

FOURTH AMENDMENT 2009-10

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Fourth Amended Contract") to the Agreement for Services of Independent Contractor, number **BC 07-167**, by and between the **County of Santa Barbara (County)** and **Milhous Treatment Center (Contractor)**, for the continued provision of **Children's Day Treatment Intensive Services**.

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in May 2007, the First Amendment approved by the County Board of Supervisors in June 2007, the Second Amendment approved by the County Board of Supervisors in June 2008, the Third Amendment approved by the County Board of Supervisors in June 2009, except as modified by this Fourth 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, 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 **\$285000**. 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

SCHEDULE OF RATES AND CONTRACT MAXIMUM

Contractor understands and accepts that in accordance with Exhibit A, Section 6, that County may provide a retrospective review of the child's records. If, at that time, it is determined that medical necessity does not exist, then Contractor agrees to refund all payments for the time period lacking medical necessity

<u>Type of Service</u>	<u>Billing Increment</u>	<u>Rate</u>
Intensive Day Treatment Services -	Per Day	\$202.43
Crisis Intervention	As needed per unit	\$3.88
Medication Support MD	Per unit	\$4.82
Medication Support RN	Per unit	\$4.82
Mental Health Services	Per unit	\$2.61

TOTAL FY 09-10 CONTRACT

\$285000

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Milhous Treatment Center.

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

COUNTY OF SANTA BARBARA

By: _____
Chair, Board of Supervisors

Date: _____

Contractor

By: _____
Tax Id No 94-2742653.
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy
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 07-167

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
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 Children's Day Treatment Intensive
K3. Contract Amount \$285000
K4. Contract Begin Date 7/1/2009
K5. Original Contract End Date 6/30/2007
K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/09			\$150000	6/30/10	09-10 renewal
2	7/1/09	135000	135000	\$285000	6/30/10	Add funds

B1. Is this a Board Contract? (Yes/No) Yes
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)

F1. Encumbrance Transaction Code 1701
F2. Current Year Encumbrance Amount \$285000
F3. Fund Number 0044
F4. Department Number 043
F5. Division Number (if applicable)
F6. Account Number 7460
F7. Cost Center number (if applicable) 5211
F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) EID A 544099
V2. Payee/Contractor Name Milhous Treatment Center
V3. Mailing Address 24077 State Hwy 49.
V4. City, State (two-letter) Zip (include +4 if known) Nevada City, CA 95959
V5. Telephone Number 5302659057
V6. Contractor's Federal Tax ID Number (EIN or SSN) 94-2742653
V7. Contact Person Mike Stine Executive Director
V8. Workers Comp Insurance Expiration Date 1/1/2010
V9. Liability Insurance Expiration Date[s] G=9/6/2010; P=9/6/2010
V10. Professional License Number 45296
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: _____