

SIXTH AMENDMENT 2009-2010

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is a Sixth amendment (hereafter referred to as the "Sixth Amended Contract") to the Agreement for Services of Independent Contractor, number BC 05-053, by and between the **County of Santa Barbara** (County) and **Sierra Vista Rehabilitation Center** (Contractor), for the continued provision of **Adult IMD Services**.

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 funds to the Agreement so as to compensate Contractor for services rendered under this Agreement.

Whereas, this Sixth Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors in July 2004, the First Amendment approved by the County Executive Office in December 2005, the Second Amendment approved by the County Board of Supervisors in September 2006, the Third Amendment approved by the County Board of Supervisors in July 2007, the Fourth Amendment approved by the County Board of Supervisors in June 2008, the Fifth Amendment approved by the County Board of Supervisors in June 2009, except as modified by this Sixth 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 Services (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$200000**.

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

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EXHIBIT B-1

SCHEDULE OF FEES

Service	Daily Rate
Facility Rate	\$158.37
Special Treatment Program (STP)	\$ 5.72
Total Rate	\$164.09
Bed Hold Rate (Facility Rate reduced by \$5.18)	\$ 153.19
Individualized Treatment (IT) Deaf Patch	\$50.00
Total Contract not to exceed:	\$200000

CONTRACTOR SIGNATURE:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

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SIGNATURE PAGE

Sixth Amended Contract for Services of Independent Contractor between the County of Santa Barbara and Sierra Vista Rehabilitation Center for FY 2009-10.

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

COUNTY OF SANTA BARBARA

By: _____
JANET WOLF
CHAIR, BOARD OF SUPERVISORS
Date: _____

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

CONTRACTOR

By: _____
Deputy
Date: _____

By: _____
Tax Id No 952506400. _____
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 05-053

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
 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..... Adult IMD Services
 K3. Contract Amount \$ 200000
 K4. Contract Begin Date 7/1/2009
 K5. Original Contract End Date 6/30/2006
 K6. Amendment History

Seq#	Effective	ThisAmndtA	CumAmndtToDa	NewTotalA	NewEndDat	Purpose
1	7/1/2009	\$150000		\$150000	6/30/2010	09-10 funds
2	7/1/2009	\$50000	\$200000	\$200000	6/30/2010	Increase contract

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) Yes
 F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount \$200000
 F3. Fund Number 0044
 F4. Department Number 043
 F5. Division Number (if applicable)..... N/A
 F6. Account Number..... 7460
 F7. Cost Center number (if applicable)..... N/A
 F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) 749605
 V2. Payee/Contractor Name Sierra Vista Rehabilitation Center
 V3. Mailing Address..... 3455 E. Highland
 V4. City, State (two-letter) Zip (include +4 if known)..... Highland, CA 92346
 V5. Telephone Number..... 9098626454
 V6. Contractor's Federal Tax ID Number (EIN or SSN)..... 952506400
 V7. Contact Person..... Elsie Murillo
 V8. Workers Comp Insurance Expiration Date 1/1/2011
 V9. Liability Insurance Expiration Date[s] (G=Genl; P=Prof) GL 8/1/2010, PL 8/1/2010
 V10. Professional License Number SNF License #240000117
 V11. Verified by (name of county staff)..... Danielle Spahn
 V12. Company Type (Check one): Sole Proprietorship Partnership Corporation

I certify information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: _____ Authorized Signature: _____