

## **FIRST AMENDMENT 17-19**

### **TO AGREEMENT FOR SERVICES OF INDEPENDENT CONTRACTOR**

**THIS FIRST AMENDMENT** (hereafter First Amended Contract) to the Agreement for Services of Independent Contractor, referenced as number BC 18-152, by and between the County of Santa Barbara (County) and Vista Pacifica Enterprises, Inc. (Contractor), for the continued provision of services specified herein.

**WHEREAS**, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County and County desires to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth; and

**Whereas**, the First Amended Contract incorporates the terms and conditions set forth in the contract approved by the County Board of Supervisors in December 2017, except as modified by this First Amended Contract.

**Whereas**, County anticipates that Contractor will provide, at the request of the 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 in the amount of \$113,662 for Fiscal Year 17-18 to the prior Agreement maximum of \$613,000, and extends the contract term into Fiscal Year 18-19 for an additional \$300,000 so as to compensate Contractor for additional services to be rendered under this Agreement.

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

**I. Delete Section 4, Term, from Agreement, and replace with the following:**

**4. Term**

Contractor shall commence performance on 7/1/17 and end performance upon completion, but no later than 6/30/2019 unless otherwise directed by County or unless earlier terminated.

**II. Delete Section II, Maximum Contract Amount, from Exhibit B, Financial Provisions, and replace with the following:**

**II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount of this Agreement shall not exceed \$726,662 for Fiscal Year 2017-2018 and \$300,000 for Fiscal Year 2018-2019.

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:**

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<b>EXHIBIT B-1 MH</b>				
<b>DEPARTMENT OF BEHAVIORAL WELLNESS</b>				
<b>SCHEDULE OF RATES AND CONTRACT MAXIMUM</b>				
<b>CONTRACTOR NAME:</b> Vista Pacifica Enterprises, Inc.			<b>FISCAL YEAR:</b>	<b>2017-2019</b>
<b>Service Level</b>		<b>Basic Daily Rate</b>	<b>Enhanced</b>	<b>Maximum Daily Rate*</b>
<b>VISTA PACIFICA CENTER</b>				
SNF-STP-IMD	Level A	\$198.20	\$60.00	\$258.20
SNF-STP-IMD	Level B	\$198.20	\$130.00	\$328.20
SNF-STP-IMD	Level C	\$198.20	\$170.00	\$368.20
SNF-STP-IMD	Level D	\$198.20	\$100.00	\$298.20
SNF-STP-IMD	Level D-Stand Alone Rate	\$198.20	\$150.00	\$348.20
<b>VISTA PACIFICA CONVALESCENT</b>				
SNF	Level A		\$60.00	\$60.00
SNF	Level B		\$130.00	\$130.00
SNF	Level C		\$170.00	\$170.00
<b>Total Maximum Contract Amount FY 17-18</b>				<b>\$726,962</b>
<b>Total Maximum Contract Amount FY18-19</b>				<b>\$300,000</b>
<b>CONTRACTOR SIGNATURE:</b>				
<b>STAFF ANALYST SIGNATURE:</b>				
<b>FISCAL SERVICES SIGNATURE:</b>				
*Or as otherwise published by the State Department of Healthcare Services. Upon notification of updated rates from DHCS, Contractor shall notify County of the new rates and its intent to adopt the new rates.				

**IV. All other terms remain in full force and effect.**

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**SIGNATURE PAGE**

First Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and Vista Pacifica Enterprises, Inc.

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

COUNTY OF SANTA BARBARA

By: \_\_\_\_\_

DAS WILLIAMS, CHAIR

BOARD OF SUPERVISORS

Date: \_\_\_\_\_

CONTRACTOR

VISTA PACIFICA ENTERPRISES, INC.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

MONA MIYASATO,  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By: \_\_\_\_\_

Deputy Clerk

Date: \_\_\_\_\_

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By \_\_\_\_\_

Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_

Deputy

APPROVED AS TO FORM :

DEPARTMENT OF BEHAVIORAL WELLNESS  
ALICE GLEGHORN, PH.D. DIRECTOR

By \_\_\_\_\_

Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO  
RISK MANAGER

By: \_\_\_\_\_

Risk Management