

AGREEMENT
between
COUNTY OF SANTA BARBARA
and
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC.
for
DENTAL SERVICES
SECOND AMENDMENT
Effective November 1, 2014

THIS IS THE SECOND AMENDMENT (hereafter referred to as **Second Amendment**) to the Agreement for Dental Services (hereafter **Agreement**), by and between the County of Santa Barbara (COUNTY) and Community Health Centers of the Central Coast, Inc. (CONTRACTOR), for the provision of dental services at Community Health Centers of the Central Coast, Inc. Dental Clinics located in Santa Maria and Lompoc, California.

WHEREAS, the Agreement is effective through June 30, 2016; and

WHEREAS, the parties desire to amend this Dental Services agreement to include additional dental services; and.

WHEREAS, this Second Amendment incorporates the terms and conditions set forth in the First Amendment and Agreement approved by the County of Santa Barbara.

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **Definitions.** Capitalized terms used in this Second Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.
2. **Amendments.**
 - a. Delete Exhibit B and replace with the following:

**EXHIBIT B
ELIGIBLE DENTAL SERVICES**

Service Code #	Service
120	Periodic oral evaluation
140	Limited Oral Evaluation - Prob Focus
150	Comprehensive Oral Exam
210	Intraoral- complete series of radiographic images
220	Intraoral- Periapical first radiographic image
270	Bitewing- single radiographic image
274	Bitewings-four radiographic images
1110	Prophylaxis- Adult
2330	Resin-based composite- one surface, anterior
2331	Resin-based composite- two surfaces, anterior
2332	Resin-based composite- three surfaces, anterior
2335	Anterior Resin Incisal Angle
2391	Resin-based composite- one surface, posterior
2392	Resin-based composite- two surfaces, posterior
4341	Periodontal scaling & root planning- four or more teeth per quadrant.
7140	Extraction- erupted tooth or exposed root

* Eligible Service Fees shall be calculated at 100% of existing State Medi-Cal/Denti-Cal rates.

Any additional dental services requested by the COUNTY patient or provided by CONTRACTOR'S dental health providers not listed above are not authorized by the Public Health Department. CONTRACTOR may elect to offer additional dental services to COUNTY patients at CONTRACTOR's customary, sliding fee schedule rates.

3. **Counterparts.** This First Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.

Second Amendment to Agreement for Dental Services between the **County of Santa Barbara** and **Community Health Centers of the Central Coast, Inc.**

IN WITNESS WHEREOF, the parties have executed and ratified this Second Amendment to be effective November 1, 2014.

COUNTY OF SANTA BARBARA

Steve Lavagnino Chair
Chair, Board of Supervisors

Date: _____

ATTEST:
MONA MIYASATO
CLERK OF THE BOARD

By: _____
Deputy Clerk

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

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

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED:
TAKASHI WADA, MD, MPH
DIRECTOR
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO, ARM, AIC
RISK MANAGER

By: _____
Director

By: _____
Risk Manager

Second Amendment to Agreement for Dental Services between the **County of Santa Barbara** and **Community Health Centers of the Central Coast, Inc.**

IN WITNESS WHEREOF, the parties have executed and ratified this Second Amendment to be effective November 1, 2014.

CONTRACTOR

COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC.

By: _____
Ronald E. Castle, Chief Executive Officer

Date: _____

Contract Summary

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.....	FY 2014-2015 through FY 2015-2016
D2.	Budget Unit Number (plus –Ship/Bill codes in parenthesis).....	041
D3.	Requisition Number	
D4.	Department Name	Public Health
D5.	Contact Person	Dan Reid
D6.	Telephone.....	681-5173

K1.	Contract Type (check one): X Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose	Dental Services
K3.	Original Contract Amount	(\$25,000 credit per year)
K4.	Contract Begin Date	5-15-2012
K5.	Original Contract End Date.....	6-30-2014
K6.	Amendment History (leave blank if no prior amendments)	A01; Extend term; A02 expand eligible dental services
K7.	Department Project Number	

B1.	Is this a Board Contract? (Yes/No).....	Yes
B2.	Number of Workers Displaced (if any).....	
B3.	Number of Competitive Bids (if any)	
B4.	Lowest Bid Amount (if bid)	
B5.	If Board waived bids, show Agenda Date	
	and Agenda Item Number.....	
B7.	Boilerplate Contract Text Unaffected? (Yes / or cite Paragraph)	

F1.	Encumbrance Transaction Code	
F2.	Current Year Encumbrance Amount	\$0
F3.	Fund Number.....	0042
F4.	Department Number	041
F5.	Division Number (if applicable)	12
F6.	Account Number	N/A
F7.	Cost Center number (if applicable)	1606
F8.	Payment Terms	N/A

V1.	Vendor Numbers (A=Auditor; P=Purchasing)	
V2.	Payee/Contractor Name	Community Health Centers of the Central Coast, Inc.
V3.	Mailing Address	150 Tejas Place (PO Box 430)
V4.	City State (two-letter) Zip (include +4 if known)	Nipomo, CA 93444-0430
V5.	Telephone Number	739-3215
V7.	Contact Person	Ronald E. Castle, CEO
V8.	Workers Comp Insurance Expiration Date	n/a
V9.	Liability Insurance Expiration Date[s] (G=Genl; P=Prof)	n/a
V10.	Professional License Number	n/a
V11.	Verified by (name of county staff)	Kelly Lazarus

V12 Company Type (Check one) Individual Sole Proprietorship Partnership X Corporation

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

Date: _____ Authorized Signature: _____