

AMENDMENT 2006-2007

TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR

This is an amendment (hereafter referred to as the "Amended Contract") to the Agreement for Services of Independent **CONTRACTOR**, number **BC05-041** by and between the **COUNTY of Santa Barbara (COUNTY)** and **Telecare Corporation (CONTRACTOR)**, for the continued provision of Mental Health Services to Adults.

Whereas, **COUNTY** intends to extend the term of the existing contract through Fiscal Year 06-07 and to compensate **CONTRACTOR** for the services to be provided during that Fiscal Year; and

Whereas, this Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the **COUNTY** Board of Supervisors on 8/10/04, except as modified by this 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 4, TERM, of the Agreement and replace with the following:**
 4. **TERM. CONTRACTOR** shall commence performance on **July 1, 2006**, and end performance upon completion, but no later than **June 30, 2007**, unless otherwise directed by **COUNTY** or unless earlier terminated.
- II. **Delete Item 1, (Paragraph 1 and 2) of Exhibit B, Payment Arrangements, and replace with the following:**

EXHIBIT B PAYMENT ARRANGEMENTS

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 **\$ 2,984,000.**

- III. **Delete Exhibit B-1, Payment Arrangements, and replace with the following:**

EXHIBIT B-1 and B-2 SCHEDULE OF RATES:

**AMENDMENT 2006-2007
EXHIBIT B -1
SCHEDULE OF RATES & CONTRACT MAXIMUM
FY0607**

TELECARE CORPORATION	Amount									
<p style="text-align: center;"><u>TOTAL CONTRACT GROSS VALUE</u></p> <p style="text-align: right;">McMillan Ranch- Residential: 454,000 Intensive Community Servcie: 1,155,000 GROSS CONTRACT AMOUNT: 1,609,000</p>	\$ 1,609,000									
<p style="text-align: center;"><u>MEDI-CAL PRODUCTIVITY TARGET</u></p> <p style="text-align: right;">McMillan Ranch- Residential: 454,000 Intensive Community Servcie: 1,155,000 1,609,000</p>	\$ 1,609,000									
<p style="text-align: center;"><u>COUNTY SUBSIDY ALLOWANCE</u></p> <p style="text-align: right;">McMillan Ranch & Intensive Community Service(25%): 402,250</p>	\$ 402,250									
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Location</u></th> <th style="text-align: left;"><u>Reporting Unit</u></th> <th style="text-align: left;"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>9107</td> <td>91071</td> <td>Intensive Community Services</td> </tr> <tr> <td>9107</td> <td>91072</td> <td>McMillan Ranch</td> </tr> </tbody> </table>	<u>Location</u>	<u>Reporting Unit</u>	<u>Name</u>	9107	91071	Intensive Community Services	9107	91072	McMillan Ranch	N/A
<u>Location</u>	<u>Reporting Unit</u>	<u>Name</u>								
9107	91071	Intensive Community Services								
9107	91072	McMillan Ranch								

Category	Mode of Service	Service Function Code	Provisional Rates / Per min FY 0506 **
Case Management, Brokerage	15	01 - 09	1.42
Mental Health Services	15	10 - 19	1.82
Mental Health Services	15	30 - 59	1.82
Medication Support	15	60 - 69	3.37
Crisis Intervention	15	70 - 79	2.71

**** To be revised upon receipt of State approved Inflationary factor rates for FY 0607**

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**EXHIBIT B -2
SCHEDULE OF RATES & CONTRACT MAXIMUM
FY0607**

TELECARE CORPORATION			Amount
Homeless(AB2034 Grant Funded): 875,000 Withhold of 5% Pending State Payment: (68,750) NET PAYABLE: 806,250			\$ 875,000
Medi-Cal:			\$ 500,000
TOTAL CONTRACT GROSS VALUE:			\$ 1,375,000
<u>MEDI-CAL PRODUCTIVITY TARGET</u>			\$ 500,000
CLAIM : 1,000,000 FFP @ 50%: 500,000			
<u>Location</u> 9107 9138	<u>Reporting Unit</u> 91075 91076	<u>Name</u> Homeless North Co. Homeless South Co.	N/A

NEGOTIATED RATES FY0506

Category	Mode of Service	Service Function Code	Provisional Rates / Per min FY 0506 **
Case Management, Brokerage	15	01 - 09	1.42
Mental Health Services	15	10 - 19	1.82
Mental Health Services	15	30 - 59	1.82
Medication Support	15	60 - 69	3.37
Crisis Intervention	15	70 - 79	2.71

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AMENDMENT 2006-2007

SIGNATURE PAGE

Amended Contract for Services of Independent Contractor between the County of Santa Barbara and **Telecare Corporation** for FY 2006-2007.

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

COUNTY OF SANTA BARBARA

By:

Chair, Board of Supervisors

Date: _____

CONTRACTOR:

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

By: _____
Deputy

By: _____
Tax ID No. 94-1735271

APPROVED AS TO FORM:
STEPHEN SHANE STARK
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED AS TO FORM:
ALCOHOL, DRUG, AND MENTAL HEALTH
SERVICES
JAMES L. BRODERICK, Ph.D.
DIRECTOR

APPROVED AS TO INSURANCE FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Director

By: _____
Risk Program Administrator

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CONTRACT SUMMARY PAGE

BC05-041

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..... 06-07
 D2. Budget Unit Number 043
 D3. Requisition Number
 D4. Department Name Alcohol, Drug, & Mental Health Services
 D5. Contact Person Jack Juntunen
 D6. Telephone..... (805) 681-4090

K1. Contract Type (check one): Personal Service Capital
 K2. Brief Summary of Contract Description/Purpose Mental Health Services to Adults
 K3. Contract Amount..... \$ 2,984,000
 K4. Contract Begin Date 7/1/2006
 K5. Original Contract End Date 6/30/2006
 K6. Amendment History

Seq#	Effective Date	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/06	2,984,000	2,984,000	2,984,000	6/30/07	Extend term and 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

F1. Encumbrance Transaction Code 1701
 F2. Current Year Encumbrance Amount..... \$ 2,984,000
 F3. Fund Number..... 0044
 F4. Department Number 043
 F5. Division Number (if applicable)
 F6. Account Number 7460
 F7. Cost Center number (if applicable)
 F8. Payment Terms

V1. Vendor Numbers (A=Auditor; P=Purchasing)
 V2. Payee/Contractor Name Telecare Corporation
 V3. Mailing Address 1080 Marina Village Parkway, Suite 100
 V4. City, State (two-letter) Zip (include +4 if known) Alameda, CA 94501
 V5. Telephone Number 805 348-1850
 V6. Contractor's Federal Tax ID Number (EIN or SSN) 94-1735271
 V7. Contact Person Marshall Langfeld CFO, Vice Pres.
 V8. Workers Comp Insurance Expiration Date..... 7/1/2007
 V9. Liability Insurance Expiration Date[s] (G=Genl; GL 7/1/2007, PL 7/1/2007
 V10. Professional License Number.....
 V11. Verified by (name of county staff) Jack Juntunen
 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: _____