

FIFTH AMENDMENT 2008-2009

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fifth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 05-090**, 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 Fifth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in September 2004, the First Amendment approved by the County Board of Supervisors in July 2005, the Second Amendment approved by the County Board of Supervisors in June 2006, the Third Amendment approved by the County Board of Supervisors in June 2007, the Fourth Amendment approved by the County Board of Supervisors in June 2008, except as modified by this Fifth 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 Item 1, Paragraph 1, of Exhibit B, Payment Arrangements, and replace with the following:**
 1. **CONTRACTOR SERVICES.** For Contractor services to be rendered under this Agreement, Contractor shall be paid at the rate specified in the Schedule of Fees (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$1325000**.

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

**EXHIBIT B-1
SCHEDULE OF SERVICES**

Program Services, as described in Exhibit A and in the Provider Workbook, will conform to the California Department of Alcohol and Drug Programs service code definition (Exhibit A). Treatment services shall be reimbursed according to the California State Medi-Cal Guidelines (Title 22 CCR).

It is agreed that County shall provide a copy of the signed Provider Workbook to Contractor.

TYPE OF SERVICE Drug Medi-Cal (D/MC)- NON RESIDENTIAL	Provider Rate	Billing Rate (Maximum	County Administrative Cost	Total Estimated Revenue Provisional Amounts
				7/01/08 to 6/30/09
D/MC – NON RESIDENTIAL				\$1325000
D/MC - Narcotic treatment program (NTP) - Methadone including Methadone for SACPA Clients.	The D/MC Rate shall follow the published State ADP guidelines, or as negotiated with County as shown in the Provider Workbook.			
NTP - Outpatient Drug Free (ODF) consisting of individual (including collateral sessions) and Group Counseling, including ODF services for SACPA Clients.	The D/MC maximum rate allowable, or the negotiated rate with County, is based upon Contractor's program budget and prior year cost report.			
Grand Total Drug Medi-Cal Funding for FY 08-09				\$1325000
<p>Reimbursement for NTP-Methadone (Including SACPA) is based on the appropriate daily rate set by the State Alcohol and Drug Program (ADP).</p> <p>Reimbursement for NTP-Individual and Group Counseling services is based on the number of one -10-minute increment of service reported per client.</p> <p>The services shall follow the D/MC guidelines and shall be reported electronically to ADMHS - MIS, per <u>Exhibit B</u>.</p> <p>A County Administrative Support Cost shall be automatically deducted from the monthly reimbursement paid to Contractor. Based upon the total monthly amount billed to Drug Medi-Cal, County shall retain the appropriate Administrative Support Cost allowed by the State ADP and shall pay Contractor the net balance.</p>				

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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: _____
Joseph Centeno
Chair, Board of Supervisors
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

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

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

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 05-090

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 08-09
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 D5. Contact Person Danielle Spahn
 D6. Telephone (805) 681-5229

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose DMC Narcotic Treatment Program
 K3. Contract Amount \$1325000
 K4. Contract Begin Date 7/1/2008
 K5. Original Contract End Date 6/30/2005
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/08	900,000		900,000	6/30/09	Renew for 08-09
2	7/1/08	425000	1325000	1325000	6/30/09	Add funds for 08-09

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 Yes
 F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$1325000
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (if applicable)..... N/A
 F6. Account Number 7460
 F7. Cost Center number (if applicable)..... 6241
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A = 181472
 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 12/1/2009
 V9. Liability Insurance Expiration Date[s] 5/12/2009
 V10. Professional License Number M/C Provider No.s 4269 and 4272
 V11. Verified by (name of county staff) Danielle Spahn
 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: _____