

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213A_DHCS (Rev. 03/18)

Check here if additional pages are added: 1 Page(s)

Agreement Number 12-89375	Amendment Number A01
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:
 State Agency's Name Department of Health Care Services (Also known as DHCS, CDHS, DHS or the State)
 Contractor's Name Mendocino County Mental Health (Also referred to as Contractor)
2. The term of this Agreement is: May 1, 2013
through June 30, 2017
3. The maximum amount of this \$ 8,113,337,000
 Agreement after this amendment is: Eight Billion, One Hundred Thirteen Million, Three Hundred Thirty-Seven Thousand Dollars.
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. The effective date of this amendment is June 30, 2017.
- II. Whereas, the Centers for Medicare and Medicaid Services (CMS) promulgated revisions to the managed care regulations applicable to Prepaid Inpatient Health Plans (PIHPs) in the Federal Register, Vol. 81, No. 88, May 6, 2016;

Whereas, Contractor is a PIHP;

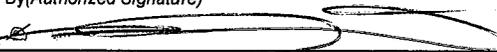
Whereas, some of the revised managed care plan regulations applicable to PIHPs became effective July 1, 2017;

Whereas, the CMS requires all PIHPs to enter into a contract, which contains revised managed care regulations applicable to PIHPs, with their respective state Medicaid agency effective July 1, 2017 as a condition of payment of federal financial participation (42 C.F.R. 438.802(a));

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) Mendocino County Mental Health		
By (Authorized Signature) 	Date Signed (Do not type) 6/11/18	
Printed Name and Title of Person Signing Jenine Miller, Director		
Address 1120 S. Dora Street Ukiah, CA 95482		
STATE OF CALIFORNIA		
Agency Name Department of Health Care Services		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing		
Address 1501 Capitol Avenue, Suite 71.2048, MS 1400, P.O. Box 997413, Sacramento, CA 95899-7413		

Exempt per: **W&I Code §14703**

Whereas, Agreement 17-94594 contains the required revised managed care regulations applicable to PIHPs and is effective as of July 1, 2017;

Whereas, this Agreement is currently effective until June 30, 2018;

Whereas, the parties wish to avoid having a period where this Agreement and Agreement 17-94594 are simultaneously effective;

Therefore, the parties wish to have this Agreement expire effective June 30, 2017.

- III. This Agreement is amended to expire effective June 30, 2017.
- IV. All other terms and conditions shall remain the same.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:


Jenine Miller Psy.D., HHSA Assistant Director/
Behavioral Health Director

Date: 6/11/18

Budgeted: Yes No

Budget Unit: 4050

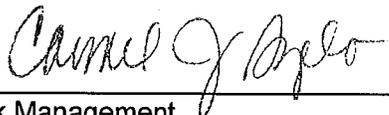
Line Item: 82-5331

Org/Object Code: MH

Grant: Yes No

Grant No.: _____

INSURANCE REVIEW:

By: 
Risk Management

Date: 7-12-18

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO

Date: 7-12-18

CONTRACTOR/COMPANY NAME

By: _____

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

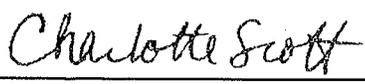
Department of Health Care Services
1500 Capitol Ave. MS 2702, PO Box 997413
Sacramento, CA 95899-7413
916-713-8509; dee.taylor@dhcs.ca.gov

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:

KATHARINE L. ELLIOTT,
County Counsel

By: 
Deputy

Date: 6/14/18

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed N/A
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: State

