

E-Contract Review
Approval as to Form

Department Name: HSA/Clinic Division

Vendor Name: Aegis Treatment.

Contract Description: Addendum number 1 to agreement 2018-98 to extend term of contract.

APPROVED AS TO FORM:



Date: 05/29/2019

Office of the Tehama County Counsel
Richard Stout, County Counsel

AEGIS TREATMENT CENTERS, LLC
CALIFORNIA HUB AND SPOKE SYSTEM (CA H&SS)
SUBCONTRACTOR YEAR THREE AGREEMENT ADDENDUM

This H&SS Year Three Agreement Addendum was made and entered into by and between the Contractor, Aegis Treatment Centers and the Subcontractor, County of Tehama, through its Health Services Agency (Tehama County misc agreement #2018-98).

Aegis Treatment Centers has submitted letters of interest and budgets to the California Department of Health Care Service (DHCS) for review and approval to opt in to Year Three of the H&SS Grant for the period of July 1, 2019 to September 30, 2020.

As the Contractor, Aegis Treatment Centers would like to extend this H&SS Year Three Agreement Addendum to the Spoke Subcontractor to opt in for the Year Three H&SS Grant period of July 1, 2019 to September 30, 2020.

All conditions of the original Subcontract remain the same and will remain in effect through the Year Three Grant period. Funding for H&SS Year Three is conditional upon DHCS final approval of Year Three funding and budgets. All reimbursable items in the original Subcontract will continue with the same agreed upon rates and will be available for reimbursement through the month of September 2020 or until the DHCS approved budget funding runs out.

No additional expenses will be reimbursed after the end of this Year Three period ending on September 30, 2020 and final September 2020 invoices must be received by October 7, 2020 to be eligible for reimbursement.

Should you elect to opt in to this H&SS Year Three with Aegis Treatment Centers please sign and date this Addendum below, otherwise your Subcontractor Agreement with Aegis Treatment Centers will terminate as of June 30th, 2019. Please note that your signature to opt in for your agencies covers all spoke locations included in your original subcontract.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their respective duly authorized representatives as per the dates set forth below.

CONTRACTOR:

Aegis Treatment Centers, LLC

Signature: _____

Name: _____

Title: _____

Date: _____

SUBCONTRACTOR:

COUNTY OF TEHAMA

Signature: Valerie S. Lucero

Name: Valerie S. Lucero

Title: Executive Director

Date: 5/24/19