

FOURTH AMENDMENT

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 07-125, by and between the **County of Santa Barbara** (County) and **JDX Pharmacy** (Contractor), for the continued provision of **Pharmacy services**.

Whereas, County intends to extend the term of the existing contract through Fiscal Year 10-11 and to compensate Contractor for the services to be provided during that Fiscal Year; and

Whereas, this Fourth Amended Contract incorporates the terms and conditions set forth in the original contract, approved by the County Board of Supervisors in April 2007, the First Amendment approved by the County Board of Supervisors in June 2007, and 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 Item 4. TERM from Agreement and replace with the following:

4. **TERM.** Contractor shall commence performance on July 1, 2010, and end performance upon completion, but no later than June 30, 2011, unless otherwise directed by County or unless earlier terminated.

II. Delete Item 13. COMPLIANCE WITH HIPAA from Agreement and replace with the following:

13. **COMPLIANCE WITH HIPAA.** Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.

III. Delete Section THIS AGREEMENT INCLUDES from Agreement and replace with the following:

THIS AGREEMENT INCLUDES:

- A. EXHIBIT A – Statement of Work
- B. EXHIBIT B - Payment Arrangements
- C. EXHIBIT B-1 – Schedule of fees
- D. EXHIBIT C – Standard Indemnification and Insurance Provisions

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E. EXHIBIT D – Organizational Service Provider Site Certification

IV. Delete Item 1. **CONTRACTOR SERVICES** from 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 Rates (Exhibit B-1), attached hereto and with this reference made a part hereof, with a maximum value not to exceed **\$123000.**

V. Delete Exhibit B-1 Schedule of Rates and Contract Maximum, and replace with the following:

EXHIBIT B-1

SCHEDULE OF FEES AND CONTRACT MAXIMUM

SCHEDULE OF FEES		
<u>Type of Service</u>	<u>Billing Increment</u>	<u>Rate</u>
Disbursement of Pharmaceuticals	Per client medication charge	Medi-Cal formulary cost
Contractor understands and accepts that in accordance with Exhibit A that medication costs will be in accordance with the Medi-Cal Formulary and Contractor agrees to re-bill Medi-Cal insurance and credit ADMHS for any eligible retroactive Medi-Cal.		

TOTAL CONTRACT AMOUNT

\$123000

VI. Delete Exhibit BAA, HIPAA Business Associate Agreement.

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SIGNATURE PAGE

Amendment to Agreement for Services of Independent Contractor between the County of Santa Barbara and JDX Pharmacy for FY 2010-11.

IN WITNESS WHEREOF, the parties have executed this Agreement 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 77-0451275.
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 07-125

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..... 10-11
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 Pharmacy services
K3. Contract Amount..... \$ 123000
K4. Contract Begin Date 7/1/2010
K5. Original Contract End Date 6/30/2006
K6. Amendment History

Seq#	Effective	ThisAmndtA	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose
1	7/1/2010	\$123000		\$123000	6/30/2011	10-11 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 \$123000
F3. Fund Number..... 0044
F4. Department Number 043
F5. Division Number (if applicable).....
F6. Account Number 7405
F7. Cost Center number (if applicable).....
F8. Payment Terms Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) A= 843568
V2. Payee/Contractor Name JDX Pharmacy
V3. Mailing Address 1504 S. Broadway
V4. City, State (two-letter) Zip (include +4 if known) Santa Maria, CA 93454
V5. Telephone Number..... 8059221747
V6. Contractor's Federal Tax ID Number (EIN or SSN) 77-0451275
V7. Contact Person Chhitu Patel
V8. Workers Comp Insurance Expiration Date 12/1/2010
V9. Liability Insurance Expiration Date[s] (G=Genl; P=Profl) GL 3/30/2011, PL 3/30/2011
V10. Professional License Number PHY 43315
V11. Verified by (name of county staff)..... Erin Jeffery
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: _____