

**SECOND AMENDMENT TO BOARD OF SUPERVISORS AGREEMENT NO. 18-157**

This Second Amendment to BOS Agreement No. 18-157 is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and MAGELLAN HEALTH SERVICES OF CALIFORNIA, INC.-EMPLOYER SERVICES, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 18-157, was entered into on November 13, 2018; and

WHEREAS, the First Amendment, BOS Agreement No. 18-157 A1 was entered into on January 1, 2020; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and MAGELLAN HEALTH SERVICES OF CALIFORNIA, INC.-EMPLOYER SERVICES, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, CONTRACTOR and COUNTY agree to revise section 3.2 of Exhibit A of the BOS Agreement No. 18-157 as amended with BOS Agreement No. 18-157 A-1, effective November 1, 2020, with the attached Exhibit A-2 that increases the number of sessions per EAP issue for general employees; and

WHEREAS, CONTRACTOR and COUNTY agree to revise Exhibit B of the BOS Agreement No. 18-157 as amended with BOS Agreement No. 18-157 A-1, effective November 1, 2020, with the attached Exhibit B-2 that revises the fee schedule to include the additional EAP sessions and for a Single Sign On feature; and

NOW, THEREFORE, we agree as follows:

1. To revise section 3.2 of Exhibit A of the BOS Agreement No. 18-157 as amended with BOS Agreement No. 18-157 A-1, effective November 1, 2020, with the attached Exhibit A-2 that increases the number of sessions per EAP issue for general employees.
2. To revise Exhibit B of the BOS Agreement No. 18-157 as amended with BOS Agreement No. 18-157 A-1, effective November 1, 2020, with the attached Exhibit B-2 that revises the fee schedule to include the additional EAP sessions and for a Single Sign On feature.

All other terms and conditions of the BOS Agreement No. 18-157, as amended with BOS Agreement No. 18-157 A-1, shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

**DEPARTMENT FISCAL REVIEW:**

William Schurtz 11-2-2020  
WILLIAM SCHURTZ, HR DIRECTOR DATE

Budgeted:  Yes  No

Budget Unit: EAP 4025

Line Item: 862189

Grant:  Yes  No

Grant No.: \_\_\_\_\_

**COUNTY OF MENDOCINO**

By: \_\_\_\_\_  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

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

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

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

**INSURANCE REVIEW:**

By: Carmel J. Angelo  
Risk Management

**EXECUTIVE OFFICE/FISCAL REVIEW:**

**APPROVAL RECOMMENDED**

By: Janette Rau  
Deputy CEO

**CONTRACTOR/COMPANY NAME:**

SEE ATTACHED  
SIGNATURE PAGE

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

**NAME AND ADDRESS OF CONTRACTOR:**

Magellan Health Services of California, In. –  
Employer Services

3131 Camino Del Rio North

San Diego, CA. 92108

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

**APPROVED AS TO FORM:**

CHRISTIAN M. CURTIS,  
County Counsel

By: Christian M. Curtis  
Deputy

**Signatory Authority:** \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**

**Exception to Bid Process Required/Completed**  \_\_\_\_\_

**Mendocino County Business License: Valid**

**Exempt Pursuant to MCC Section:** \_\_\_\_\_

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of the day and year first above written.

**DEPARTMENT FISCAL REVIEW:**

SEE ATTACHED

SIGNATURE PAGE

WILLIAM SCHURTZ, HR DIRECTOR      DATE

Budgeted:  Yes     No

Budget Unit: EAP 4025

Line Item: 862189

Grant:  Yes     No

Grant No.: \_\_\_\_\_

**COUNTY OF MENDOCINO**

By: \_\_\_\_\_  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

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

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

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

**INSURANCE REVIEW:**

By: \_\_\_\_\_  
Risk Management

**EXECUTIVE OFFICE/FISCAL REVIEW:**

APPROVAL RECOMMENDED

By: \_\_\_\_\_  
Deputy CEO

**CONTRACTOR/COMPANY NAME:**

By: Richard T. Clarke

**NAME AND ADDRESS OF CONTRACTOR:**

Magellan Health Services of California, In. – Employer Services

3131 Camino Del Rio North

San Diego, CA. 92108

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
County Counsel

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

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## EXHIBIT A-2

The following revision is made to Exhibit A of the BOS Agreement No. 18-157 as amended with BOS Agreement No. 18-157 A-1, effective November 1, 2020.

**3.2 EAP Services.** Magellan Employer Services will link each Enrollee who requests counseling services to an EAP Counselor. The EAP Counselor will assess the Enrollee's problem(s) and, in accordance with the EAP Counselor's best judgment, provide Brief Counseling and/or refer the Enrollee to an appropriate treatment provider and/or community resource. Employees and their Household Members are eligible for up to ten (10) EAP Sessions per problem per year, as clinically appropriate.

**EXHIBIT B-2  
FEE SCHEDULE**

The following revision is made to Exhibit B of the BOS Agreement No. 18-157 as amended with BOS Agreement No. 18-157 A-1, effective November 1, 2020.

**PEPM Rates\***

1-10 Sessions - EAP (including all Services per Exhibit A including Work/Life Services, Legal and Financial Consultation Services, and included CISM and Service Hours)	\$3.89
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\* To be applied to applicable Employee Count(s).

**Supplemental Fees**

Single Sign On	\$6,160
Service Hours, in excess of 24 per Contract Year	\$230.00 per hour plus non-local travel costs (per Exhibit A)
CISM Services, in excess of 20 hours per incident	\$250.00 per hour plus non-local travel costs (per Exhibit A)
CISM Cancellation Fee	\$250.00 per hour

[END OF PAYMENT TERMS]