

CONTRACT TO PROVIDE HEALTH BENEFITS TO QUALIFIED IHSS CAREGIVERS

Santa Barbara County Regional Health Authority-Department of Social Services

**Third Amendment-Contract Extension
Effective 1/1/08**

This is the third amendment to the Agreement for Services between the **County of Santa Barbara and Santa Barbara San Luis Obispo Regional Health Authority, a body corporate and politic (formerly Santa Barbara Regional Health Authority) dba CenCal Health** (CONTRACTOR), for the continued provision of providing health benefits to qualified In Home Supportive Services ("IHSS") Caregivers pursuant to the Group Member Agreement.

The COUNTY has approved this year-to-year Agreement for Services to provide health benefits to qualified IHSS Caregivers. This IHSS Health Plan is a prepaid health care service plan, subject to the licensing requirements and operational regulatory standards of the Knox-Keene Health Care Service Plan Act of 1975.

This third amendment incorporates the terms and conditions set forth in the existing Agreement for Services contract numbered BC# 05-01094, approved by the County Board of Supervisors on December 14, 2004 with the following change:

The Santa Barbara Regional Health Authority Group Member Agreement is amended to provide as follows:

Effective January 1, 2008, Santa Barbara San Luis Obispo Regional Health Authority, a body corporate and politic (formerly Santa Barbara Regional Health Authority) is doing business as CenCal Health ("CenCal Health"); therefore all references to Santa Barbara Regional Health Authority in the Agreement for Services are deemed changed to, CenCal Health.

IN WITNESS WHEREOF, this Third Amendment to the Agreement for Services has been executed by parties hereto upon this date first above written.

CONTRACTOR:

By _____ Date _____

Robert S. Freeman
Deputy Chief Executive Officer

Deleted:

Taxpayer ID Number: On-File

APPROVED AS TO FORM:

Renée deJong
Director of Legal Affairs

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COUNTY OF SANTA BARBARA:

KATHY M. GALLAGHER
Department of Social Services- Director

ATTEST:

MICHAEL F. BROWN
Clerk of the Board

By _____

By _____
Deputy

Date _____

APPROVED AS TO FORM:
STEPHEN SHANE STARK
County Counsel

APPROVED AS TO INSURANCE:
RAY AROMATORIO

By _____
Deputy County Counsel

By: _____
Risk Program Administrator

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS
Auditor-Controller

By _____

IN WITNESS WHEREOF, this Third Amendment to the Agreement for Services has been executed by parties hereto upon this date first above written.

CONTRACTOR: _____

By _____ Date _____
Robert S. Freeman
Deputy Chief Executive Officer

Taxpayer ID Number: On-File _____ APPROVED AS TO FORM:

Renée deJong
Director of Legal Affairs

COUNTY OF SANTA BARBARA: _____ ATTEST:
KATHY M. GALLAGHER _____ MICHAEL F. BROWN
Department of Social Services- Director _____ Clerk of the Board

By _____ By _____

Date _____
_____ Deputy

APPROVED AS TO FORM: _____ APPROVED AS TO INSURANCE:
STEPHEN SHANE STARK _____ RAY AROMATORIO
County Counsel _____

By _____ By: _____
Deputy County Counsel _____ Risk Program Administrator

APPROVED AS TO ACCOUNTING FORM: _____
ROBERT W. GEIS
Auditor-Controller

By _____

