the productivity levels upon which the CMA is based with no change to the maximum contract amount set forth in Exhibit B;

Whereas, this [Number] Amended Contract incorporates the terms and conditions set forth in the Agreement as approved by the County Board of Supervisors in [Month/Year approved], except as modified in this [Number] Amended Contract.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, County and Contractor agree as follows:

- I. Delete Exhibit B, VI. Pre-Audit Cost Report Settlements, Section A. 3
- II. Delete Exhibit B-1 MH FY 19-20, Schedule of Rates and Contract Maximum, and replace it with the following:

[Exhibit B-1-MH on next page]

**EXHIBIT B-1 MH
DEPARTMENT OF BEHAVIORAL WELLNESS
SCHEDULE OF RATES AND CONTRACT MAXIMUM**

CONTRACTOR NAME: _____

FISCAL YEAR: 2019-2020

Contracted Services	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate (4)
Medi-Cal Billable Services	24-Hour Services	05	Adult Crisis Residential	Bed Day	40	\$429.46
			Adult Residential	Bed Day	65	\$209.47
	Day Services	10	Day Treatment Half Day	Hour	81	\$179.22
			Day Treatment Full Day	Day	85	\$251.71
			Day Rehab Half Day	Hour	91	\$104.55
			Day Rehab Full Day	Day	95	\$163.19
	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.51
			Intensive Care Coordination	Minutes	07	\$2.51
			Collateral	Minutes	10	\$3.25
			* MHS- Assessment	Minutes	30	\$3.25
			MHS - Plan Development	Minutes	31	\$3.25
			* MHS- Therapy (Family, Individual, Group)	Minutes	11, 40, 50	\$3.25
			MHS - Rehab (Family, Individual, Group)	Minutes	12, 41, 51	\$3.25
			MHS - IHBS	Minutes	57	\$3.25
			MHS - TBS	Minutes	58	\$3.25
			Medication Eval/Management- Psychiatrist	Minutes	60	\$5.99
	Medication Support and Training	Minutes	61, 62	\$5.99		
	Crisis Intervention	Minutes	70	\$4.82		

CONTRACTOR SIGNATURE: _____

STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

(4) County Maximum Allowable (CMA) rate does not apply for fiscal year 2019/20.

* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

III. All other terms shall remain in full force and effect.

[Number] Amendment to Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **[CONTRACTOR]**.

IN WITNESS WHEREOF, the parties have executed this [Number] Amendment to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA:
ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL WELLNESS

By: _____

Date: _____

CONTRACTOR:
{ENTER NAME OF CONTRACTOR}

By: _____
Authorized Representative

Name: _____

Title: _____

Date: _____

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:
BETSY SCHAFFER, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management