

AMENDMENT TO PURCHASING AGENT AGREEMENT NO. 18-81 AND BOARD OF SUPERVISORS AGREEMENT NO. 18-157

This Amendment to PA Agreement No. 18-81 and BOS Agreement No. 18-157 is entered into this 15th day of January, 2019, 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, PA Agreement No. 18-81 was entered into on January 1, 2018; and

WHEREAS, BOS Agreement No. 18-157 was entered into on January 1, 2019; 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, it is the desire of CONTRACTOR and COUNTY to extend the termination date set out in the original PA Agreement No. 18-81 as amended with BOS Agreement No. 18-157, from December 31, 2019 to December 31, 2022; and

WHEREAS, PA Agreement No. 18-81 as amended with BOS Agreement No. 18-157 is to be increased by the amount of One Hundred Thirty Eight Thousand, One Hundred Seventy Five Dollars (\$138,175) for services to be provided in calendar years 2020, 2021 and 2022, for a revised 5 year contract total of Two Hundred Eighteen Thousand, One Hundred Seventy Five Dollars (\$218,175).

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the original PA Agreement No. 18-81 as amended with BOS Agreement No. 18-157 will be extended from December 31, 2019 to December 31, 2022.
2. PA Agreement No. 18-81 as amended with BOS Agreement No. 18-157 is to be increased by the amount of One Hundred Thirty Eight Thousand, One Hundred Seventy Five Dollars (\$138,175) for services to be provided in calendar years 2020, 2021 and 2022, for a revised 5 year contract total of Two Hundred Eighteen Thousand, One Hundred Seventy Five Dollars (\$218,175).

All other terms and conditions of PA Agreement No. 18-81 as amended with BOS Agreement No. 18-157 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:

Cherolph 1-6-2020
DEPARTMENT HEAD DATE
Budgeted: Yes No
Budget Unit: EAP 4025
Line Item: 862189
Grant: Yes No
Grant No.: _____

CONTRACTOR/COMPANY NAME:

By: SEE ATTACHED SIGNATURE PAGE

NAME AND ADDRESS OF CONTRACTOR:

Magellan Health Services of California, Inc.- 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 OF MENDOCINO

By: John Haschak
GARRE BROWN, Chair John Haschak
BOARD OF SUPERVISORS
JAN 23 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board
By: Karla Van Hagen
Deputy JAN 23 2020

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: Karla Van Hagen
Deputy JAN 23 2020

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
Acting County Counsel

By: Christian M. Curtis
Deputy

INSURANCE REVIEW:

By: Carmel J. Angelo 12/13/19
Risk Management

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: Shirley Row 12/13/19
Deputy CEO

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

DEPARTMENT HEAD _____ DATE _____

Budgeted: Yes No

Budget Unit: EAP 4025

Line Item: 862189

Grant: Yes No

Grant No.: _____

COUNTY OF MENDOCINO

By: _____
CARRE BROWN, 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, Inc.-
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,
Acting County Counsel

By: _____
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: _____