

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 13-012**, 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 June 2012, except as modified by this First Amended Contract.

Whereas, County anticipates that Contractor will provide, at the request of County, a greater number of services than contemplated by the original Agreement, and will incur expenses beyond the value of this Agreement. This amendment adds \$141000 to the Agreement so as to compensate Contractor for services rendered under this Agreement.

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, of Exhibit B, Financial Provisions, 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 \$1887400. 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.

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

FIRST AMENDMENT

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

CONTRACTOR NAME:

Aegis Medical Systems

FISCAL YEAR: 2012-13

	PROGRAM			TOTAL
	Unit	Narcotic Treatment Program - Santa Barbara	Narcotic Treatment Program - Santa Maria	
DESCRIPTION/MODE/SERVICE FUNCTION:		NUMBER OF UNITS PROJECTED (based on history):		
48 - Methadone	day	40,350	66,377	106,727
48- NTP GRP Group Counseling	10 min session	-	-	-
48-NTP Ind Individual Counseling	10 min session	22,238	33,908	56,146
COST PER UNIT/PROVISIONAL RATE:				
48 - Methadone		\$11.97		
48- NTP GRP Group Counseling		\$3.36		
48-NTP Ind Individual Counseling		\$14.24		
MAXIMUM (NET) CONTRACT AMOUNT*:		\$ 726,649	\$ 1,160,751	\$ 1,887,400
DM/C Administrative Fee		\$ 73,009	\$ 116,624	
DM/C Gross Claim Maximum		\$ 799,658	\$ 1,277,375	

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT				
Medi-Cal Treatment Services (6241)		\$ 726,649	\$ 1,160,751	\$ 1,887,400
Medi-Cal Perinatal Services (6242)				\$ -
SACPA Treatment Services (6240)				\$ -
ADP Treatment Services - SAPT (6243)				\$ -
Drug Testing (6243 DT)				\$ -
Perinatal Non Drug Medi-Cal (6244)				\$ -
CalWORKS (6249)				\$ -
Drug Court Services (6246)				\$ -
Prevention Services (6351)				\$ -
Youth Services (6250)				\$ -
TOTAL (SOURCES OF FUNDING)		\$ 726,649	\$ 1,160,751	\$ 1,887,400

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

Emmi Jeffy

FISCAL SERVICES SIGNATURE:

Luella

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

CONTRACTOR NAME: Aegis Medical Systems FISCAL YEAR: 2012-13

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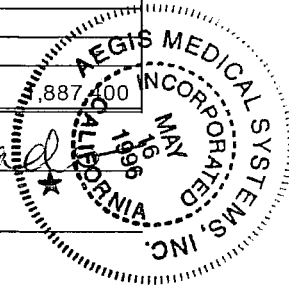
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STAFF ANALYST SIGNATURE: _____

FISCAL SERVICES SIGNATURE: _____

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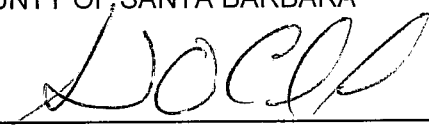
FIRST AMENDMENT

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: 
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS
Date: _____

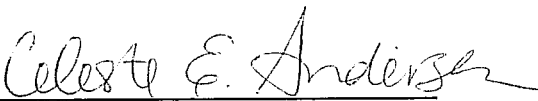
ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

CONTRACTOR

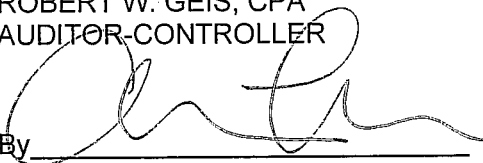
By: 
Deputy
Date: 5-7-13

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

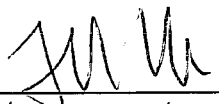
APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

By: 
Deputy County Counsel
Date: 4/17/13

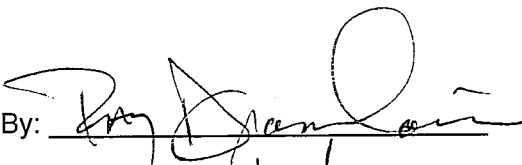
APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By: 
Deputy
Date: 4/19/13
Deputy Auditor-Controller
Gregory Eric Levin
Advanced and Specialty Accounting

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, M.D., MPH
DIRECTOR

By: 
Director
Date: 4/24/13

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: 
Date: 4/19/13

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COUNTY OF SANTA BARBARA

By: _____
SALUD CARBAJAL, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

By: _____
Deputy
Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

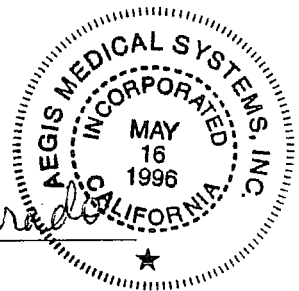
By: _____
Deputy County Counsel
Date: _____

APPROVED AS TO FORM :
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
TAKASHI WADA, M.D., MPH
DIRECTOR

By: _____
Director
Date: _____

CONTRACTOR

By: Ron Alvarado
Tax Id No 95-4580047.
Date: 4/22/13



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

By: _____
Deputy
Date: _____

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK MANAGER

By: _____
Date: _____

FIRST AMENDMENT

CONTRACT SUMMARY PAGE

BC 13-012

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 12-13
 D2. Budget Unit Number 043
 D3. Requisition Number N/A
 D4. Department Name Alcohol, Drug, & Mental Health
 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 Program
 K3. Contract Amount \$1887400
 K4. Contract Begin Date 7/1/2012
 K5. Original Contract End Date 6/30/2013
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2012	\$1746400	\$141000	\$1887400	6/30/2013	Add funds for FY 12-13

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 \$1887400
 F3. Fund Number 0049
 F4. Department Number 043
 F5. Division Number (if applicable)
 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= 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 12/1/2013
 V9. Liability Insurance Expiration Date[s] 5/12/2013
 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: 4/23/2013 Authorized Signature: Erin Jeffery